



LIFE INSURANCE

Payment authority request

We respect your privacy and handle your information in accordance with our privacy policy, please refer to the Privacy link on our homepage www.mlcinsurance.com.au

Policy number

Policy number

Policy number

Policy number

Please print and complete all relevant sections. All change(s) specified on this form will be applied to the policy(ies) where the policy number(s) have been provided. Please note: all changes will be applied on an ongoing basis.

1. Change who pays the premium

Complete this section if you would like to change who pays the premium.

Please tick who will pay the premium:

☐ Life Insured / Member ☐ Policy Owner ☐ Other – please complete the details below

If the payer is an individual

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

First name

Middle name

Last name

Date of birth (DD/MM/YYYY)

Unit number Street number Street name

Suburb State Postcode Country

Home telephone Business telephone Mobile

The Trustee

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

The Fund

MLC Super Fund
ABN 70 732 426 024

The Insurer

Insurance is issued by MLC Limited
ABN 90 000 000 402 AFSL 230694

The Trustee of the Fund is part of IOOF Holdings Limited ABN 49 100 103 722 and its related bodies corporate (IOOF Group). References to 'we', 'us' or 'our' are references to the MLC Limited and the Trustee refers to NULIS Nominees (Australia) Limited. MLC Limited uses the MLC brand under licence. MLC Limited is part of the Nippon Life Insurance Group and is not a part of the IOOF Group.



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If the payer is a company

Please note: if we already have your Company details, please only complete 'Name of Authorised Person'.

Full name as registered by ASIC

ACN/ABN

Unit number

Street number

Street name

Suburb

State

Postcode

Country

2. Change your premium contribution type MLC (Insurance) Super only

Please specify what type of contributions/payments will be made by you or on your behalf. Please tick one box only.

Contributions

Please specify what type of contributions / payments will be made by you or on your behalf. Please tick one box only.

Note: we require all this information to be completed before we can accept contributions from you.

☐ Personal ☐ Spouse ☐ Salary sacrifice ☐ Employer ☐ Rollover from external Super Fund ☐ MLC eligible account

If Employer please complete the following:

Company name

Company address

Unit number

Street number

PO Box

Street name

Suburb

State

Postcode

Country

ABN

Name of Authorised Person

3. Update your ongoing payment method

Please complete one of the following sections if you wish to update your payment method. This will cancel your previous payment method for the policy(ies) you have specified.

Payment method	Complete section
Direct debit request / Credit Card deduction	4
Payment by cheque	5
MLC super or MLC pension account deduction	6
MLC wrap platforms account deduction	7
Rollover from external super fund - annual premium for MLC Insurance (Super) only	8

4. Direct Debit Request / Credit Card Deduction

Only complete this section if you want to pay your premiums by automatic deduction from your nominated Financial Institution account or credit card.

Direct Debit Request details

I/We,

Last name (or company/business name)

First name (or ABN)

Last name

First name

request and authorise **MLC Limited ABN 90 000 000 402 User ID 534289** to arrange, through its own financial institution, a debit to my/our nominated account any amount MLC Limited has deemed payable by me/us. This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from my/our account held at the financial institution I/we have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

Name of Financial Institution

Name of account to be debited

Unit number

Street number

Street name

Suburb

State

Postcode

Country

BSB number

Account number

Please note: Direct debiting is not available on the full range of Financial Institution accounts. If in doubt, please refer to your Financial Institution before completing this Request.

How frequently will premiums be paid?

☐ Monthly ☐ Half-yearly ☐ Yearly

Preferred date (DD/MM/YYYY)

Credit Card Deduction details

I (Name as it appears on the card)

I authorise MLC Limited to charge my

☐ Mastercard ☐ Visa

Card number

Card expiry date (MM/YY)

or any replacement/substituted card, for the premiums due on the policy.

How frequently will premiums be paid?

☐ Monthly ☐ Half-yearly ☐ Yearly

Preferred date (DD/MM/YYYY)

To be completed for all Direct Debit Requests / Credit Card deductions

I/We acknowledge that this Direct Debit Request is governed by the terms of the Direct Debit Request Service Agreement in Section 10 and the terms and conditions of the policy to which this application relates. I have read and agree with the Direct Debit Request Service Agreement in section 10.

Signature(s) of Financial Institution account holder(s) or cardholder

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

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

5. Payment by cheque

Only complete this section if you want to pay your premiums direct to us.

How frequently will premiums be paid? ☐ Half-yearly ☐ Yearly

We will send you notices for premiums prior to the due date.

6. MLC Super or MLC Pension Account Deduction Authority

Only complete this section if you want to pay your premium by a regular deduction from your account with an eligible MLC super or MLC pension account. Please refer to mlcinsurance.com.au/using-your-insurance/how-to-pay-your-insurance-premiums for a list of eligible MLC accounts.

Important Information

- The member must be the same for both the eligible MLC super or MLC pension account and the MLC Insurance (Super) policy.
- Only one deduction may operate on any account with an eligible MLC super or MLC pension account.
- It is the obligation of the member to ensure there are sufficient funds to operate the MLC super account and pay for the MLC Insurance (Super) premium. To allow completion of the MLC Insurance (Super) policy, we require the MLC super account to have a minimum of three months premium for a monthly paid policy or the full balance of the premium for half-yearly and yearly paid policies. If the balance of the MLC super account does not meet this criteria, another payment method should be selected.

Please note: All approved pending rollover transactions will need to be received by us within two months of the policy commencement date, otherwise the policy will lapse.

Instalment deduction

- The date that deductions will commence from your eligible MLC super or MLC pension account will depend on when we receive this form.
- Instalments will be deducted on:
 - the same date each month for monthly payments
 - the half-yearly and annual billing anniversary date for half-yearly payments
 - the annual billing anniversary date for yearly payments.

How frequently will premiums be paid?

☐ Monthly ☐ Half-yearly ☐ Yearly

Declaration

Until further notice in writing, I authorise the Trustee, to deduct my MLC Insurance (Super) premiums from my:

- ☐ **new** eligible MLC super or MLC pension account, or
- ☐ **existing** eligible MLC super or MLC pension account:

Account number

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I understand and acknowledge that;

- MLC Limited / the Trustee may vary the amount and frequency of future deductions by prior arrangement and advice to me, and
- MLC Limited / the Trustee may, in its absolute discretion, at any time by notice in writing to me, terminate this request as to future deductions.

Signature of Life Insured

	Date (DD/MM/YY)									

7. Deduction from a MLC Wrap platforms account

Only complete this section if you want to pay your MLC Insurance policy premiums by a regular deduction from your eligible MLC Wrap platforms account. Please refer to mlcinsurance.com.au/using-your-insurance/how-to-pay-your-insurance-premiums for a list of eligible accounts.

Please note:

- If you have a MLC Insurance (Super) policy, you can't use your MLC Wrap platforms account. Instead, you'll need to replace your policy with a MLC Insurance policy by completing a new Application form.
- If you have a MLC Insurance policy where deductions are paid from your eligible MLC Wrap platforms super account and wish to change the payment details, you'll need to replace your policy by completing a new Application form.

I/We,

Last name (or company/business name)

First name (or ABN)

Last name

First name

request Navigator Australia Limited until further notice to debit my/our investment account any amounts which MLC Limited (ABN 90 000 000 402) (AFSL 230694) may charge me/us

Name of account

Account number

How frequently will premiums be paid?

☐ Monthly ☐ Half-yearly ☐ Yearly

Preferred date (DD/MM/YYYY)

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I understand and acknowledge that:

- MLC Limited may, by prior arrangement or advice to me, vary the amount and frequency of future deductions and
- MLC Limited may, in its absolute discretion, at any time, by notice in writing to me, terminate this request as to future deductions

Signature(s) of account holder(s)

	Date (DD/MM/YY)							

	Date (DD/MM/YY)							

8. Rollover from external super fund – enduring authority

Only complete this section if you want to pay your premium by an ongoing annual deduction from your external super account. Please note you can only request one MLC Insurance (Super) policy to be paid by rollover by any one external super fund.

This section is a direction to the trustee of your nominated external super fund to roll over funds to the MLC Super Fund and a direction to the Trustee to apply those funds in payment of premiums for your insurance policy.

Please read – Important information

- The member must be the same for both the MLC Insurance (Super) policy and the external super fund account.
- If the rollover request is rejected by the external super fund for any reason the Trustee will request alternative payment details from you, otherwise the policy will lapse.
- An amount equal to the annual premium payable will be requested as a rollover from your external super account proximate to the annual anniversary date for your insurance policy. We will notify you of the amount of annual premium required prior to requesting the rollover from your nominated external super fund.

Your Responsibility

- It is your responsibility to determine the impact the rollover may have on any entitlement you have in the external super fund.
- Please ensure the account balance with the external super fund is sufficient to allow for the rollover of the required amount and ensure you meet any minimum balance requirements of the external super fund.
- You authorise the deduction from your external account by the trustee of the external super fund any applicable fees or charges which may be payable as a result of the rollover.
- You discharge the trustee of the external super fund from any further liability in respect of rollover benefit once the amount is transferred to the MLC Super Fund.

Termination of arrangements

- You must notify the Trustee in writing if you wish to terminate the ongoing annual rollover arrangement. Until such time, this direction and authority remains valid.
- The Trustee may at its discretion or as may be required by law or regulations terminate arrangements for annual rollover of funds from a nominated external super fund.
- The Trustee may be able to claim a tax deduction for the premium it pays for your insurance and, at its discretion, may pass some or all of the benefit of this tax deduction to you by reducing the amount of the rollover required to meet the premium, when the roll over comes from a taxed source.

Rollover details

8A Transferring from

Please complete details of the superannuation fund from which the rollover payment is being requested.

Please contact your existing superannuation fund (transferring fund) to confirm if they have any additional requirements, such as proof of identify documentation, before they can action this rollover authority. Please complete all details and ensure you provide the fund's Australian Business Number (ABN) and Unique Superannuation Identifier (USI).

The Trustee cannot accept certain rollovers, such as pension or super amounts transferred from the UK or New Zealand Kiwi Saver or untaxed amounts. It is your responsibility to ensure these types of amounts do not form part of your benefit in your nominated external super fund account.

External Fund name

External Product name

External Fund ABN

External Membership Account Number

Unique Superannuation Identifier (USI)

8B Transferring to

The requested rollover payment will be transferred to MLC Insurance (Super) Unique Super Identifier (USI) – 70732426024901.

The Trustee will request the exact amount applicable to pay the insurance premium for the MLC Insurance (Super) policy number listed in this form.

8. Rollover from external super fund – Authority and Declaration

Until further notice in writing:

- I direct and authorize the trustee of my nominated external super fund (listed in section 8A) to effect the annual rollover of funds (as may be requested by the Trustee on my behalf).
- I give my nominated external super fund named in section 8A of this form, and the Trustee authority to exchange relevant information to facilitate the requested rollover of funds, including disclosing my tax file number; and
- I authorise the Trustee to apply those funds to pay for premiums for my MLC Insurance (Super) policy.

I declare:

- the information provided in this form is true and correct.
- I have read the Important information section on page 6.

Full name of member

Signature of Life Insured/Member

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

9. Send us your form

Please mail 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 contact your financial adviser or call us on **136 525** any business day between 8.30 am and 6.00 pm (Melbourne/Sydney time).

10. Direct Debit Request Service Agreement

This Direct Debit Request Service Agreement is issued by MLC Limited.

This Service Agreement and the Direct Debit Request Schedule in your application contain the terms and conditions upon which you authorise us to draw (debit) money from your account, as well as the obligations of us, and you, under this Agreement. You should read through them carefully to ensure you understand these terms and conditions before signing the Schedule. Please direct all enquiries about your direct debit to us on **136 525**.

Our commitment to you

We will give you at least 14 days' notice in writing if there are changes to the terms of the drawing arrangements.

We will keep the details of your nominated Financial Institution account confidential, except where provided to our bank or as required to conduct direct debits with your Financial Institution.

Where the due date is not a business day, we will draw from your nominated Financial Institution account on the business day before or after the due date in accordance with the terms and conditions of your policy.

We will not charge you for any dishonours. However:

- if your account dishonours, your Financial Institution may charge you a fee
- we reserve the right to cancel drawing arrangements if drawings are dishonoured by your Financial Institution.

Your commitment to us

It is your responsibility to:

- ensure your nominated account can accept direct debits
- ensure there are sufficient funds available in the nominated account to meet each drawing on the due date
- advise us if the nominated account is transferred or closed, or the account details change
- arrange an alternate payment method acceptable to us if we cancel the drawing arrangements
- ensure that all account holders on the nominated Financial Institution account sign the Direct Debit Request Schedule.

Your commitment to us

It is your responsibility to:

- ensure your nominated account can accept direct debits
- ensure there are sufficient funds available in the nominated account to meet each drawing on the due date
- advise us if the nominated account is transferred or closed, or the account details change
- arrange an alternate payment method acceptable to us if we cancel the drawing arrangements, and
- ensure that all account holders on the nominated Financial Institution account sign the Direct Debit Request Schedule.

Your rights

Your drawing arrangements are detailed in Direct Debit Request Schedule of your application. They are also governed by the terms and conditions of your policy. You should contact us on **136 525**, providing at least 7 days' notice, if you wish to alter the drawing arrangements.

You can:

- alter the Schedule
- cancel the Schedule
- stop an individual drawing
- defer a drawing
- suspend future drawings.