



Change of policy details form

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.

Policy number(s)

1. Your policy details

Please select your product (if known):

<input type="checkbox"/> MLC Personal Protection Portfolio	<input type="checkbox"/> MLC Life Cover Super
<input type="checkbox"/> MLC EasyCover	<input type="checkbox"/> MLC Simple LifeCover

Current 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(s) <input type="text"/>	Family name (trustee, individual, director or secretary) <input type="text"/>
Date of birth (DD/MM/YYYY) <input type="text"/>	Trust / Partnership / Company Name / Self Managed Super Fund <input type="text"/>

Postal 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"/>	State <input type="text"/>	Postcode <input type="text"/>	Country <input type="text"/>

*If you have changed your address please write the address MLC Limited currently has recorded on your account(s).

2. Change of details

Please provide your new name

Title Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>	
Given name(s) (Please Print) <input type="text"/>	Surname (Family name) (Please Print) <input type="text"/>

Trustee

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

Fund

MLC Super Fund
ABN 70 732 426 024

Insurer

MLC Limited
ABN 90 000 000 402 AFSL 230694
Issuer of MLC Personal Protection
Portfolio, MLC EasyCover and MLC
Simple LifeCover

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.

4. Premium contribution type – MLC Life Cover Super only

Please specify what type of premium contributions will be made by you or on your behalf? (please tick one box only).

Personal/Spouse

Employer

5. Authorised representative

Do you wish to:

Establish a **new** Authorised Representative on your policy.

Replace an **existing** Authorised Representative on your policy.

Please complete the following section if you wish to appoint an Authorised Representative to have access to 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.

Title
Mr Mrs Miss Ms Other

First name

Middle name

Family name

Date of birth (DD/MM/YYYY)

Email

MLC Customer Number (if existing customer)

Residential address

Unit number Street number PO Box Street name

Suburb Postcode State Country

Contact details

Home telephone Mobile phone number

Work telephone Fax

Signature of Authorised Representative

Date (DD/MM/YY)

6. Method of payment

Has there been a change to your method of payment?

No Your current method of payment will be used

Yes Please complete the relevant sections as applicable

6. Method of payment (continued)

6A Direct Debit Request Schedule

Complete this section if you want to pay your premiums by automatic deduction from your nominated financial institution account.

If you're with one of the smaller banks or credit unions you may need to check if they can accept a direct debit request from the Bulk Electronic Clearing System (BECS). This information should be available on your recent bank statement, on the bank's website, or call their customer service number.

Applicable to:

MLC Personal Protection Portfolio

MLC Life Cover Super

MLC EasyCover

MLC Simple LifeCover

Surname (company/business name)

Given name(s) (or ABN)

Family name

Given name(s)

request MLC Limited (ABN 90 000 000 402) (AFSL 230694) (User ID No. 460592) to draw money from my/our account conducted with:

Name of financial institution

Name of account holder

Address of financial institution

State

Postcode

Name of Account to be debited

BSB

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 the Schedule.

How frequently will premiums be paid?

Monthly

Half-yearly*

Yearly*

*Not available for MLC EasyCover or MLC Simple LifeCover.

Preferred draw date of the month. Please note that due to normal business processing we cannot guarantee this date.

1st

5th

10th

15th

17th

20th

25th

I/We acknowledge that this Direct Debit Request Schedule is governed by the terms of the Direct Debit Request Service Agreement on page 5 of this application form and the terms and conditions of the policy to which this application relates I have read and agree to the terms and conditions.

Signature of financial institution account holder 1

Name

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

Signature of financial institution account holder 2

(if applicable)

Name

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

6. Method of payment (continued)

6B Credit Card Deduction Authority

Complete this section if you want to pay your premiums by charging your nominated credit/debit card.

Applicable to:

MLC Personal Protection Portfolio

MLC Life Cover Super

MLC EasyCover

MLC Simple LifeCover

Name (as it appears on the card)

authorise MLC Limited to charge my

Card type

Mastercard

Visa

Card number

Expiry date (MM/YY)

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

Tick this box if this credit card deduction is for:

both the **initial and ongoing premiums**

ongoing premiums only – a cheque is attached for the initial premium

the **initial premium** only

If making regular payments from your credit card how frequently will your premium be paid?

Monthly

Half yearly*

Yearly*

*Not available for MLC EasyCover or MLC Simple LifeCover.

Preferred draw date of the month. Please note that due to normal business processing we cannot guarantee this date.

1st

5th

10th

15th

20th

25th

Signature of cardholder

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

6C Direct Payment of Premiums*

Complete this section if you want to pay your premiums direct to MLC Limited by cheque or money order. Please note, this payment method is not available for MLC EasyCover or MLC Simple LifeCover.

Applicable to:

MLC Personal Protection Portfolio

MLC Life Cover Super

I wish to pay my premium directly to MLC Limited:

Half yearly

Yearly

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

If you are making your first payment by cheque for **MLC Personal Protection Portfolio**, make it payable to **MLC Limited**, crossed 'Not negotiable'.

If you are making your first payment by cheque for **MLC Life Cover Super**, make it payable to **NULIS Nominees (Australia) Limited**, crossed 'Not negotiable'.

6. Method of payment (continued)

6D MLC Masterkey Deduction Authority

Note: Available For MLC Life Cover Super only

Complete this section if you want to pay your premiums by regular deduction from your account with an eligible MLC MasterKey superannuation product.

Important Information

- The member must be the same for both the account with an eligible MLC MasterKey superannuation product and MLC Life Cover Super policy.
- Only one deduction may operate on any account with an eligible MLC MasterKey superannuation product.
- It is the obligation of the member to ensure there are sufficient funds to operate the MLC MasterKey superannuation account and pay for the MLC Life Cover Super premium. To allow completion of the MLC Life Cover Super policy, MLC Limited requires the MLC MasterKey superannuation account to have a minimum of 3 months premium for a monthly paid policy or the full balance of premium for half-yearly and yearly paid policies. If the balance of the MLC MasterKey superannuation account does not meet this criteria, another payment method should be selected (pending rollovers excluded).

Instalment deduction

- The date the deductions will commence from your account with an eligible MLC MasterKey superannuation product will depend on when we receive this form.
- Instalments will be deducted from your account with an eligible MLC MasterKey Superannuation on:
 - the same date each month for monthly payments
 - the half-yearly and annual policy anniversary date for half-yearly payments
 - the annual policy anniversary date for yearly payments.

I wish to pay my premiums through a regular deduction from my MLC MasterKey superannuation product:

Monthly Half yearly Yearly

Declaration

I authorise MLC Limited / the Trustee, until further notice in writing, to deduct my MLC Life Cover Super premiums from my:

- new account with an eligible MLC MasterKey superannuation product; or
 existing account number with an eligible MLC MasterKey superannuation product

I understand and acknowledge that:

- MLC Limited / the Trustee may, by prior arrangement and advice to me, vary the amount and frequency of future deductions; 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 deduction.

Life Insured/Member's Signature

	Date (DD/MM/YY)									
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7. Exceptions for changes

Changes will apply to all policies listed on this form unless indicated below.

Question(s) does not apply to Policy number(s)

8. Declaration


Read this section carefully before signing.

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.


Signature of Policy Holder / Member 1*

Name

	Date (DD/MM/YY)							
	<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							

Signature of Policy Holder / Member 2* (if applicable)

Name

	Date (DD/MM/YY)							
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* FOR POLICY OWNER(S) OF MLC Personal Protection Portfolio Only

Signature of the parent or guardian is required if 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).

10. Direct Debit Request Service Agreement

This Direct Debit Request Service Agreement is issued by MLC Limited, ABN 90 000 000 402 (User ID no. 460592).

This Service Agreement and the Direct Debit Request Schedule in your application contain the terms and conditions by which you authorise us to draw (debit) money from your account and 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 **132 652**.

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(s) shown in the Direct Debit Schedule are correct and that your nominated financial institution account can accept direct debits through the Bulk Electronic Clearing System (BECS)
- 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 the Direct Debit Request Schedule of your application. They are also governed by the terms and conditions of your policy. You should contact us on **132 652**, 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.