

Nominate a representative

Policy details

Policy owner name

Policy number

Case number

Nominate a representative

To be completed by:

- Person Insured
- Policy Owner(s) / Member
- Authorised Representative(s)

To assist with the case management process, you may want a family member or friend to receive information regarding your case. They will be your representative indefinitely until you request a change in writing.

Your declaration and authorisation

I acknowledge that the information provided may include any information that MLC Limited holds about me in respect to my case including health, lifestyle, employment financial and insurance information.

I authorise the people listed below to receive information on my behalf about my case. They have been made aware and have consented to their personal details below being given to MLC Limited.

For details about how MLC Limited handles personal information please read our privacy policy on <https://www.mlcinsurance.com.au/privacy-policy>

My representatives

Representative 1

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

First name

Middle name

Last name

Date of birth (DD/MM/YYYY)

Residential address (PO Box is not acceptable)

Unit number

Street number

Street name

Suburb

State

Postcode

Country



My Representatives (continued)

Nominees preferred email

Nominees contact number(s)


Mobile phone number

Home phone number

Business phone number

Relationship to Life insured

Signature of representative 1

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

Representative 2

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

First name

Middle name

Last name

Date of birth (DD/MM/YYYY)

Residential address (PO Box is **not** acceptable)

Unit number

Street number

Street name

Suburb

State

Postcode

Country

Nominees preferred email

Nominees contact number(s)

Mobile phone number

Home phone number

Business phone number

Relationship to Life insured

Signature of representative 2

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

Authorisation

I authorise MLC Limited to:

- ☐ Establish a new Authorised representative on my claim
- ☐ Replace an existing Authorised representative on my claim
- ☐ Remove an existing Authorised representative on my claim

Section 1 Your authorisation confirmation

Person Insured

Full name (Please print)

Signature

X

Date (DD/MM/YYYY)

Policy Owner 1

Full name (Please print)

Signature

X

Date (DD/MM/YYYY)

Policy Owner 2

Full name (Please print)

Signature

X

Date (DD/MM/YYYY)

Section 2 Your authorisation confirmation

Scheme name or Employer (Business) name

Member number

Full name (of Member)

Member Signature

X

Date (DD/MM/YYYY)

Send us your form

Please send your completed form to us at:

MLC Life Insurance
Claims Support Team
PO Box 23314
Docklands VIC 3008

Email: claims.retail@mlcinsurance.com.au

If you have any questions you can call us on **1300 125 246** Monday to Friday between 8.30 am and 6.00 pm (Melbourne/Sydney time).