



LIFE INSURANCE

Application for replacement policy

Policy number

Replacing a lost or destroyed Policy Document

When a Policy Document is lost or destroyed the *Life Insurance Act 1995* says that a replacement policy may be issued. Once the replacement policy has been issued, it replaces the original policy. If the original policy is later found or recovered, please return it to us promptly.

Section 1: Policy Owner(s)/Member details

Policy Owner 1/Member

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐ First name

Middle name

Last name

Date of birth (DD/MM/YYYY)

Email

Home telephone

Business telephone

Mobile

Company name

ABN

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

Unit number

Street number

Street name

Suburb

State

Postcode

Country

How was the policy lost or destroyed?

Trustee

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

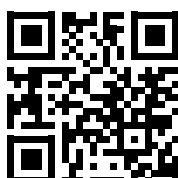
Fund

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.



MLC02PT

Section 1: Policy Owner(s)/Member details continued

Policy Owner 2/Member (if applicable)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="checkbox"/>	First name <input type="text"/>
Middle name <input type="text"/>					Last name <input type="text"/>
Date of birth (DD/MM/YYYY) <input type="text"/>		Email <input type="text"/>			
Home telephone <input type="text"/>		Business telephone <input type="text"/>		Mobile <input type="text"/>	
Company name <input type="text"/>				ABN <input type="text"/>	

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

Unit number <input type="text"/>	Street number <input type="text"/>	Street name <input type="text"/>			
Suburb <input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>	Country <input type="text"/>		

How was the policy lost or destroyed?

Policy Owner 3/Member (if applicable)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="checkbox"/>	First name <input type="text"/>
Middle name <input type="text"/>					Last name <input type="text"/>
Date of birth (DD/MM/YYYY) <input type="text"/>		Email <input type="text"/>			
Home telephone <input type="text"/>		Business telephone <input type="text"/>		Mobile <input type="text"/>	
Company name <input type="text"/>				ABN <input type="text"/>	

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

Unit number <input type="text"/>	Street number <input type="text"/>	Street name <input type="text"/>			
Suburb <input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>	Country <input type="text"/>		

How was the policy lost or destroyed?

Section 1: Policy Owner(s)/Member details continued

Policy Owner 4/Member (if applicable)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="checkbox"/>	First name <input type="text"/>
Middle name <input type="text"/>					Last name <input type="text"/>
Date of birth (DD/MM/YYYY) <input type="text"/>		Email <input type="text"/>			
Home telephone <input type="text"/>		Business telephone <input type="text"/>		Mobile <input type="text"/>	
Company name <input type="text"/>				ABN <input type="text"/>	

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

Unit number <input type="text"/>	Street number <input type="text"/>	Street name <input type="text"/>			
Suburb <input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>	Country <input type="text"/>		

How was the policy lost or destroyed?

Policy Owner 5/Member (if applicable)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="checkbox"/>	First name <input type="text"/>
Middle name <input type="text"/>					Last name <input type="text"/>
Date of birth (DD/MM/YYYY) <input type="text"/>		Email <input type="text"/>			
Home telephone <input type="text"/>		Business telephone <input type="text"/>		Mobile <input type="text"/>	
Company name <input type="text"/>				ABN <input type="text"/>	

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

Unit number <input type="text"/>	Street number <input type="text"/>	Street name <input type="text"/>			
Suburb <input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>	Country <input type="text"/>		

How was the policy lost or destroyed?

Section 1: Policy Owner(s)/Member details continued

Policy Owner 6/Member (if applicable)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="checkbox"/>	First name <input type="text"/>
Middle name <input type="text"/>					Last name <input type="text"/>
Date of birth (DD/MM/YYYY) <input type="text"/>		Email <input type="text"/>			
Home telephone <input type="text"/>		Business telephone <input type="text"/>		Mobile <input type="text"/>	
Company name <input type="text"/>				ABN <input type="text"/>	

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

Unit number <input type="text"/>	Street number <input type="text"/>	Street name <input type="text"/>	
Suburb <input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>	Country <input type="text"/>

How was the policy lost or destroyed?

Section 2: Statutory declaration

Persons who can witness the signing of a Statutory Declaration are set out in Schedule 2 of the *Statutory Declarations Regulations 1988* which can be accessed at www.legislation.gov.au and are listed below:

1. **A person who is currently licensed or registered to practise in Australia in the following occupations:**
 - a. Architect
 - b. Chiropractor
 - c. Dentist
 - d. Financial adviser or financial planner
 - e. Legal practitioner
 - f. Medical practitioner
 - g. Midwife
 - h. Migration agent registered under Division 3 of Part 3 of the *Migration Act 1958*
 - i. Nurse
 - j. Occupational therapist
 - k. Optometrist
 - l. Patent attorney
 - m. Pharmacist
 - n. Physiotherapist
 - o. Psychologist
 - p. Trade marks attorney
 - q. Veterinary surgeon
2. **A person who is a/an:**
 - a. Accountant who is:
 - i. a fellow of the National Tax Accountant's Association; or
 - ii. a member of any of the following:
 - A. Chartered Accountants Australian and New Zealand;
 - B. The Association of Taxation and Management Accountants;
 - C. CPA Australia;
 - D. The Institute of Public Accountants
 - b. Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
 - c. Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the *Consular Fees Act 1955*)
 - d. Bailiff
 - e. Bank officer with 5 or more continuous years of service
 - f. Building society officer with 5 or more years of continuous service
 - g. Chief executive officer of a Commonwealth court
 - h. Clerk of a court
 - i. Commissioner for Affidavits
 - j. Commissioner for Declarations
 - k. Credit union officer with 5 or more years of continuous service
 - l. Employee of a Commonwealth authority engaged on a permanent basis with 5 or more years of continuous service who is not specified in another item in this Part
 - m. Employee of the Australian Trade and Investment Commission who is:
 - i. in a country or place outside Australia; and
 - ii. authorised under paragraph 3(d) of the *Consular Fees Act 1955*; and
 - iii. exercising the employee's function at that place
 - n. Employee of the Commonwealth who is:
 - i. at a place outside Australia; and
 - ii. authorised under paragraph 3(c) of the *Consular Fees Act 1955*; and
 - iii. exercising the employee's function at that place
 - o. Engineer who is:
 - i. a member of Engineers Australia, other than at the grade of student; or
 - ii. a Registered Professional Engineer of Professionals Australia; or
 - iii. registered as an engineer under a law of the Commonwealth, a State or Territory; or
 - iv. registered on the National Engineering Register by Engineers Australia
 - p. Finance company officer with 5 or more years of continuous service
 - q. Holder of a statutory office not specified in another item of this Part
 - r. Judge
 - s. Justice of the Peace
 - t. Magistrate
 - u. Marriage celebrant registered under Subdivision C of Division 1 of Part IV of the *Marriage Act 1961*
 - v. Master of a court
 - w. Member of the Australian Defence Force who is:
 - i. an officer; or
 - ii. a non commissioned officer within the meaning of the *Defence Force Discipline Act 1982* with 5 or more years of continuous service; or
 - iii. a warrant officer within the meaning of that Act
 - x. Member of the Australasian Institute of Mining and Metallurgy
 - y. Member of the Governance Institute of Australia Ltd
 - z. Member of:
 - i. the Parliament of the Commonwealth; or
 - ii. the Parliament of a State; or
 - iii. a Territory legislature; or
 - iv. a local government authority
 - aa. Minister of religion registered under Subdivision A of Division 1 of Part IV of the *Marriage Act 1961*
 - bb. Notary public, including a notary public (however described) exercising functions at a place outside:
 - i. the Commonwealth; and
 - ii. the external Territories of the Commonwealth
 - cc. Permanent employee of the Australian Postal Corporation with 5 or more years of continuous service who is employed in an office providing postal services to the public

Section 2: Statutory declaration continued

- dd. Permanent employee of:
 - i. a State or Territory or a State or Territory authority;
or
 - ii. a local government authority;
with 5 or more years of continuous service, other than
such an employee who is specified in another item of
this Part
- ee. Person before whom a statutory declaration may be
made under the law of the State or Territory in which
the declaration is made
- ff. Police officer
- gg. Registrar, or Deputy Registrar, of a court
- hh. Senior executive employee of a Commonwealth
authority
- ii. Senior executive employee of a State or Territory
- jj. SES employee of the Commonwealth
- kk. Sheriff
- ll. Sheriff's officer
- mm. Teacher employed on a permanent full time or part
time basis at a school or tertiary education institution.

The Statutory Declaration below must be completed as part of this application. Please read the Statutory Declaration carefully and if you are satisfied the details are correct, sign the Declaration in the presence of a person on the specified list. Once completed, return this form to us.

I/We (Policy Owner 1)

of (address)

and (if third Policy Owner 3)

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of (address)

and (if fifth Policy Owner 5)

--

of (address)

--

and (if second Policy Owner 2)

--

of (address)

--

and (if fourth Policy Owner 4)

of (address)

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and (if sixth Policy Owner 6)

--

of (address)

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make the following declaration under the *Statutory Declarations Act 1959*:

27. I/We am/are the owner(s)/member of policy number

(‘the policy’)

28. The Life Insured(s) under this policy is/are

29. The Life Insured(s) was/were born at (as per birth certificate):

Life Insured 1

Date of Birth (DD/MM/YYYY)

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Life Insured 2

Date of Birth (DD/MM/YYYY)

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Section 2: Statutory declaration continued

30. I/We have not assigned, mortgaged or otherwise dealt with the policy in any way and no person holds a lien or any charge on the policy.

31. The answers to the questions in this application and any other relevant personal statement(s) and questionnaires are true and complete.

32. The statements below only apply if your policy has been lost. Please cross out the statements if the policy has been destroyed.

a) I/We have made an exhaustive search for the policy and cannot find it and believe it is irrevocably lost.

b) I/We are satisfied that no family member has any knowledge of the whereabouts of the policy and that the policy is not held by or in the custody of a banker, solicitor, accountant or any other person.

c) If the original policy is subsequently found or comes into my/our possession (after the issue of the replacement policy) I/we will immediately return the original policy to MLC Limited.

I/We understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the *Statutory Declarations Act 1959*, and I believe that the statements in this declaration are true in every particular.

Declared at Place on Day of Month Year

Signature of Policy Owner 1

Name

Title (Director of company or Trustee of super fund)

Signature

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

Signature of Policy Owner 2 (if applicable)

First name

Title (Director of company or Trustee of super fund)

Signature

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

Signature of Policy Owner 3 (if applicable)

Name

Title (Director of company or Trustee of super fund)

Signature

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

Signature of Policy Owner 4 (if applicable)

First name

Title (Director of company or Trustee of super fund)

Signature

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

Signature of Policy Owner 5 (if applicable)

Name

Title (Director of company or Trustee of super fund)

Signature

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

Signature of Policy Owner 6 (if applicable)

First name

Title (Director of company or Trustee of super fund)

Signature

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

Section 2: Statutory declaration continued

Witness of Statutory Declaration

First Name

Surname

Qualification

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

Unit number

Street number

Street name

Suburb

State

Postcode

Country

Declared at

Signature of witness

Date (DD/MM/YY)

Note 1: A person who intentionally makes a false statement in a statutory declaration is guilty of an offence, the punishment for which is imprisonment for a term of 4 years—see section 11 of the *Statutory Declarations Act 1959*.

Note 2: Chapter 2 of the *Criminal Code* applies to all offences against the *Statutory Declarations Act 1959*—see section 5A of the *Statutory Declarations Act 1959*.

Section 3: 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.