

# Change of policy details form

Policy number <input type="text"/>	Policy number <input type="text"/>
Policy number <input type="text"/>	Policy number <input type="text"/>

Please PRINT and COMPLETE all relevant sections. Unless otherwise stated, all changes made on this form will be applied to the policy(ies) with the policy number(s) above.

## Section 1: Current Policy Owner's/Member's details

### Policy Owner 1/Member 1

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"/>
Trust / Partnership / Company Name / Self Managed Super Fund <input type="text"/>	Trustee, individual, director or secretary <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"/>

**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. Any references to 'we', 'us' and 'our' in this form means MLC Limited and Trustee refers to NULIS Nominees (Australia) Limited.



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## Section 1: Current Policy Owner's/Member's details continued

### Policy Owner 2 /Member 2 (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					Last name
<input type="text"/>					<input type="text"/>
Date of birth (DD/MM/YYYY)			Email		
<input type="text"/>			<input type="text"/>		
Home telephone		Business telephone			Mobile
<input type="text"/>		<input type="text"/>			<input type="text"/>

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## Section 2: Change your contact details

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 address (your residential address cannot be a PO Box)

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

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### Postal address (the postal address shown cannot be your financial adviser's address.)

Same as residential

Unit number	Street number	PO Box	Street name		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Suburb	State	Postcode	Country		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Email					
<input type="text"/>					
Home telephone		Business telephone			Mobile
<input type="text"/>		<input type="text"/>			<input type="text"/>

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## Section 3: Update your Tax File Number (TFN)

**For products held in the Superannuation environment, premiums/contributions will not be accepted where the 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.

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## Section 4: Premium contribution type

For products connected to your super account

Please specify the one type of premium contribution that will be made by you or on your behalf (tick one box only).

Personal Contributions:

- Personal  
 Child  
 Spouse  
 Other

Employer Contributions:

- Super Guarantee  
 Salary Sacrifice  
 Award  
 Employee Voluntary

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## Section 5: 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.

Mr  Mrs  Miss  Ms  Other

First name

Middle name

Last name

Please sign using your previous and new signatures below.

**Previous signature**

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

**New signature**

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

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## Section 6: 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**

Mr  Mrs  Miss  Ms  Other

First name

Middle name

Last name

Date of birth (DD/MM/YYYY)

Email

Home telephone

Business telephone

Mobile

MLC Customer Number (if existing customer)

## Section 6: Change your Authorised Representative continued

### Residential address

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

### Signature of Authorised Representative

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

## Section 7: 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 for my policy I understand and accept the terms of that authorisation, and my responsibilities in respect of it.

### Signature of Policy Owner / Member 1\*

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

### Signature of Policy Owner / Member 2\* (if applicable)

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

### \* 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)

## Section 8: 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](mailto:enquiries.retail@mlcinsurance.com.au)**

If you have any questions, please contact your financial adviser or call us on **136 525**, 8.30am to 6pm AEST, Monday to Friday.