

Bank account details

Policy details

Policy owner name

Policy number

Case number

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

First name

Middle name

Last name

Please provide details of your bank account. **The account must be held in the same name as the Insured member (joint accounts are acceptable).**

Bank/building society/credit union name:

Bank/building society/credit union address:

Unit number

Street number

PO Box

Street name

Suburb

State

Postcode

Country

Account name:

Account number:

Branch number (BSB):

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Please complete this section ONLY if claiming MLC Limited Super Insurance products for Total and Permanent Disability (TPD) Benefits.

Your Tax File Number (TFN) is required for the Australian Tax Office (ATO) in accordance with Government regulations. Please provide your TFN.

Signature

Date (DD/MM/YYYY)

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.



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).