

Identification for a Registered Co-operative

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

You can also arrange for your financial adviser to identify you. If so, your adviser must complete the appropriate FSC Identification form.

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

Section 1: Registered Co-operative details

1. General information

Full name of registered co-operative <input type="text"/>	Provide ID number issued by relevant registration body <input type="text"/>
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Full given name(s) and surname of the following (or equivalent in each case):

Chairman <input type="text"/>	Secretary <input type="text"/>
Treasurer <input type="text"/>	Public Officer <input type="text"/>

2. Address information

Select and provide **one** of the following:

Principal place of operation address (PO Box is **not** acceptable)

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"/>

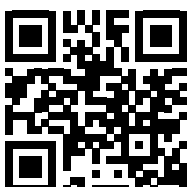
Please go to 3 **Beneficial owners**

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.



Section 1: Registered Co-operative details continued

Registered office address (PO Box is **not** acceptable)

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"/>

Please go to **3 Beneficial owners**

Residential address of the secretary (or president or treasurer if there is no secretary)

Full name of officer	Position		
<input type="text"/>	<input type="text"/>		
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"/>

3. Beneficial owners

Provide the names of each individual who control the business affairs of the co-operative, which may include either the Chairman, Treasurer, Secretary and Public Officer. If there are none provide the individual who holds the position of senior managing official (or equivalent).

You'll need to provide individual customer identification forms for each of these individuals. The Identification for Individuals and Sole Traders form is available from mlcinsurance.com.au/proof-of-identity

Full given name(s)	Surname	Role (such as Managing Director)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please go to **Section 2**.

Section 2: Identification procedure

Attach a legible current **certified copy** of ID documents from the options below.

Tick (✓)	Provide ONE ID document from the following options
<input type="checkbox"/>	Information provided by ASIC or the relevant registration body responsible for the registration of the co-operative
<input type="checkbox"/>	A certified copy or certified extract of any register maintained by the Co-operative which contains Beneficial Owner or Senior Managing Official information
<input type="checkbox"/>	A certified copy or a certified extract of the meeting minutes where a Senior Managing Official has signed off

Please check the details of who can certify in **Section 3**.

Section 3: Who can certify?

A document is only accepted as a certified copy if it has been certified as a true copy of the original document by a person who is currently licensed or registered to practise in Australia, in an occupation below:

- A person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner.
- A Justice of the Peace.
- A Judge of a court.
- A Magistrate.
- A Chief Executive Officer of a Commonwealth court.
- A Notary Public (for the purposes of the Statutory Declaration Regulations 2018).
- A Police officer.
- An agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public.
- A permanent employee of the Australian Postal Corporation with 5 or more years of continuous service who is employed in an office supplying postal services to the public.
- An Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955).
- An officer with 5 or more years of continuous service with one or more financial institutions (for the purposes of the Statutory Declaration Regulations 2018) (e.g. bank manager, bank officer).
- A finance company officer with 5 or more continuous years of service with one or more finance companies (for the purposes of the Statutory Declarations Regulations 2018).

- An officer or an authorised representative of, a holder of an AFSL, having 5 or more continuous years of service with one or more licensees (e.g. financial planner, advisor, broker).
- A member of the Institute of Chartered Accountants in Australia, CPA Australia, the Australian Association of Taxation and Management Accountants and the Institute of Public Accountants.
- Pharmacist.

Acceptable certification of ID documents

Each copy of the ID must be certified by an approved certifier as follows:

The approved certifier must write:

- Full printed name of the "Approved Certifier" (e.g. Michelle Helena Citizen).
- Date the document was certified.
- Signature of the approved certifier.
- The capacity in which they have certified the document, e.g. police officer, etc.
- The Registration number (if applicable) of the certifier.
- A statement to the effect that:

If single page: I hereby certify that this is a true copy of the original as sighted by

If multiple page: I certify that this and the following (number of pages) are a true copy of the original which I have sighted.

Each following page must be initialled and dated.

Section 4: 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 contact your financial adviser or call us on **136 525**, 8.30am to 6pm AEST, Monday to Friday.