



Change of personal details

MLC Insurance
MLC Insurance (Super)

Please PRINT and COMPLETE all relevant sections. Unless otherwise stated, all changes specified on this form will be applied to the policy(ies) where the policy number(s) have been provided below.

1. Your policy details

Policy number(s)

2. Current Policy Owner's/Member's details

Policy Owner 1/Member

Title

Mr Mrs Miss Ms Other

First name

Middle name

Family name

Date of Birth (DD/MM/YYYY)

Email address

Mobile phone number

Home telephone

Business telephone

Trust / Partnership / Company name / Self Managed Super Fund

Trustee, individual, director or secretary

Unit number

Street number

Street name

Suburb

Postcode

State

Country

Policy Owner 2 (if applicable)

Title

Mr Mrs Miss Ms Other

First name

Middle name

Family name

Trustee

NULIS Nominees (Australia) Limited
ABN 80 008 515 633 AFSL 236465
Issuer of MLC Insurance (Super)

Fund

MLC Super Fund
ABN 70 732 426 024

Insurer

MLC Limited
ABN 90 000 000 402 AFSL 230694
Issuer of MLC Insurance

The Trustee of the Fund is part of the National Australia Bank Limited (NAB) group of companies (NAB group). Your insurance is not a liability of, and is not guaranteed by, NAB. 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 NAB group of companies. Any references to 'we', 'us' and 'our' in this form means MLC Limited and Trustee refers to NULIS Nominees (Australia) Limited.

3. Change your contact details

Home telephone

Best contact time

 am/pm

Business telephone

Best contact time

 am/pm

Mobile phone number

Email address

4. Change your address

If you are updating a postal address, please also provide us with your new residential address as we are required to collect this information by law.

Residential/Company address

Your residential address cannot be a PO Box.

Unit number

Street number

Street name

Suburb

Postcode

State

Country

Postal address (if different to residential address)

The postal address shown cannot be your financial adviser's address.

Unit number

Street number

PO Box

Street name

Suburb

Postcode

State

Country

5. Update your Tax File Number (TFN)

MLC Insurance (Super) only

Premiums will not be accepted where a member fails to provide their TFN

Tax file number (TFN)

When collecting your TFN MLC Limited and the Trustee are required to tell you:

- MLC Limited and the Trustee are authorised to collect your TFN under the Superannuation Industry (Supervision) Act 1993
- It isn't an offence to decline to notify MLC Limited and the Trustee of your TFN
- If you don't notify MLC Limited and the Trustee of your TFN, they may not be able to (now or in the future) locate, amalgamate and identify your benefits in order to pay you
- MLC Limited and the Trustee are allowed to use your TFN for lawful purposes, in particular if paying out monies, identifying and amalgamating super benefits for surcharge purposes and for other approved purposes, and
- Your TFN will be disclosed to the Commissioner of Taxation. Your TFN will also be passed onto another super provider if your benefits are being transferred, unless you inform the Trustee in writing not to pass on your TFN. Your TFN won't otherwise be disclosed to any other person.

6. Change your name

Please provide an original certified copy of your marriage certificate, name change certificate or divorce decree. For change of name we will need a separate form for each individual. Faxed copies are not acceptable.

Title Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>	First name <input type="text"/>
Middle name <input type="text"/>	Family name <input type="text"/>

Please sign using your previous and new signatures below.

Previous signature

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

<input type="text"/>	Date (DD/MM/YY) <input type="text"/>
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7. Change your Authorised Representative

Please complete this section if you wish to appoint an Authorised Representative. An Authorised Representative is a person who can access your information on this policy. An Authorised Representative cannot transact on the policy and will stay in place indefinitely until a request to change is received in writing from you.

Do you wish to:

- Establish a **new** Authorised Representative on your policy.
 Replace an **existing** Authorised Representative on your policy.

Your Authorised Representative's details

Title Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>	First name <input type="text"/>
Middle name <input type="text"/>	Family name <input type="text"/>
Date of birth (DD/MM/YYYY) <input type="text"/>	Email <input type="text"/>
MLC Customer Number (if existing customer) <input type="text"/>	

Residential address

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

Contact details

Home telephone <input type="text"/>	Mobile phone number <input type="text"/>	Business telephone <input type="text"/>
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Signature of Authorised Representative

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

I understand and agree that:

- 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.
- If I have nominated or changed my Authorised Representative in respect of my policy I understand and accept the terms of that authorisation, and my responsibilities in respect of that authorisation.

Name

Name

Signature of Policy Owner 1/Member

X	Date (DD/MM/YY)							
	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							

Signature of Policy Owner 2 (if applicable)

X	Date (DD/MM/YY)							
	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							

* For Policy Owner(s) of MLC Insurance

Signature of the parent or guardian is required if a Policy Owner is under 16 years of age.

In the 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 (indicate by ticking box)

9. Send us your form

Please mail your completed, signed and dated form to us at:

MLC Life Insurance
PO Box 200
North Sydney NSW 2059

If you have any questions, please contact your financial adviser or call us on **132 652** any business day between 8.00 am and 6.00 pm (AEST/AEDT).