



# Authority to release information

Policy number

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We respect your privacy and handle your information in accordance with our privacy policy, available on [mlcinsurance.com.au/privacy-policy](http://mlcinsurance.com.au/privacy-policy)

## Section 1: Policy Owner(s)/Member details

I/We

Policy Owner 1/Member 1

Policy Owner 2/Member 2

authorise the representative below to obtain information (other than sensitive/health information) on my/our behalf of the above policy number(s).

Date of birth (DD/MM/YYYY)

Date of birth of Policy Owner 2 (if applicable)

Duration of authority (eg 6 months or indefinitely)

Contact telephone (business hours)

Please note that if a specified term is not nominated this authority will be valid indefinitely.

## Postal address

Your postal address cannot be your financial adviser's address.

Unit number

Street number

PO Box

Street name

Suburb

State

Postcode

Country

### Trustee

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

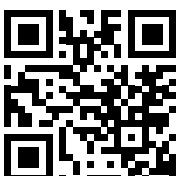
### Fund

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. References to 'we', 'us' or 'our' are references to MLC Limited.



## Section 1: Policy Owner(s)/Member details continued

### Signature of Policy Owner 1/Member or Power of Attorney 1

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

**If signed under the Power of Attorney:** Attorneys must attach a certified copy of the Power of Attorney if not already supplied. The Attorney hereby certifies that he/she has not received notice of any limitation or revocation of his/her Power of Attorney and is also authorised to sign this form.

Power of Attorney documents can't be faxed or emailed.

### Signature of Policy Owner 2/Member or Power of Attorney 2 (if applicable)

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

## Section 2: Authorised representative to complete

This information will be used for our security checking procedures.

Mr  Mrs  Miss  Ms  Other  First name

Middle name  Last name

Date of birth (DD/MM/YYYY)

### Or Company Representative:

Company name

ABN  AFSL

### Contact details

Home telephone  Business telephone  Mobile

Fax  Email

### Postal address

Unit number  Street number  PO Box  Street name

Suburb  State  Postcode  Country

## 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](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.