



# Application for increase, reinstatement and alteration

Policy Number(s)

Increase  Reinstatement  Alteration

MLC Nominees Pty Limited (Trustee)  
ABN 93 002 814 959  
AFSL 230702 RSE L0002998

Trustee for The Universal Super Scheme  
ABN 44 928 361 101 R1056778  
(Issuer of MLC Life Cover Super)

MLC Limited (MLC)  
ABN 90 000 000 402 AFSL 230694  
(Issuer of MLC Personal Protection Portfolio)

## When to use this form

This form may only be used to:

- Increase or reinstate the benefits of your policy
- Apply for the review of a loading or exclusion
- Change the premium structure of your existing benefits, for example, from stepped premium or decreasing cover to level premium
- Change the Life Insured's occupation class, Waiting Period or Benefit Period for Income Protection and/or Business Expenses insurance.

**You must complete the application form contained in the relevant Product Disclosure Statement, if you wish to:**

- **Apply for new benefits and/or add new features to your policy**
- **Apply to change from 'Plus' to 'Standard' cover or vice versa.**

If you are applying to add the Critical Illness – Extra Benefits Option (Partial Benefits and/or Critical Illness Buy Back) to existing Critical Illness insurance, a separate short form is available on the website at [mlc.com.au](http://mlc.com.au)

If you are applying to convert from Smoker to Non-Smoker rates, a separate short form is available on the website at [mlc.com.au](http://mlc.com.au)

Unless otherwise indicated, the premium structure and other features chosen for the existing benefit will apply to any increase.

Any reference to MLC in this form includes MLC Limited and MLC Nominees Pty Limited.

## What you must tell us

### Your Duty of Disclosure

Before you enter into a contract of life insurance with MLC, you have a duty, under the Insurance Contracts Act 1984, to disclose to MLC every matter that you know, or could reasonably be expected to know, is relevant to MLC's decision whether to accept the risk of the insurance and, if so, on what terms. You have the same duty to disclose those matters to MLC before such a contract of life insurance is extended, varied or reinstated.

Your duty, however, does not require a disclosure of a matter:

- that diminishes the risk to be undertaken by MLC;
- that is of common knowledge;
- that MLC knows or, in the ordinary course of business, ought to know;
- for which your duty of compliance is waived by MLC.

If you take out MLC Life Cover Super the Trustee obtains life insurance from MLC on your behalf. Because the Trustee is taking out a life insurance policy at your request, the Trustee requires you to make full disclosure to it on the same basis.

### Non-Disclosure

If you fail to comply with your Duty of Disclosure and MLC would not have entered into the contract on any terms if the failure had not occurred, MLC may avoid the contract within three years of entering into it. If your non-disclosure is fraudulent, MLC may avoid the contract at any time.

Even if MLC is entitled to avoid a contract of life insurance MLC may, within three years of entering into it, elect not to avoid it but reduce the sum that you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to MLC.

**Your Duty of Disclosure continues until the contract of life insurance has been accepted by MLC and a policy is issued. It also applies if the contract is extended, varied or reinstated.**

## Section 1

### 1A LIFE INSURED INFORMATION

#### 1 Person whose Life is Insured

Mr  Mrs  Miss  Ms  Other

Surname (Family name) (PLEASE PRINT)

Given name(s)

Date of birth

NAB Customer Number (NAB Planner use only)

#### 2 Postal Address for correspondence

  
  
  
 Postcode 

#### 3 Contact Details

Home Number

Best Contact Time

Day(s)

Work Number

Best Contact Time

Day(s)

Mobile

Fax

Email

### 1B CONTRIBUTIONS AND TAX FILE NUMBER – LCS ONLY

#### 4 Please specify what type of premium contributions will be made by you or on your behalf? Please tick one box only.

Personal/Spouse  Employer

#### 5 Please specify your Tax File Number (TFN) below

**Note: Contributions will not be accepted where a member fails to provide their TFN.**

## 1C REASON FOR CHANGE

Please ensure you answer **ALL** questions in this section

A copy of the current premium quotation is only required for Question 9 (if the answer is No), 10, 11 and 12.

**6** Are you applying to reinstate your policy?

No

Yes

**7** Are you applying for the review of a loading or exclusion?

No

Yes  **Please complete the relevant insurance questionnaires available at [mlc.com.au](http://mlc.com.au)**

**8** Are you applying to increase the Sum Insured or Monthly Benefit of any of your existing insurances?

No

Yes  **Complete the following table with details of your current and proposed new Sum Insured**

Insurance	Current Sum Insured	Proposed New Sum Insured
Life Cover	\$ <input type="text"/>	<input type="text"/>
TPD (as part of Life Cover) 'Any Occupation' definition	\$ <input type="text"/>	<input type="text"/>
TPD (as part of Life Cover) 'Own Occupation' definition	\$ <input type="text"/>	<input type="text"/>
TPD (stand alone) 'Any Occupation' definition	\$ <input type="text"/>	<input type="text"/>
TPD (stand alone) 'Own Occupation' definition	\$ <input type="text"/>	<input type="text"/>
Critical Illness (as part of Life Cover)	\$ <input type="text"/>	<input type="text"/>
Critical Illness (as part of Life Cover) with 'Any Occupation' TPD definition	\$ <input type="text"/>	<input type="text"/>
Critical Illness (as part of Life Cover) with 'Own Occupation' TPD definition	\$ <input type="text"/>	<input type="text"/>
Critical Illness (stand alone)	\$ <input type="text"/>	<input type="text"/>
Income Protection (Monthly Benefit)	\$ <input type="text"/>	<input type="text"/>
Business Expenses (Monthly Benefit)	\$ <input type="text"/>	<input type="text"/>

**9** Is this an increase to the sum insured(s) and/or the monthly benefit(s) **only** with all the other options and benefits remain unchanged?

No  **Please ensure that a copy of the current premium quotation is attached**

Yes  **Go to Question 13**

**10** Are you applying to change the premium structure of your existing benefits?

No

Yes  **Complete the following table with details of your current and proposed premium structure.**

Note: Not all premium structures are available for all insurances. Please read the relevant Product Disclosure Statement for more details.

Current Premium Structure	Proposed New Premium Structure
<input type="checkbox"/> Stepped	<input type="checkbox"/> Stepped
<input type="checkbox"/> Level	<input type="checkbox"/> Level
<input type="checkbox"/> Decreasing cover	<input type="checkbox"/> Decreasing cover

### Note to Financial Adviser

Before sending this form to MLC, please attach a copy of the current premium quotation.

**11** Are you applying to change the Life Insured's occupation class for Income Protection and/or Business Expenses insurance? (Your Financial Adviser will tell you this and give details.)

No

Yes

#### New Occupation Class

AAA  ACT  ML  AA

A  BBB  BB  B  C

**12** Are you applying to change the Life Insured's Waiting Period and/or Benefit Period for Income Protection and/or Business Expenses insurance?

No

Yes

#### New Waiting Period for Income Protection:

14 days  1 month  3 months

12 months\*  24 months\*

#### New Benefit Period for Income Protection:

2 years  5 years  to age 65\*

#### New Waiting Period for Business Expenses\*:

14 days  1 month

\* These options are not available for class C occupations

If you did not answer 'Yes' to any of questions 6–12, you may require a different form for your circumstances. Please contact the MLC Client Service Centre on 132 652 for more details.

## 1C EXCEPTIONS FOR CHANGES

Unless stated below, all changes specified on this form will be applied to the policy(ies) where the policy number(s) have been provided on page 1.

Please DO NOT make changes specified on Questions:

to the policy with the following policy number:

Eg. Please do not make changes specified on Questions 2 and 7 for the policy with the following policy number: **1234 5478**.

**Please proceed to complete Section 1D and Sections 2, 3 and 4.**

**1D EXISTING INSURANCE DETAILS**

**To be completed by the Life Insured**

**13** Are you covered by, or are you applying for any other life, disability, critical illness, income protection, salary continuance, or business expenses insurance with any company including MLC (other than this application) – including benefits under superannuation or insurance benefits provided by your employer or business or credit insurance?

No  **Go to next question**

Yes  **Please provide details for each. If there is not enough space here, please complete additional details on page 8**

Type of Insurance		Commencement Date	
<input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	
Company		Policy Number	
<input type="text"/>		<input type="text"/>	
Sum Insured or Monthly Benefit	If Income Protection or Waiting period	Business Expenses: Benefit period	
\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	
Is this application replacing this insurance?*			
No <input type="checkbox"/> Yes <input type="checkbox"/>			

Type of Insurance		Commencement Date	
<input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	
Company		Policy Number	
<input type="text"/>		<input type="text"/>	
Sum Insured or Monthly Benefit	If Income Protection or Waiting period	Business Expenses: Benefit period	
\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	
Is this application replacing this insurance?*			
No <input type="checkbox"/> Yes <input type="checkbox"/>			

**\* You should not cancel the existing policy(s) until you have received a policy document from MLC.**

**14** Since the date of the original application, have you had an application for insurance on your life declined, postponed, cancelled, accepted with an exclusion or a higher than standard premium, or modified in any way?

No

Yes  Give details

**15** Since the date of the original application, have you made a claim for any type of accident or sickness (including lump sum total and/or permanent disablement, Workers' Compensation or Third Party insurance) benefit or have you applied for unemployment, sickness or accident benefits or other Centrelink or Veterans' Affairs Benefits?

No

Yes  Give details, benefit type and amount, reasons and date finalised

**Section 2**

**PERSONAL QUESTIONNAIRE**

**To be completed by the Life Insured**

Your health information may be disclosed to your financial adviser. If there is insufficient space to fully answer a question use the table on page 8.

**OCCUPATION AND INCOME**

**Please provide details of your full-time occupation and any professional or trade qualifications you have.**

**16** Full-time occupation

If your full-time occupation is home duties, please go to Question 44.

**17** Time spent in occupation  years  months

**18** Industry

**19** Name of employer or trading name

**20** Street address of employer or business  
  
  
 Postcode

**21** Professional or trade qualifications

**22** Describe your **duties** including hours per week and percentage of your time doing manual work or hazardous work (eg driving, lifting, cleaning, working at heights or underground etc).

Duties	Hours per week	% Manual
<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"/>

**23** What percentage of your time was spent working from home over the last year?  %

**24** Do you have any occupation other than described in Question 16 above?

No

Yes  What is this occupation?  
  
 Duties of the occupation  
  
 How long have you been in this occupation?  
 yrs  mths  
 Annual income of this occupation

**25** What is the average number of hours you worked per week over the last year?

Full-time occupation  hrs Second occupation  hrs

**26** What were your Earnings **before tax** from your full time occupation for the last 12 months? **Do not include investment income.**

\$

**27** Have you changed your occupation or employment status in the last 5 years?

No

Yes

What was your previous occupation?

How long were you in that occupation?

yrs  mths

**28** Are you applying to increase or alter Income Protection and/or Business Expenses cover?

No  **Go to question 44**

Yes  **Go to next question**

### INCOME PROTECTION

**Complete this section if you are increasing or changing Income Protection and/or Business Expenses insurance**

**29** Have you, or any business that you are or have been associated with ever been:

1. bankrupt
2. in receivership
3. in involuntary liquidation
4. under administration?

No

Yes

Please give date and details

Date of discharge

/  /

**30** What is your employment status?

Employee of a business in which you have no ownership

**Go to Question 31**

Sole Trader

Partner in business

Employee of your own company

**Go to Question 34**

### EMPLOYEE SECTION

**Complete this section if you are an employee of a business in which you have no ownership**

**31** What is the breakdown of your current Earnings **before tax** from your full-time occupation? **Do not include investment income.**

**Earnings:** where the Life Insured is an employee ie does not directly or indirectly own part or all of a business or practice – Earnings means the total remuneration paid by the employer to the Life Insured including salary, commission, fees, regular bonuses, regular overtime and fringe benefits. It also includes regular superannuation contributions paid by the employer on behalf of the Life Insured.

Salary/Wage

\$

Employer contributed superannuation

\$

Allowances (car, travel, etc)

\$

Regular Commission/Bonuses/Overtime

\$

Other (please specify):

\$

\$

\$

\$

\$

**Total Earnings:**

\$

**32** How long have you been with your current employer?

yrs

mths

**33** Do you intend to change your occupation duties, work hours, employment situation or take extended leave over the next 12 months?

No

Yes

Please give details of the change

**Please proceed to question 44**

**SELF-EMPLOYED SECTION**

**Complete this section if you are self-employed – sole trader, partner, employee of own company**

**34** How long have you been self-employed in your present occupation or employment?

yrs       mths

**35** What is your percentage ownership of this business, practice or company?

%

**36** What were your Earnings **before tax** from your full time occupation for the last 2 years? **Do not include investment income.**

**Earnings:** where the Life Insured is self-employed ie directly or indirectly owns part or all of a business or practice – Earnings means the income of the business or practice generated by the personal efforts of the Life Insured after the deduction of their appropriate share of business or practice expenses in generating that income.

(an amount is needed in each box)

Year Ending	30/06/ <input type="text"/>	30/06/ <input type="text"/>
Gross business income (revenue)	\$ <input type="text"/>	\$ <input type="text"/>
Less business expenses in generating that income	\$ <input type="text"/>	\$ <input type="text"/>
<i>Equals</i> net income before tax	\$ <input type="text"/>	\$ <input type="text"/>
<b>Your share of net income</b>	<input type="text"/> %	<input type="text"/> %
<i>Plus</i>		
• personal salary/wage	\$ <input type="text"/>	\$ <input type="text"/>
• director's fees	\$ <input type="text"/>	\$ <input type="text"/>
• superannuation contributions	\$ <input type="text"/>	\$ <input type="text"/>
• salary/wage to spouse not working in business	\$ <input type="text"/>	\$ <input type="text"/>
• share of profit from associated entities (eg trust, service company)	\$ <input type="text"/>	\$ <input type="text"/>
• other (please specify)	<input type="text"/>	<input type="text"/>
	\$ <input type="text"/>	\$ <input type="text"/>
<b>Total net Earnings</b>	\$ <input type="text"/>	\$ <input type="text"/>

**37** Will your annual income continue at or beyond this level?

No  Reason for the decrease

Yes

**38** Has the business traded profitably over the past year?

No  Give details

Yes

**39** Does the business employ any people other than yourself?

No

Yes  How many full-time?  How many part-time?

**40** In the event of your disability, will the business continue to operate?

No

Yes  What percentage of the business activities will continue?  %  
 How long will this continue?   
 Will you continue to receive income?  
 No   
 Yes  How much? \$   
 How long for?

**41** Are you applying to increase Business Expenses insurance?

No

**Go to Question 44**

Yes

**List the monthly expenses to be covered below:**

**Note:** Covered expenses are the reasonable and regular expenses of the business or practice the Life Insured owns and manages.

Rent or mortgage payments (principal plus interest)	\$ <input type="text"/>
Property rates and taxes	\$ <input type="text"/>
Equipment or motor vehicle lease costs	\$ <input type="text"/>
Electricity	\$ <input type="text"/>
Heating and water	\$ <input type="text"/>
Cleaning and laundry	\$ <input type="text"/>
Depreciation of office equipment and premises the business owns	\$ <input type="text"/>
Salaries and associated costs for employees <b>not generating business income</b>	\$ <input type="text"/>
Accounting services	\$ <input type="text"/>
Professional association fees	\$ <input type="text"/>
Business insurance premiums	\$ <input type="text"/>
Other regular monthly business expenses normally incurred (please specify):	
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<b>Total Business Expenses</b>	\$ <input type="text"/>

42 Number of employees who generate business income (other than yourself)

43 What percentage of the total expenses are you responsible for?  %

**TRAVEL AND PASTIMES**

44 Do you plan to travel overseas, live or work in another country?

No

Yes

When?	For how long?
<input type="text"/>	<input type="text"/>
Location (city, region, country)	
<input type="text"/>	
For what reason?	
<input type="text"/>	
If more than one country, specify time in each country?	
<input type="text"/>	

45 Do you now or do you intend to take part in any of the following activities?

No Yes

- a Flying as a pilot or crew in an aircraft
- b Motor car, motor cycle or motor boat racing
- c Underwater diving
- d Football, parachuting, hand-gliding
- e Other hazardous pursuits, activities or sports (eg polo, competitive judo, mountain climbing, mountain biking, downhill mountain biking)

*If answered 'Yes' to any of these, give full details of each below. If there is not enough space here, please list on page 8 or complete the relevant Underwriting Questionnaire located on [mlc.com.au](http://mlc.com.au)*

Activity
<input type="text"/>
Location
<input type="text"/>
Recreational <input type="checkbox"/> Professional <input type="checkbox"/> Competitive <input type="checkbox"/>
Events/hours per year <input type="text"/>
Other details
<input type="text"/>
<input type="text"/>
<input type="text"/>

46 Does a loading or exclusion apply to any of the activities listed in Question 45 (MLC or your Financial Adviser will tell you this and give details. Please include in the premium quotation.)

No

Yes

**Loading**

I acknowledge that a loading of  %

or \$  pa

per \$1000 sum insured will apply on the  cover

due to my participation in

Yes

**Exclusion**

I acknowledge that no

benefit will be paid under this policy in the event of a claim caused by or contributed to by practice for, or participation in:

Football  Underwater diving

Motor racing  Aviation

**PERSONAL AND MEDICAL DETAILS**

**47** What is the name and address of your usual doctor or medical centre? (If no usual doctor, then the last doctor you last visited)

If you have known this doctor for less than 12 months, please also advise the previous doctor's details on page 8.

**This question must be completed**

Doctor's name or medical centre

Address

Postcode

Business Number ( )

How long have you been attending this practice?  
 yrs  mths

Please provide details of your last check-up or consultation.  
 Date of last consultation Reason for last check-up or consultation  
 /  /

Result

Medication prescribed, referral given or tests ordered

**48** Have you smoked tobacco or any other substance or used any nicotine-containing product in the last 12 months?

No

Yes

What type? *eg cigarettes, gum patch* Daily quantity

**49** Do you drink alcohol?

No

Yes

Number of standard drinks  
 per day or  per week  
 Note: one standard drink = 1 glass of beer/wine/nip of spirit

**50** Are you carrying the Human Immunodeficiency Virus (HIV) which causes AIDS, antibodies to that virus, or are you suffering from AIDS or any AIDS related condition?

No

Yes

**51** In the past three years, are you aware of any HIV risk situation to which you or any of your sexual partners may have been exposed? Note – HIV risk situations are situations in which you have been potentially exposed to HIV infection. These situations include but are not limited to, intercourse with someone you know or suspect to be HIV positive, intravenous drug use, or unprotected anal intercourse, (except in a relationship between you and one other person only and neither of you have had sex with anyone else for at least three years)

No

Yes

A confidential questionnaire will be sent to you to complete and return to MLC's Chief Underwriter.

**52** What is your height?

cm

**53** What is your weight?

kg

**54** Since the date of the original application have you:

	Item Code	No	Yes
consulted any medical practitioner or had any medical treatment or advice or been hospitalised	a	<input type="checkbox"/>	<input type="checkbox"/>
taken or been prescribed drugs, stimulants, sedatives or medication	b	<input type="checkbox"/>	<input type="checkbox"/>
undergone, or been advised to undergo surgery, X-ray, ECG, genetic test or special investigation	c	<input type="checkbox"/>	<input type="checkbox"/>
suffered any illness, disease, accident, or injury	d	<input type="checkbox"/>	<input type="checkbox"/>
had any change in your health	e	<input type="checkbox"/>	<input type="checkbox"/>

**If you answered 'Yes' to any of these, give full details at question 55 on the following page.**

**55** Did you answer 'Yes' to any item in question 54?

No

Yes  **Give full and accurate details below of each instance**

**If there is not enough space here, please list on a separate sheet and sign and date it.**

Item Code (see Question 54)	Disability, illness, injury, condition or test	Test results	When did it start?	When did it cease?	Type of treatment and when treatment ceased	How long off work?	Have you completely recovered?	Name and address of medical facility and attending person

**56** Have any of your parents, brothers or sisters (living or dead) suffered from any of the following?

- Cancer (specific type and site)
- Heart disease
- Stroke
- Diabetes
- Kidney disease
- Rheumatoid arthritis
- Huntington's disease
- Motor neurone disease
- Muscular dystrophy
- Familial polyposis
- Multiple sclerosis
- Any other hereditary disorder

No

Yes  **Please provide details below**

Relationship	Medical condition	Cancer type and site	Age condition began	Age at death (if applicable)

**57 To be completed by the Life Insured**

If you use this page to provide further information, please note the page and question number the additional information refers to.

Page Number	Question Number	Further Information

## Section 3

### DECLARATION

#### Read this section carefully before signing

#### I understand and agree that:

- a) I have read the Duty of Disclosure set out on page 1. I understand that, until MLC accepts this application and reinstates the policy (or, in the case of an increase or alteration to an existing policy, issues a revised schedule), I have a duty to disclose every matter which I know, or could reasonably be expected to know, is relevant to MLC's acceptance of this application and that if I fail to comply with my duty of disclosure MLC may (as permitted by law) cancel this policy or reduce the benefits under it;
- b) the answers to the questions above are true and complete;
- c) if any answers to the application questions are not in my own handwriting I certify that I have checked them and they are correct;
- d) my decision to make this application is based on information received by me from MLC with relation to the products, and my understanding of those materials;
- e) I understand that MLC reserves the right to obtain further evidence of health if it considers this necessary before it considers the reinstatement or acceptance of an increase or alteration;
- f) any payment made to MLC in connection with a lapsed policy is accepted merely as a deposit, which will be returned if MLC declines to reinstate the policy;
- g) no increase to insurance is effected until the first instalment of the new premium is paid and the confirmation of commencement of cover is issued by MLC;
- h) for reinstated applications, certain critical conditions are not covered if they first appear, first happen or are first diagnosed during the first three months after this insurance is reinstated. These qualifying periods also apply to any increase to the benefit that I request;
- i) where I have applied to increase my Critical Illness insurance and/or Total or Permanent Disability insurance as a connected benefit these forms of cover will be cancelled upon payment of the Life Cover benefit;
- j) where I have applied to increase my Life Cover insurance and also hold Critical Illness insurance and/or Total and Permanent Disability insurance as a connected benefit my Life Cover insurance will be reduced or cancelled by any benefit amounts paid under the connected benefits;
- k) if I have provided my email address for the purpose of receiving communications from MLC, I acknowledge my personal and sensitive information may be sent to that email address.

#### I authorise MLC and the Trustee to:


- a) collect further medical information from any doctor, medical centre, hospital or any other health service provider identified by me in this application for the purpose of assessing my application for insurance; and
- b) provide my personal, financial and medical information (whether provided in this application or otherwise subsequently collected by MLC with my consent) to any medical professional, medical facility, reinsurer, assessor, adviser or any other confidential service provider, now or at any time in the future, for the purpose of issuing or administering this insurance, and assessing any claim made in respect of this insurance, and assessing any claim made in respect of this insurance; and
- c) provide a copy of any test results (except the HIV Antibodies Blood Test) I have undergone in connection with this application to my usual doctor or medical centre as nominated at Question 47 of the Personal Questionnaire; and
- d) provide a copy of the HIV Antibodies Blood Test to my usual doctor or medical centre as nominated at Question 47 of the Personal Statement unless I have nominated an alternative doctor to receive the results, in which case I authorise the results to be provided to the alternative doctor specified.

I also authorise MLC and any third party referred to in paragraphs (a), (b), (c) and (d) of this authority, to transfer any such information outside the State, Territory or jurisdiction in which the information was collected in order to give effect to this authority.

#### Privacy Authorisation (please tick as required)

- I give my consent to my financial adviser to provide information to the Trustee and MLC, on behalf, concerning my pastime activities, occupation and financial status, for the purpose of expediting the assessment of my application for insurance.
- I give my consent to MLC to disclose to my financial adviser any personal medical information or finding that results in my application for insurance being accepted on non-standard or amended terms, or declined. I understand that MLC will not provide copies of medical or other reports pertaining to my application for insurance to my financial adviser without first obtaining my specific consent to do so.

#### Signature of Life Insured

 Date / /

#### THE LIFE INSURED MUST COMPLETE THE MEDICAL AUTHORITY ON PAGE 11.

#### PPP only – Signature(s) of Policy Owner(s) (if different from the Life to be Insured)


- Parent or Guardian if Life to be Insured is under 16 years of age
- Where a company is the proposed owner of a policy there is no need for the company seal to be affixed.

In the case where the Policy Owner is a Company;

- (a) Two directors or a director and company secretary are to sign; or
- (b) In the case of a sole director proprietary company only, the sole director is to sign. The director must indicate that he/she is the sole director and sole secretary of the company.

#### Policy 1

##### Signature(s) of Policy Owner(s)

 Date / /


 Date / /

**Sole director and sole secretary** (indicate by ticking box)

#### Policy 2

##### Signature(s) of Policy Owner(s)

 Date / /

 Date / /

**Sole director and sole secretary** (indicate by ticking box)

**PLEASE PROCEED TO THE METHOD OF PAYMENT SECTION ON PAGE 10.**

## Section 4 – Method of payment

Has there been a change to your method of payment?

No  **Your current method of payment will be used**

Yes  **Please complete the relevant section below**

If you are reinstating your policy, please tick here to allow MLC to deduct outstanding premiums/arrears from your nominated account.

### 4A DIRECT DEBIT REQUEST SCHEDULE

**Complete this section if you want to pay your premiums by automatic deduction from your nominated financial institution account.**

Applicable to:  MLC PPP  MLC LCS

Surname (or Company/Business Name)

Given names (or ACN/ABN)

Surname

Given name(s)

request MLC Limited (ABN 90 000 000 402) (AFSL 230694) (user ID No. 000 108) and/or MLC Investments Limited (ABN 30 002 641 661) (AFSL 230705) (user ID No. 022 779) to draw money from my/our account conducted with:

Name and Address of Financial Institution

			Postcode

Name of Account to be debited

BSB Number

Account Number

Note: Direct debiting is not available on the full range of financial institution accounts. If in doubt, please refer to your financial institution before completing the Schedule.

How frequently will premiums be paid?

Monthly  Half-yearly  Yearly

**Preferred draw date of the month. Please note that due to normal business processing we cannot guarantee this date.**

1st  5th  10th  15th  17th  20th  25th

I/We acknowledge that this Direct Debit Request Schedule is governed by the terms of the Direct Debit Request Service Agreement on page 12 of this Application Form and the terms and conditions of the policy to which this application relates. I have read and agree to the terms and conditions.

**Signature(s) of Financial Institution Account Holder(s)**

X	Date / /
---	----------

X	Date / /
---	----------

### 4B CREDIT CARD DEDUCTION AUTHORITY

**Complete this section if you want to pay your premiums by charging your nominated credit card.**

Applicable to:  MLC PPP  MLC LCS

Name (as it appears on the card)

authorise MLC to charge my  Mastercard  Visa

Card number

Expiry date

or any replacement/substituted card, for the premiums due on the policy.

Tick this box if the credit card deduction is for

- both the **initial and ongoing premiums**
- ongoing premiums** only – a cheque is attached for the initial premium
- the **initial premium** only

If making regular payments from your credit card how frequently will your premiums be paid?

Monthly  Half-yearly  Yearly

**Preferred draw date of the month. Please note that due to normal business processing we cannot guarantee this date.**

1st  5th  10th  15th  20th  25th

**Cardholder signature**

X	Date / /
---	----------

### 4C DIRECT PAYMENT OF PREMIUMS

**Complete this section if you want to pay your premiums direct to MLC by cheque or money order.**

Applicable to:  MLC PPP  MLC LCS

I wish to pay my premium directly to MLC:

Half-yearly  Yearly

MLC will send you notices for premiums prior to the due date.

#### 4C DIRECT PAYMENT OF PREMIUMS continued

If you are making your first payment by cheque for MLC Personal Protection Portfolio, make it payable to MLC Limited, crossed 'Not negotiable'.

If you are making your first payment by cheque for MLC Life Cover Super, make it payable to MLC Nominees Pty Limited, crossed 'Not negotiable'.

**NOTE: If we do not receive your payment (Direct Debit Request/Credit Card Deduction Authority/Cheque payment or MLC MasterKey Deduction Authority), Interim Accident Cover cannot commence. Interim Accident Cover is applicable only to applications for increases in sum insured or monthly benefits of existing policies.**

#### 4D MLC MASTERKEY DEDUCTION AUTHORITY – LCS ONLY

**Complete this section if you want to pay your premiums by regular deductions from your account with an eligible MLC MasterKey superannuation product.**

##### Important Information

- The member must be the same for both the account with an eligible MLC MasterKey superannuation product and MLC Life Cover Super policy.
- Only one deduction may operate on any account with an eligible MLC MasterKey superannuation product.
- It is the obligation of the member to ensure there are sufficient funds to operate the MasterKey superannuation account and pay for the LCS premium. To allow completion of the LCS policy, MLC requires the MasterKey superannuation account to have a minimum of 3 months premium for a monthly paid policy or the full balance of premium for half-yearly and yearly paid policies. If the balance of the MasterKey superannuation account does not meet this criteria, another payment method should be selected (pending rollovers excluded).

**NOTE: If we do not receive your payment (Direct Debit Request / Credit Card Deduction Authority / Cheque payment or MLC MasterKey Deduction Authority), Interim Accident Cover cannot commence. Interim Accident Cover is applicable only to applications for increases in sum insured or monthly benefits of existing policies.**

#### 4D MLC MASTERKEY DEDUCTION AUTHORITY – LCS ONLY

##### Instalment deduction

- The date the deductions will commence from your account with an eligible MLC MasterKey superannuation product will depend on when we receive this form.
- Instalments will be deducted from your account with an eligible MLC MasterKey Superannuation on:
  - the same date each month for *monthly* payments
  - the half-yearly and annual policy anniversary date for *half-yearly* payments
  - the annual policy anniversary date for *yearly* payments.

I wish to pay my premiums through a regular deduction from my MLC MasterKey superannuation product:

Monthly  Half-yearly  Yearly

##### Declaration

I authorise MLC/the Trustee, until further notice in writing, to deduct my MLC Life Cover Super premiums from my:

- new** account with an eligible MLC MasterKey superannuation product; or
- existing** account number with an eligible MLC MasterKey superannuation product

I understand and acknowledge that:

- MLC/the Trustee may, by prior arrangement and advice to me, vary the amount and frequency of future deductions; and
- MLC/the Trustee may, in its absolute discretion, at any time by notice in writing to me, terminate this request as to future deduction.

##### Signature of Life Insured

Date / /

## Medical Authority

MLC Limited  
ABN 90 000 000 402  
AFSL 230694

MLC Nominees Pty Limited  
ABN 93 002 814 959  
AFSL 230702 RSE L0002998



**Authority to obtain a report from a medical practitioner or hospital – An MLC representative will complete the appropriate doctor's details in the space below.**

*I request and authorise you to supply MLC and/or its appointed medical service providers, with full particulars of my medical history including details of any clinical notes that have been made. I acknowledge that this may require you to transfer such information to another State, Territory or jurisdiction. A photocopy of this authorisation shall be as valid as the original.*

If married, what is your maiden name?

##### Signature of Life Insured

Date / /

# Direct Debit Request Service Agreement

This Direct Debit Request ('DDR') Service Agreement is issued by MLC Nominees Pty Limited (ABN 93 002 814 959), MLC Limited (ABN 90 000 000 402), MLC Investments Limited (ABN 30 002 641 661).

This Service Agreement and the Schedule contain the terms and conditions on which you authorise MLC to debit money from your account and the obligations of MLC and you under this agreement. You should read through the Service Agreement and Schedule carefully to ensure you understand these terms and conditions before signing the Schedule.

You should direct all enquiries about your direct debit to the **MLC Client Service Centre** on **132 652** between 8 am and 6 pm (Sydney time) on any business day.

## 1. Our commitment to you

MLC will give you at least **14 days** notice in writing if there are changes to the terms of the drawing arrangements (except where you have nominated automatic increases).

MLC will keep the details of your nominated financial institution account confidential, except where provided to MLC's financial institution or as it requires for the purposes of conducting direct debits with your financial institution.

Where the due date is not a business day, MLC will draw from your nominated financial institution account on the business day before or after the due date in accordance with the terms and conditions of your MLC account.

## 2. Your commitment to us

It is your responsibility to:

- Ensure your nominated account can accept direct debits;
- Ensure there are sufficient funds available in the nominated account to meet each drawing on the due date;
- Advise us if the nominated account is transferred or closed, or the account details change. MLC requires a minimum of **7 working days** notice of change for banks and **21 days** for Building Societies;
- Arrange an alternate payment method acceptable to MLC if MLC cancels the drawing arrangements;
- Ensure that all account holders on the nominated financial institution account sign the DDR Schedule.

## 3. Your rights

You should contact MLC if you wish to alter the drawing arrangements.

This includes:

- stopping an individual drawing;
- deferring a drawing;
- suspending future drawings;
- altering the Schedule; and
- cancelling the Schedule.

Where you consider that a drawing has been initiated incorrectly, you should firstly contact the **MLC Client Service Centre** on **132 652**.

If we cannot resolve your complaint over the phone, please write to us.

Your correspondence should be addressed to:

*The Manager*  
*MLC Complaint Resolutions*  
*PO Box 1086*  
*North Sydney NSW 2059*

Please mark the envelope 'Notice of complaint'.

We will make every effort to resolve your complaint as quickly as possible. If there is anything that may prevent this from happening, we will notify you.

## 4. Other information

The details of your drawing arrangements are contained in the DDR Service Agreement and the Schedule.

MLC reserves the right to cancel drawing arrangements if drawings are dishonoured by your financial institution.

If your account dishonours, your financial institution may charge you a fee. MLC will not charge you for any dishonours.

Your drawing arrangements are also governed by the terms and conditions of your MLC account.

# Interim Accident Insurance Certificate

This information is provided by MLC Limited ABN 90 000 000 402 AFSL 230694 (MLC), the issuer of this Interim Accident Insurance.

MLC is pleased to provide this Interim Accident Insurance, at no extra cost, while your application for LCS and/or PPP, whether for an increase or an addition to an existing policy, is being considered. This insurance is provided separately to LCS and is not part of the Scheme. The Trustee has no liability or obligation to you for this Interim Accident Insurance. The terms and conditions of this Interim Accident Insurance Certificate are set out below.

## When will MLC pay?

MLC will pay you the benefits of the Interim Accident Insurance if a life insured dies, is totally and permanently disabled, suffers a critical condition, or becomes totally disabled, as a result of a bodily injury caused by accidental means, which occurs while that life insured is covered by this Interim Accident Insurance. Details are as follows:

### Life Cover insurance and Total and Permanent Disability insurance

If you applied for any of these insurances for a life insured, and that life insured dies within 12 months, or is totally and permanently disabled, as a result of a bodily injury which is caused by accidental means during the term of this insurance, MLC will pay you the lower of:

- \$1,000,000
- the benefit you applied for
- the benefit MLC would allow under its normal assessment guidelines.

### Critical Illness insurance (applicable for PPP only)

If you applied for Critical Illness insurance on a life insured, and that life insured suffers one of the following critical conditions, as a result of bodily injury which is caused by accidental means during the term of this insurance:

- coma\*
- major brain injury\*
- paralysis\*
- major burns\*
- blindness\*
- loss of independence

MLC will pay the lower of:

- \$600,000,
- the Critical Illness benefit you applied for on that life insured, or
- the Critical Illness benefit MLC would allow for that life insured under its normal assessment guidelines.

The definitions of each critical condition that will apply are the definitions for those conditions set out in the current PPP policy document, and as outlined in the Product Disclosure Statement ('the PDS'). Interim cover will only be provided for those conditions that are covered under the terms of the insurance for which you have applied.

\* These conditions are not covered if you have applied for Critical Illness Standard.

## Income Protection insurance

If you have applied for Income Protection insurance for a life insured, and that life insured is totally disabled as a result of a bodily injury which is caused by accidental means during the term of this insurance, MLC will pay you the lower of:

- \$10,000 a month
- the benefit you applied for
- the Income Protection benefit MLC would allow under its normal assessment guidelines.

MLC will pay this benefit each month that you or the life insured is continuously totally disabled after the end of the waiting period you applied for, up to a maximum of 12 months. If you or the life insured is only disabled for part of a month the benefit will be reduced proportionately.

## Conditions

Other than as varied by these terms, the following (as set out in the PDS and the policy document), shall apply to this Interim Accident Insurance:

- the 'Any Occupation' definition of 'totally and permanently disabled'
- the definition of 'totally disabled' under Income Protection Plus
- the standard conditions, waiting periods, limitations and exclusions, subject to any options you applied for in your application for LCS and/or PPP.

In applying the definitions to your Interim Accident Insurance, in respect of an application for LCS, a reference to the Trustee as set out in the insurance policy issued by MLC for LCS should be read as a reference to you.

## When does Interim Accident Insurance start?

Unless MLC nominates an earlier date, Interim Accident Insurance will start when MLC or the Trustee receives a fully completed, signed and dated application for LCS or PPP at any of its branches or head office together with one of the following:

- one full instalment of the premium
- a fully completed Direct Debit Request Schedule or Credit Card Deduction Authority or Direct Payment
- a MasterKey Superannuation Deduction Authority (in respect to LCS).

If your application is not accepted, any premium received by MLC will be refunded, less any government charges or taxes, to you or to the Trustee for LCS members.

Your Interim Accident cover is void if the premium payment for LCS and/or PPP is dishonoured.

## Your Duty of Disclosure

Interim Accident Insurance will only be available if you and the lives insured nominated in the application for LCS and/or PPP have completed the Application Form accurately and honestly and have complied with your Duty of Disclosure as set out on page 1 of the Application Form.

**Your Duty of Disclosure does not end on completion of your application and personal statement. Your duty continues until MLC accepts your application and issues a Schedule and a policy document to you.**

## MLC will not pay more than one benefit

MLC will not pay you more than one benefit under this Interim Accident Insurance for any one accident to any life insured.

# Interim Accident Insurance Certificate

## Benefit Limits

If you or the life insured are applying to replace an existing policy, the amount of any benefit will be limited to the amount (if any) by which the sum proposed to be insured under the LCS and/or PPP application exceeds the sum insured under the policy to be replaced.

## When won't MLC pay?

In addition to MLC's standard exclusions (as set out in the current LCS and/or PPP policy document and outlined in the PDS), MLC will not pay under this insurance for death or disability arising from or contributed to by:

- any condition that you or any life insured knew about before applying for LCS and/or PPP, or
- the life insured engaging in any occupation, sport or pastime that MLC would not cover under MLC's normal assessment guidelines.

Furthermore, MLC will not pay if:

- the cover applied for would have been declined under MLC's current assessment guidelines, or
- you or the insured person lodges a claim for an event or condition that would have been excluded under the normal underwriting process.

## When does Interim Accident Insurance end?

MLC will cancel your Interim Accident Insurance by notice in writing on the earliest of the following:

- 90 days after the start of this Interim Accident Insurance unless before then MLC tells you a different date,
- the date MLC issues a Schedule following MLC's acceptance of your application for LCS and/or PPP (or in the case of additional insurance, when MLC issues a revised Schedule to you),
- when MLC advises you that your application has not been accepted,
- when MLC advises you that your Interim Accident Insurance has ended, and
- when you withdraw your application.

## Your application for LCS and/or PPP

If you claim under your Interim Accident Insurance for any life insured, MLC will take this into account in considering your application for LCS and/or PPP on that life insured. MLC may decide not to accept your application on this basis.

MLC may accept or reject your application as MLC sees fit. No insurance will take effect (apart from this Interim Accident Insurance) before MLC accepts your application and issues a policy to you (or in the case of additional insurance, when MLC issues a revised Schedule to you).

**No financial adviser or other person is authorised to change these conditions, whether in writing or otherwise. No changes will be binding upon MLC.**

**Financial Adviser's Instructions**

Complete details relevant to this application

Name of Financial Adviser	Business phone	Email	MLC Division				Financial Adviser No.				%
1.	Phone ( ) Fax ( ) Mobile										
2.	Phone ( ) Fax ( ) Mobile										
3.	Phone ( ) Fax ( ) Mobile										

**Remuneration payment type:**

Select payment type: Upfront  Hybrid  Level

*Class C Income Protection is paid on a level basis*

**NAB Financial Planning use only:**

FI/FN Number  Referring BUID number

Referring Banker's name

Are you aware of any circumstances or facts material to the proper assessment of the risk involved which are not fully covered by the answers given to questions in this application?

No  Yes  What are they?

**Special Instructions and Underwriting Reference Number**

- I agree to MLC or any one of their authorised representatives contacting my client directly if required to collect further information to assist with the completion of this application.
- I do not agree to MLC directly contacting my client to clarify any answers or omissions in the application. **If you tick this box you will then be required to organise additional information directly with your client.**

**Financial adviser's checklist**

**Before sending this application to MLC, please check the following have been done:**

- All relevant questions on this form have been answered.
- Where an exclusion is being reviewed, the relevant Insurance Questionnaire is attached.
- The form has been signed and dated by the Life Insured and Policy Owner(s).
- The Direct Debit Request Schedule, Credit Card Deduction Authority or Cheque Payment of Premium on page 10 or MLC MasterKey Deduction Authority on page 11 is completed (if required).
- If paying by cheque for MLC Personal Protection Portfolio, a crossed cheque made payable to MLC Limited marked 'Not Negotiable' has been attached.
- If paying by cheque for MLC Life Cover Super, a crossed cheque made payable to MLC Nominees Pty Limited marked 'Not Negotiable' has been attached.
- The required copy of the full premium quotation has been attached to the application.

Return completed form by:

**Mail**  
MLC Limited  
PO Box 200  
North Sydney NSW 2059

**Fax**  
1800 550 081  
or if outside Australia on +61 2 9964 3163

**Email**  
[insurance\\_mlc@mlc.com.au](mailto:insurance_mlc@mlc.com.au)  
(in TIF format only)\*

\* Applications by email must have the Adviser name/number, policy number and product type in the subject line of the email. Only one form can be sent via email even if your client is submitting two or more forms. An automatic response email will be sent to you once the email has been received.

## **How to contact us**

### **MLC Client Service Centre**

For more information call the MLC Client Service Centre from anywhere in Australia on **132 652**, between 8 am and 6 pm EST, Monday to Friday or if outside Australia on + **61 3 8634 4721** or contact your financial adviser

### **Postal address**

MLC Limited  
PO Box 200  
North Sydney NSW 2059  
Fax: 1800 550 081

### **Website**

For details on MLC's range of products and services visit: **[mlc.com.au](http://mlc.com.au)**

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