



LIFE INSURANCE

Beneficiary nomination form

MLC Life Cover Super

Policy number

We can only accept your request if the form is correctly completed.

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. The Insignia Financial Group Privacy Policy is available at insigniafinancial.com.au/privacy.

If you wish to make a beneficiary nomination for another policy, please complete a new Beneficiary Nomination form for each additional policy.

Section 1: Your policy details

MLC Life Cover Super (LCS)

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐ First name

Middle name Last name

Date of birth (DD/MM/YYYY) Email

Home telephone Mobile phone number

Residential address (your residential address can't be a PO Box)

Unit number Street number 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.

Section 2: Your beneficiary details

By completing this form you are overriding any previous beneficiary nomination. What type of beneficiary nomination would you like to make for your policy (please tick only one)?

Product type	Nomination type
LCS	<input type="checkbox"/> Non-binding death benefit nomination
	<input type="checkbox"/> Non-lapsing binding death nomination

Who can I nominate for LCS?

Whether you make a non-lapsing binding death benefit nomination or non-binding death benefit nomination you can only nominate:

- your spouse/de facto and/or children (including step and adopted children),
- individuals who are financially dependent on you at the time of your death,
- your legal personal representative (either the executor under your will or a person(s) granted letters of administration for your estate if you die without having left a valid will),
- someone in an interdependency relationship with you.

Please refer to the Product Disclosure Statement (PDS) for further details.

This section allows you to nominate who the Insurers will pay the death benefit to.

Non-binding death benefit nomination for LCS

Complete this section if you wish to nominate to the Trustee your preferred beneficiary(ies) of your death benefit. It is the Trustee's decision to whom to pay the benefits and in what portions, but your nomination will be taken into account by the Trustee. The Trustee will be restricted to paying the death benefits to your dependants (spouse and/or children) and/or your legal personal representative. Please refer to Section 2: Your beneficiary details for who you can nominate. It is important that you read the beneficiary nominations section of the current PDS before completing this section.

You should speak to your financial adviser, estate planner or legal representative to determine which type of nomination will best suit your circumstances.

The tax applicable on a death benefit payment to beneficiaries depends on a number of factors. As the tax rules in relation to death benefits are complex, you should seek professional advice.

Non-lapsing binding death benefit nomination for LCS

Complete this section if you wish to indicate to the Trustee who your death benefit MUST be paid to. It is important that you read the beneficiary nominations section of the current PDS before completing this section. Please nominate your preferred beneficiary(ies) and the portion you would like each to receive.

Your nominated beneficiary(ies) must be a dependant(s) and/or your legal personal representative. Please refer to Section 2: Your beneficiary details for who you can nominate. You should speak to your financial adviser, estate planner or legal representative to determine which type of nomination will best suit your circumstances. The tax applicable on a death benefit payment to beneficiaries depends on a number of factors. As the tax rules in relation to death benefits are complex, you should seek professional advice.

Please nominate your preferred beneficiary(ies) and the portion you would like each to receive. You may nominate up to 6 beneficiaries.

Please tick your preferred beneficiary benefit type

☐ Non-binding death benefit nomination ☐ Non-lapsing binding death nomination

	Full name (Mr, Mrs, Miss, Other) please circle	Address of beneficiary	Portion of total benefit**
1			%
	Date of birth		
	Relationship to you (please tick one)		
	<input type="checkbox"/> Spouse/de facto <input type="checkbox"/> Financial dependant <input type="checkbox"/> Child <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Other dependent*		

Section 2: Your beneficiary details continued

2	Full name (Mr, Mrs, Miss, Other) please circle	Address of beneficiary	Portion of total benefit*
			%
	Date of birth		
	Relationship to you (please tick one)		
	<input type="checkbox"/> Spouse/de facto <input type="checkbox"/> Financial dependant <input type="checkbox"/> Child <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Other dependent*		
3	Full name (Mr, Mrs, Miss, Other) please circle	Address of beneficiary	Portion of total benefit*
			%
	Date of birth		
	Relationship to you (please tick one)		
	<input type="checkbox"/> Spouse/de facto <input type="checkbox"/> Financial dependant <input type="checkbox"/> Child <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Other dependent*		
4	Full name (Mr, Mrs, Miss, Other) please circle	Address of beneficiary	Portion of total benefit*
			%
	Date of birth		
	Relationship to you (please tick one)		
	<input type="checkbox"/> Spouse/de facto <input type="checkbox"/> Financial dependant <input type="checkbox"/> Child <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Other dependent*		
5	Full name (Mr, Mrs, Miss, Other) please circle	Address of beneficiary	Portion of total benefit*
			%
	Date of birth		
	Relationship to you (please tick one)		
	<input type="checkbox"/> Spouse/de facto <input type="checkbox"/> Financial dependant <input type="checkbox"/> Child <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Other dependent*		
6	Full name (Mr, Mrs, Miss, Other) please circle	Address of beneficiary	Portion of total benefit*
			%
	Date of birth		
	Relationship to you (please tick one)		
	<input type="checkbox"/> Spouse/de facto <input type="checkbox"/> Financial dependant <input type="checkbox"/> Child <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Other dependent*		
7	Legal representative (your estate)		%
Total			100%

* Only valid if you choose Non-binding death benefit nomination

** The sum of each of your portions of the total benefit must equal 100% and each portion must be provided in whole percentages.

Section 2: Your beneficiary details continued

Declaration

I understand I should review my nomination regularly and as my circumstances change (eg marriage, marriage breakdown, birth of a child, or my benefit being affected by a payment split) to ensure my nomination is always up to date.

Name

Signature of Life Insured for LCS

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

Witness declaration (to be completed for Non-lapsing binding death nomination only)

The witness declaration must be signed and dated by two adult witnesses.

I declare that:

- I am over 18 years of age;
- I am not already a nominated beneficiary of the applicant's existing nomination, and
- I am not one of the beneficiaries nominated in this form, and
- This form was signed and dated by the applicant in my presence.

Witness 1

Full name (please print)

Signature of Witness

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

Witness 2

Full name (please print)

Signature of Witness

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

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

If you have any questions, please speak with your financial adviser or call us on **13 65 25** between 8.30am and 6pm (AEST/AEDT), Monday to Friday.