



Beneficiary nomination form

MLC Personal Protection Portfolio
MLC EasyCover

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

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

Please select your product:

MLC Personal Protection Portfolio (PPP)

MLC EasyCover

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



Insurance is issued by MLC Limited ABN 90 000 000 402 AFSL 230694. MLC Limited uses the MLC brand under licence from the 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. This section allows you to nominate who the Insurers will pay the death benefit to.

Beneficiary nomination for PPP and EasyCover

Complete this section if you wish the death benefit to be paid to someone other than your Estate. This is only available for insurance taken out for non-business purposes. Leave this section blank if you wish the death benefit to be paid to the Policy Owner(s).

For MLC EasyCover policies, only one beneficiary can be nominated per policy. If there are two Policy Owner(s), the request must be signed by both Policy Owner(s).

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

	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		

	Full name (Mr, Mrs, Miss, Other) please circle	Address of beneficiary	Portion of total benefit*
2			%
	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		

	Full name (Mr, Mrs, Miss, Other) please circle	Address of beneficiary	Portion of total benefit*
3			%
	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		

	Full name (Mr, Mrs, Miss, Other) please circle	Address of beneficiary	Portion of total benefit*
4			%
	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		

Section 2: Your beneficiary details continued

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)	Portion of total benefit*
		%

Total 100%

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

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

Name

Policy Owner 1 for PPP and EasyCover

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

Policy Owner 2 for PPP and EasyCover

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

Signature of the parent or guardian is required if a Policy Owner is under 16 years of age. In case where the Policy Owner is a Company;

- Two directors or a director and company secretary are to sign; or
- In the case of a sole director proprietary company only, the sole director is to sign. However, the director must indicate that he/she is the sole director and sole secretary of the company.

Sole Director and Sole Secretary (indicated by ticking box)

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.