



Beneficiary nomination form

MLC Life Cover Super

Policy number

We can only accept your request if the form is correctly completed.

We respect your privacy and handle your information in accordance with our privacy policy. The MLC Limited Privacy Policy is available at mlcinsurance.com.au/privacy-policy. The Insignia Financial Group Privacy Policy is available at insigniafinancial.com.au/privacy.

If you wish to make a beneficiary nomination for another policy, please complete a new Beneficiary Nomination form for each additional policy.

Section 1: Your policy details

MLC Life Cover Super (LCS)

Mr Mrs Miss Ms Other First name

Middle name Last name

Date of birth (DD/MM/YYYY) Email

Home telephone Mobile phone number

Residential address (your residential address can't be a PO Box)

Unit number Street number Street name

Suburb State Postcode Country

Trustee
 NULIS Nominees (Australia) Limited
 ABN 80 008 515 633 AFSL 236465

Fund
 MLC Super Fund
 ABN 70 732 426 024

Insurer
 MLC Limited
 ABN 90 000 000 402 AFSL 230694

The Trustee is part of the Insignia Financial Group. MLC Limited uses the MLC brand under licence from Insignia Financial Group. MLC Limited is part of the Nippon Life Insurance Group and is not a part of the Insignia Financial Group.



Section 2: Your beneficiary details

By completing this form you are overriding any previous beneficiary nomination. What type of beneficiary nomination would you like to make for your policy (please tick only one)?

Product type	Nomination type	Question to complete
LCS	<input type="checkbox"/> Non-binding death benefit nomination	Section 2
	<input type="checkbox"/> Non-lapsing binding death nomination	Section 2
	<input type="checkbox"/> MLC Super Estate Optimiser	Section 3

Who can I nominate for LCS?

Whether you make a non-lapsing binding death benefit nomination or non-binding death benefit nomination you can only nominate:

- your spouse/de facto and/or children (including step and adopted children),
- individuals who are financially dependent on you at the time of your death,
- your legal personal representative (either the executor under your will or a person(s) granted letters of administration for your estate if you die without having left a valid will),
- someone in an interdependency relationship with you.

Please refer to the Product Disclosure Statement (PDS) for further details.

This section allows you to nominate who the Insurers will pay the death benefit to.

Non-binding death benefit nomination for LCS

Complete this section if you wish to nominate to the Trustee your preferred beneficiary(ies) of your death benefit. It is the Trustee's decision to whom to pay the benefits and in what portions, but your nomination will be taken into account by the Trustee. The Trustee will be restricted to paying the death benefits to your dependants (spouse and/or children) and/or your legal personal representative. Please refer to Section 2: Your beneficiary details for who you can nominate. It is important that you read the beneficiary nominations section of the current PDS before completing this section.

You should speak to your financial adviser, estate planner or legal representative to determine which type of nomination will best suit your circumstances.

The tax applicable on a death benefit payment to beneficiaries depends on a number of factors. As the tax rules in relation to death benefits are complex, you should seek professional advice.

Non-lapsing binding death benefit nomination for LCS

Complete this section if you wish to indicate to the Trustee who your death benefit MUST be paid to. It is important that you read the beneficiary nominations section of the current PDS before completing this section. Please nominate your preferred beneficiary(ies) and the portion you would like each to receive.

Your nominated beneficiary(ies) must be a dependant(s) and/or your legal personal representative. Please refer to Section 2: Your beneficiary details for who you can nominate. You should speak to your financial adviser, estate planner or legal representative to determine which type of nomination will best suit your circumstances. The tax applicable on a death benefit payment to beneficiaries depends on a number of factors. As the tax rules in relation to death benefits are complex, you should seek professional advice.

Please nominate your preferred beneficiary(ies) and the portion you would like each to receive. You may nominate up to 6 beneficiaries.

Please tick your preferred beneficiary benefit type

Non-binding death benefit nomination Non-lapsing binding death nomination

	Full name (Mr, Mrs, Miss, Other) please circle	Address of beneficiary	Portion of total benefit**
1			%
	Date of birth		
	Relationship to you (please tick one)		
	<input type="checkbox"/> Spouse/de facto <input type="checkbox"/> Financial dependant <input type="checkbox"/> Child <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Other dependent*		

* Only valid if you choose Non-binding death benefit nomination

Section 2: Your beneficiary details continued

2	Full name (Mr, Mrs, Miss, Other) please circle	Address of beneficiary	Portion of total benefit*
	Date of birth		
	Relationship to you (please tick one)		
	<input type="checkbox"/> Spouse/de facto <input type="checkbox"/> Financial dependant <input type="checkbox"/> Child <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Other dependent*		
3	Full name (Mr, Mrs, Miss, Other) please circle	Address of beneficiary	Portion of total benefit*
	Date of birth		
	Relationship to you (please tick one)		
	<input type="checkbox"/> Spouse/de facto <input type="checkbox"/> Financial dependant <input type="checkbox"/> Child <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Other dependent*		
4	Full name (Mr, Mrs, Miss, Other) please circle	Address of beneficiary	Portion of total benefit*
	Date of birth		
	Relationship to you (please tick one)		
	<input type="checkbox"/> Spouse/de facto <input type="checkbox"/> Financial dependant <input type="checkbox"/> Child <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Other dependent*		
5	Full name (Mr, Mrs, Miss, Other) please circle	Address of beneficiary	Portion of total benefit*
	Date of birth		
	Relationship to you (please tick one)		
	<input type="checkbox"/> Spouse/de facto <input type="checkbox"/> Financial dependant <input type="checkbox"/> Child <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Other dependent*		
6	Full name (Mr, Mrs, Miss, Other) please circle	Address of beneficiary	Portion of total benefit*
	Date of birth		
	Relationship to you (please tick one)		
	<input type="checkbox"/> Spouse/de facto <input type="checkbox"/> Financial dependant <input type="checkbox"/> Child <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Other dependent*		
7	Legal representative (your estate)		%
Total			100%

* Only valid if you choose Non-binding death benefit nomination

** The sum of each of your portions of the total benefit must equal 100% and each portion must be provided in whole percentages.

Section 2: Your beneficiary details continued

Declaration

I understand I should review my nomination regularly and as my circumstances change (eg marriage, marriage breakdown, birth of a child, or my benefit being affected by a payment split) to ensure my nomination is always up to date.

Name

Signature of Life Insured for LCS

	Date (DD/MM/YY)			
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Witness declaration (to be completed for Non-lapsing binding death nomination only)

The witness declaration must be signed and dated by two adult witnesses.

I declare that:

- I am over 18 years of age;
- I am not already a nominated beneficiary of the applicant's existing nomination, and
- I am not one of the beneficiaries nominated in this form, and
- This form was signed and dated by the applicant in my presence.

Witness 1

Full name (please print)

Signature of Witness

	Date (DD/MM/YY)			
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Witness 2

Full name (please print)

Signature of Witness

	Date (DD/MM/YY)			
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 3: MLC Super Estate Optimiser

For more information about MLC Super Estate Optimiser, please refer to the current PDS available on mlcinsurance.com.au, or call us on **13 65 25**.

Mr Mrs Miss Ms Other

First name

Middle name

Last name

Date of birth (DD/MM/YYYY)

Email

Home telephone

Business telephone

Mobile

Section 3: MLC Super Estate Optimiser continued

Select one of the following categories for the distribution of your death benefits. Only tick one box.

Category No.	Category	Selection
1	Lump Sum – Spouse/de facto	<input type="checkbox"/>
2	Lump Sum – Minor Children	<input type="checkbox"/>
3	Lump Sum – Spouse/de facto/Minor Children (50/50)	<input type="checkbox"/>
4	Lump Sum – Dependent Children and Minor Children	<input type="checkbox"/>
5	Lump Sum – Estate	<input type="checkbox"/>
6	Account Based Pension – Spouse/de facto	<input type="checkbox"/>
7	Account Based Pension – Minor Children	<input type="checkbox"/>
8	Account Based Pension – Spouse/de facto/Minor Children (50/50)	<input type="checkbox"/>

I agree to a legal guardian making the choice of pension as may be required in respect of (please tick your preference(s):

Any minor-aged child Any nominated person under a disability

If you do not agree, the default pension provisions outlined in the MLC Super Estate Optimiser section of the PDS will apply.

This declaration is for MLC Super Estate Optimiser only

I understand and agree:

- I have selected the above category for the distribution of my death benefit payable through the MLC Super Estate Optimiser facility.
- The details provided by me in this form are true and complete. If any sections of this form have not been completed in my handwriting. I certify that I have checked them and the information provided is correct.
- I am a member or have applied to become a member of the MLC Super Fund through MLC Life Cover Super.
- my death benefits will be paid according to the category I have selected.
- this category selection overrides all previous MLC Super Estate Optimiser selections, or nominations made in any MLC Life Cover Super Application Form.
- I should review my selection regularly and as my circumstances change (eg marriage, marriage breakdown, birth of a child or my benefit being affected by a payment split) to ensure my selection is always up to date.
- this category selection is not valid until received and accepted by the Trustee or its delegate.

Name of Life Insured

Signature of Life Insured

X	Date (DD/MM/YYYY)			

Section 4: Send us your form

Please return your completed, signed and dated form to:

MLC Life Insurance – Operations
PO Box 23455
Docklands VIC 3008

Email: enquiries.retail@mlcinsurance.com.au

If you have any questions, please speak with your financial adviser or call us on **13 65 25** between 8.30am and 6pm (AEST/AEDT), Monday to Friday.