



LIFE INSURANCE

Potential beneficiary statutory declaration

Commonwealth Government of Australia Statutory Declaration Act 1959 (Cwth)

Policy details

Policy owner name

Policy number

Case number

Section A – Deceased Member's Details

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

First name

Middle name

Last name

Date of birth (DD/MM/YYYY)

Unit number

Street number

Street name

Suburb

State

Postcode

Country

1. What was the deceased's marital status at the date of death?

- ☐ Married ☐ Married but separated ☐ Divorced
☐ Never married ☐ Widowed ☐ De-facto

2. If the deceased was living in a relationship at the date of death, what was the duration of the relationship?

Years Months

Name of spouse/de-facto

Address

Unit number

Street number

Street name

Suburb

State

Postcode

Country

The Trustee

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

The Fund

MLC Super Fund
ABN 70 732 426 024

The Insurer

Insurance is issued by MLC Limited
ABN 90 000 000 402 AFSL 230694

The Trustee of the Fund is part of IOOF Holdings Limited ABN 49 100 103 722 and its related bodies corporate (IOOF Group). References to 'we', 'us' or 'our' are references to the MLC Limited and the Trustee refers to NULIS Nominees (Australia) Limited. MLC Limited uses the MLC brand under licence. MLC Limited is part of the Nippon Life Insurance Group and is not a part of the IOOF Group.



MLC02PT

Section A – Deceased Member's Details continued

3. Were there any matters pending in the Family Court between the deceased and their spouse?

No ☐ Yes ☐

4. Did the deceased leave a will?

No ☐ Yes ☐ Please provide a certified copy of the Will.

5. Please provide deceased's or Estate's Tax File Number

Deceased ☐ OR Estate ☐

Section B – Notification of Potential Beneficiaries

Please provide details of:

- spouse (including current spouse, separated spouse, de facto spouse, ex spouse and/or same sex partner)
- child (regardless of age) including a step, adopted or ex nuptial child
- a person in an interdependency relationship
- any other person either wholly or partially dependent financially on the deceased at the time of death.

Beneficiary 1

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

First name

Middle name

Last name

Relationship

Date of birth (DD/MM/YYYY)

Unit number

Street number

Street name

Suburb

State

Postcode

Country

Home telephone

Business telephone

Mobile

Beneficiary 2

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

First name

Middle name

Last name

Relationship

Date of birth (DD/MM/YYYY)

Unit number

Street number

Street name

Suburb

State

Postcode

Country

Home telephone

Business telephone

Mobile

Section B – Notification of Potential Beneficiaries continued

Beneficiary 3

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

First name

Middle name

Last name

Relationship

Date of birth (DD/MM/YYYY)

Unit number

Street number

Street name

Suburb

State

Postcode

Country

Home telephone

Business telephone

Mobile

Please attach document if additional space required

Section C – Submission – My Details

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

First name

Middle name

Last name

Relationship to Deceased

(spouse / child / financial dependant / interdependant / legal personal representative)

Date of birth (DD/MM/YYYY)

Unit number

Street number

Street name

Suburb

State

Postcode

Country

Home telephone

Business telephone

Mobile

1. Claims Details

☐ I do not wish to be considered as a Potential Beneficiary. Go to **Question 7**

☐ I wish to claim % of the benefit – **Please complete the remaining sections**

☐ I wish to claim % on behalf of the Estate as Legal Personal Representative
Please complete Question 7 and Sections D and E

2. I was a student at the time of death

No ☐

Yes ☐ Part time ☐ Full time ☐

3. I was employed at the time of death

No ☐

Yes ☐ Part time ☐ Weekly wage \$
Full time ☐ Weekly wage \$

Section C – Submission – My Details continued

4. I was receiving a Government Benefit at the time of death

No ☐

Yes ☐ Benefit type Weekly wage

5. I was living with the deceased at the time of death

No ☐ Please provide details, eg. spouse but separated, full-time student living away from home and list people living with the deceased at the date of death

Yes ☐ Please list people living with deceased at the time of death

6. State the nature and duration of your relationship to the deceased and information regarding any dependency on the deceased. Supporting documents should be attached to evidence the dependency relationship eg. joint bank accounts, shared living expenses, joint liabilities.

I wish to be considered for the following reasons:

Please attach document if additional space required

7. I would not object to the proceeds being paid to:

☐ Legal Personal Representative of the Deceased

☐ Other (Please provide details below)

Name and address of beneficiary

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

First name

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Middle name

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Last name

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Relationship

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Portion of total benefit

	%
--	---

Unit number

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Street number

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Street name

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Suburb

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State

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Postcode

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Country

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8.

Section D – Declaration

I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the Statutory Declarations Act 1959 (Cwlth), and I believe that the statements in this declaration are true in every particular.

Name of person making the declaration:

Signature:



Date (DD/MM/YY)

Declared at (Place Declared)

on (Date Declared)

1	2	3	4	5	6
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
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14	14	14	14	14	14
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65	65	65	65	65	65
66	66	66	66	66	66
67	67	67	67	67	67
68	68	68	68	68	68
69	69	69	69	69	69
70	70	70	70	70	70
71	71	71	71	71	71
72	72	72	72	72	72
73	73	73	73	73	73
74	74	74	74	74	74
75	75	75			

Before me,
Person before whom the declaration is made

Signature:



Date (DD/MM/YY)

Full name and qualification of person before whom the declaration is made (Please print)

Address of person before whom the declaration is made

Unit number

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Street number

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Street name

Suburb

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State

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Postcode

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Country

Refer to page 6 for a list of persons before whom a statutory declaration may be made.

Section E – Legal Personal Representative Completion Only

Executors/Administrators completion only (if applicable)

Has a grant of Probate or a grant of Letters of Administration been received or applied for?

No ☐ Please provide reasons below as to why an application has or will not be made:

Yes ☐ Please attach certified copy.

I was granted Probate / Letters of Administration on the Estate of the late

Name of deceased (Please print)

**Date of Probate /
Letters of Administration**

[illegible]

I declare that the Estate is solvent and has sufficient assets, apart from the superannuation death benefit, to cover all liabilities of the Estate.

No ☐ Yes ☐

Section E – Legal Personal Representative Completion Only continued

I will ensure that all proceeds from the superannuation lump sum death benefit which is paid in favour of the Estate, from The Universal Super Scheme (TUSS), will be paid in its entirety, to all or any of the persons below, being a spouse, former spouse or child of the deceased at the time of death.

No ☐ Yes ☐

Please list full name of beneficiary receiving superannuation death benefit (Please print)

Signature of Legal Personal Representative

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

Declared at (Place Declared)

on (Date Declared)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Before me,

Person before whom the declaration is made

Signature of person before whom the declaration is made

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

Full name and qualification of person before whom the declaration is made (Please print)

Address of person before whom the declaration is made

Unit number

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Street name

Suburb

State

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

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

Note 1: A person who intentionally makes a false statement in a statutory declaration is guilty of an offence, the punishment for which is imprisonment for a term of 4 years—see section 11 of the Statutory Declarations Act 1959 (Cwlth).

Note 2: Chapter 2 of the Criminal Code applies to all offences against the Statutory Declarations Act 1959—see section 5A of the Statutory Declarations Act 1959 (Cwlth).

A Statutory Declaration under the Statutory Declarations Act 1959 (Cwlth) may be made before:

- (1) A person who is currently licensed or registered under a law to practice in one of the following occupations: Chiropractor, Dentist, Legal Practitioner, Medical Practitioner, Nurse, Optometrist, Patent Attorney, Pharmacist, Physiotherapist, Psychologist, Trade Marks Attorney, Veterinary Surgeon.
- (2) A person who is enrolled on the roll of the Supreme Court of the State or Territory, Or the High Court of Australia, as a legal Practitioner (However described); or A Person on the following list:
 - Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
 - Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the Consular Fees Act 1955)
 - Bailiff
 - Bank officer with 5 or more continuous years of service
 - Building society officer with 5 or more years of continuous service
 - Chief executive officer of a Commonwealth court
 - Clerk of a court
 - Commissioner for Affidavits
 - Commissioner for Declarations
 - Credit union officer with 5 or more years of continuous service
 - Employee of the Australian Trade Commission who is:
 - (a) in a country or place outside Australia; and
 - (b) authorised under paragraph 3 (d) of the Consular Fees Act 1955; and
 - (c) exercising his or her function in that place
 - Employee of the Commonwealth who is:
 - (a) in a country or place outside Australia; and
 - (b) authorised under paragraph 3 (c) of the Consular Fees Act 1955; and
 - (c) exercising his or her function in that place
 - Fellow of the National Tax Accountants' Association
 - Finance company officer with 5 or more years of continuous service
 - Holder of a statutory office not specified in another item in this Part
 - Judge of a court
 - Justice of the Peace
 - Magistrate
 - Marriage celebrant registered under Subdivision C of Division 1 of Part IV of the Marriage Act 1961
 - Master of a court
 - Member of Chartered Secretaries Australia
 - Member of Engineers Australia, other than at the grade of student
 - Member of the Association of Taxation and Management
 - Accountants
 - Member of the Australian Defence Force who is:
 - (a) an officer; or
 - (b) a non-commissioned officer within the meaning of the Defence Force Discipline Act 1982 with 5 or more years of continuous service; or
 - (c) a warrant officer within the meaning of that Act
 - Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants
 - Member of:
 - (a) the Parliament of the Commonwealth; or
 - (b) the Parliament of a State; or
 - (c) a Territory legislature; or
 - (d) a local government authority of a State or Territory
 - Minister of religion registered under Subdivision A of Division 1 of Part IV of the Marriage Act 1961
 - Notary public
 - 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
 - Permanent employee of:
 - (a) the Commonwealth or a Commonwealth authority; or
 - (b) a State or Territory or a State or Territory authority; or
 - (c) a local government authority; with 5 or more years of continuous service who is not specified in another item in this Part
 - Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made
 - Police officer
 - Registrar, or Deputy Registrar, of a court
 - Senior Executive Service employee of:
 - (a) the Commonwealth or a Commonwealth authority; or
 - (b) a State or Territory or a State or Territory authority
 - Sheriff
 - Sheriff's officer
 - Teacher employed on a full-time basis at a school or tertiary education institution
 - Member of the Australasian Institute of Mining and Metallurgy

Send us your form

Please send your completed form and any attachments 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).



LIFE INSURANCE

Potential beneficiary statutory declaration

Commonwealth Government of Australia Statutory Declaration Act 1959 (Cwth)

Policy details

Policy owner name

Policy number

Case number

Section A – Deceased Member's Details

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

First name

Middle name

Last name

Date of birth (DD/MM/YYYY)

Unit number

Street number

Street name

Suburb

State

Postcode

Country

1. What was the deceased's marital status at the date of death?

- ☐ Married ☐ Married but separated ☐ Divorced
☐ Never married ☐ Widowed ☐ De-facto

2. If the deceased was living in a relationship at the date of death, what was the duration of the relationship?

Years Months

Name of spouse/de-facto

Address

Unit number

Street number

Street name

Suburb

State

Postcode

Country

The Trustee

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

The Fund

MLC Super Fund
ABN 70 732 426 024

The Insurer

Insurance is issued by MLC Limited
ABN 90 000 000 402 AFSL 230694

The Trustee of the Fund is part of IOOF Holdings Limited ABN 49 100 103 722 and its related bodies corporate (IOOF Group). References to 'we', 'us' or 'our' are references to the MLC Limited and the Trustee refers to NULIS Nominees (Australia) Limited. MLC Limited uses the MLC brand under licence. MLC Limited is part of the Nippon Life Insurance Group and is not a part of the IOOF Group.



MLC02PT

Section A – Deceased Member's Details continued

3. Were there any matters pending in the Family Court between the deceased and their spouse?

No ☐ Yes ☐

4. Did the deceased leave a will?

No ☐ Yes ☐ Please provide a certified copy of the Will.

5. Please provide deceased's or Estate's Tax File Number

Deceased ☐ OR Estate ☐

Section B – Notification of Potential Beneficiaries

Please provide details of:

- spouse (including current spouse, separated spouse, de facto spouse, ex spouse and/or same sex partner)
- child (regardless of age) including a step, adopted or ex nuptial child
- a person in an interdependency relationship
- any other person either wholly or partially dependent financially on the deceased at the time of death.

Beneficiary 1

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

First name

Middle name

Last name

Relationship

Date of birth (DD/MM/YYYY)

Unit number

Street number

Street name

Suburb

State

Postcode

Country

Home telephone

Business telephone

Mobile

Beneficiary 2

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

First name

Middle name

Last name

Relationship

Date of birth (DD/MM/YYYY)

Unit number

Street number

Street name

Suburb

State

Postcode

Country

Home telephone

Business telephone

Mobile

Section B – Notification of Potential Beneficiaries continued

Beneficiary 3

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

First name

Middle name

Last name

Relationship

Date of birth (DD/MM/YYYY)

Unit number

Street number

Street name

Suburb

State

Postcode

Country

Home telephone

Business telephone

Mobile

Please attach document if additional space required

Section C – Submission – My Details

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

First name

Middle name

Last name

Relationship to Deceased

(spouse / child / financial dependant / interdependant / legal personal representative)

Date of birth (DD/MM/YYYY)

Unit number

Street number

Street name

Suburb

State

Postcode

Country

Home telephone

Business telephone

Mobile

1. Claims Details

☐ I do not wish to be considered as a Potential Beneficiary. Go to **Question 7**

☐ I wish to claim % of the benefit – **Please complete the remaining sections**

☐ I wish to claim % on behalf of the Estate as Legal Personal Representative
Please complete Question 7 and Sections D and E

2. I was a student at the time of death

No ☐

Yes ☐ Part time ☐ Full time ☐

3. I was employed at the time of death

No ☐

Yes ☐ Part time ☐ Weekly wage \$
Full time ☐ Weekly wage \$

Section C – Submission – My Details continued

4. I was receiving a Government Benefit at the time of death

No ☐

Yes ☐ Benefit type Weekly wage

5. I was living with the deceased at the time of death

No ☐ Please provide details, eg. spouse but separated, full-time student living away from home and list people living with the deceased at the date of death

Yes ☐ Please list people living with deceased at the time of death

6. State the nature and duration of your relationship to the deceased and information regarding any dependency on the deceased. Supporting documents should be attached to evidence the dependency relationship eg. joint bank accounts, shared living expenses, joint liabilities.

I wish to be considered for the following reasons:

Please attach document if additional space required

7. I would not object to the proceeds being paid to:

☐ Legal Personal Representative of the Deceased

☐ Other (Please provide details below)

Name and address of beneficiary

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

First name

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Middle name

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Last name

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Relationship

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Portion of total benefit

	%
--	---

Unit number

--	--	--	--	--

Street number

--	--	--	--	--

Street name

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Suburb

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State

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Postcode

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Country

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8.

Section D – Declaration

I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the Statutory Declarations Act 1959 (Cwlth), and I believe that the statements in this declaration are true in every particular.

Name of person making the declaration:

Signature:

X Date (DD/MM/YY)

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Declared at (Place Declared)

on (Date Declared)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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Before me,
Person before whom the declaration is made

Signature:



Date (DD/MM/YY)

Full name and qualification of person before whom the declaration is made (Please print)

Address of person before whom the declaration is made

Unit number

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Street number

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Street name

Suburb

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State

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Postcode

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Country

Refer to page 6 for a list of persons before whom a statutory declaration may be made.

Section E – Legal Personal Representative Completion Only

Executors/Administrators completion only (if applicable)

Has a grant of Probate or a grant of Letters of Administration been received or applied for?

No ☐ Please provide reasons below as to why an application has or will not be made:

Yes ☐ Please attach certified copy.

I was granted Probate / Letters of Administration on the Estate of the late

Name of deceased (Please print)

**Date of Probate /
Letters of Administration**

[illegible]

I declare that the Estate is solvent and has sufficient assets, apart from the superannuation death benefit, to cover all liabilities of the Estate.

No ☐ Yes ☐

Section E – Legal Personal Representative Completion Only continued

I will ensure that all proceeds from the superannuation lump sum death benefit which is paid in favour of the Estate, from The Universal Super Scheme (TUSS), will be paid in its entirety, to all or any of the persons below, being a spouse, former spouse or child of the deceased at the time of death.

No ☐ Yes ☐

Please list full name of beneficiary receiving superannuation death benefit (Please print)

Signature of Legal Personal Representative

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

Declared at (Place Declared)

on (Date Declared)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Before me,

Person before whom the declaration is made

Signature of person before whom the declaration is made

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

Full name and qualification of person before whom the declaration is made (Please print)

Address of person before whom the declaration is made

Unit number

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Street name

Suburb

State

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

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

Note 1: A person who intentionally makes a false statement in a statutory declaration is guilty of an offence, the punishment for which is imprisonment for a term of 4 years—see section 11 of the Statutory Declarations Act 1959 (Cwlth).

Note 2: Chapter 2 of the Criminal Code applies to all offences against the Statutory Declarations Act 1959—see section 5A of the Statutory Declarations Act 1959 (Cwlth).

A Statutory Declaration under the Statutory Declarations Act 1959 (Cwlth) may be made before:

- (1) A person who is currently licensed or registered under a law to practice in one of the following occupations: Chiropractor, Dentist, Legal Practitioner, Medical Practitioner, Nurse, Optometrist, Patent Attorney, Pharmacist, Physiotherapist, Psychologist, Trade Marks Attorney, Veterinary Surgeon.
- (2) A person who is enrolled on the roll of the Supreme Court of the State or Territory, Or the High Court of Australia, as a legal Practitioner (However described); or A Person on the following list:
 - Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
 - Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the Consular Fees Act 1955)
 - Bailiff
 - Bank officer with 5 or more continuous years of service
 - Building society officer with 5 or more years of continuous service
 - Chief executive officer of a Commonwealth court
 - Clerk of a court
 - Commissioner for Affidavits
 - Commissioner for Declarations
 - Credit union officer with 5 or more years of continuous service
 - Employee of the Australian Trade Commission who is:
 - (a) in a country or place outside Australia; and
 - (b) authorised under paragraph 3 (d) of the Consular Fees Act 1955; and
 - (c) exercising his or her function in that place
 - Employee of the Commonwealth who is:
 - (a) in a country or place outside Australia; and
 - (b) authorised under paragraph 3 (c) of the Consular Fees Act 1955; and
 - (c) exercising his or her function in that place
 - Fellow of the National Tax Accountants' Association
 - Finance company officer with 5 or more years of continuous service
 - Holder of a statutory office not specified in another item in this Part
 - Judge of a court
 - Justice of the Peace
 - Magistrate

- Marriage celebrant registered under Subdivision C of Division 1 of Part IV of the Marriage Act 1961
- Master of a court
- Member of Chartered Secretaries Australia
- Member of Engineers Australia, other than at the grade of student
- Member of the Association of Taxation and Management
- Accountants
- Member of the Australian Defence Force who is:
 - (a) an officer; or
 - (b) a non-commissioned officer within the meaning of the Defence Force Discipline Act 1982 with 5 or more years of continuous service; or
 - (c) a warrant officer within the meaning of that Act
- Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants
- Member of:
 - (a) the Parliament of the Commonwealth; or
 - (b) the Parliament of a State; or
 - (c) a Territory legislature; or
 - (d) a local government authority of a State or Territory
- Minister of religion registered under Subdivision A of Division 1 of Part IV of the Marriage Act 1961
- Notary public
- 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
- Permanent employee of:
 - (a) the Commonwealth or a Commonwealth authority; or
 - (b) a State or Territory or a State or Territory authority; or
 - (c) a local government authority; with 5 or more years of continuous service who is not specified in another item in this Part
- Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made
- Police officer
- Registrar, or Deputy Registrar, of a court
- Senior Executive Service employee of:
 - (a) the Commonwealth or a Commonwealth authority; or
 - (b) a State or Territory or a State or Territory authority
- Sheriff
- Sheriff's officer
- Teacher employed on a full-time basis at a school or tertiary education institution
- Member of the Australasian Institute of Mining and Metallurgy

Send us your form

Please send your completed form and any attachments 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).