



LIFE INSURANCE

# Third party authority form

## Authorisation for third-party representation to act on your behalf

- By completing this form, you authorise another person (the 'third party authority') to discuss your MLC Life insurance policy on your behalf. This person will be authorised to receive your personal information and other policy information. Where you are also the life insured, you can elect that they also receive your health and other sensitive health information.
- Section 1 is to be completed if the policy is owned by a Company or Self-Managed Super fund. Section 2 is to be completed if the policy is individually owned. You do not need to complete both sections 1 and 2..
- 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)

Policy number

Policy number

Policy number

Policy number

☐ Only the above policies

Or

☐ All policies in the name of the below Policy owner/s

## Section 1: Company/Self-Managed Super Fund (SMSF) to complete

Name of company (if applicable)

Name of fund (if applicable)

### Postal address

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

Unit number

Street number

PO Box

Street name

Suburb

State

Postcode

Country

### Contact details

Home telephone

Business telephone

Mobile

Email

#### Trustee

Equity Trustees Superannuation Limited  
ABN 50 055 641 757 AFSL 229757

#### Fund

Smart Future Trust  
ABN 68 964 712 340

#### Insurer

MLC Limited  
ABN 90 000 000 402 AFSL 230694

Insurance is issued by MLC Limited. MLC Limited uses the MLC brand under licence from the Insignia Financial Group. MLC Limited is part of the Nippon Life Insurance Group and is not a part of the Insignia Financial Group.



MLC02PT

- ☐ I/We authorise the third-party authority below to obtain information (other than sensitive/health information) on my/our behalf of the above policy number(s).
- ☐ **(Optional)** Where the Policy owner is the same as the life insured - I authorise the third-party authority below to obtain my sensitive/health information on my/our behalf of the above policy numbers. This may include the release of my personal statement in my Original Application to the third-party authority below.

	Name of Signatory 1	Name of Signatory 2
Title		
Full name		
Role of Signatory (Tick appropriate role)	<input type="checkbox"/> Individual <input type="checkbox"/> Trustee <input type="checkbox"/> Director <input type="checkbox"/> Company Secretary <input type="checkbox"/> Sole Director	<input type="checkbox"/> Individual <input type="checkbox"/> Trustee <input type="checkbox"/> Director <input type="checkbox"/> Company Secretary

**Name of Director/Trustee 1**

**Name of Director/Trustee 2**

**Signature of Director/Trustee 1**

X	Date (DD/MM/YY)				

**Signature of Director/Trustee 2**

X	Date (DD/MM/YY)				

## Section 2: Policy owner(s) for individually owned policy to complete

I/We

**Name of Policy owner 1**

**Name of Policy owner 2**

Date of birth of Policy owner 1  
(DD/MM/YYYY)

--	--	--	--	--	--	--	--

Date of birth of Policy owner 2  
(DD/MM/YYYY) (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

## Section 2: Policy owner(s) for individually owned policy to complete (continued)

☐ I/We authorise the third-party authority below to obtain information (other than sensitive/health information) on my/our behalf of the above policy number(s).

☐ **(Optional)** Where the Policy owner is the same as the life insured – I authorise the third-party authority below to obtain my sensitive/health information on my/our behalf of the above policy numbers. This may include the release of my personal statement in my Original Application to the third-party authority below.

**Name of Policy owner 1 or  
Power of Attorney 1**

**Name of Policy owner 2 or  
Power of Attorney 2 (if applicable)**

**Signature of Policy owner 1 or  
Power of Attorney 1**

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

**Signature of Policy owner 2 or  
Power of Attorney 2 (if applicable)**

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

## Section 3: Third party authority

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)

<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"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

**Or Company Representative**

Company name

ABN

<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

AFSL

<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

**Contact details**

Home telephone

<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Business telephone

<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Mobile

<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Email

**Postal address**

Unit number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------

Street number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------

PO Box

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------

Street name

Suburb

State

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Postcode

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------

Country

---

## 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](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.