



# Member Linking, Beneficiary and Authorised Representative Nominations Form



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

MLC Limited  
 ABN 90 000 000 402  
 AFSL 230694

The Universal Super Scheme R1056778  
 ABN 44 928 361 101

**Please note: do not use photocopies of this form as it contains unique routing and tracking information that assists MLC in the timely processing of your application.**

## YOUR ACCOUNT DETAILS

- 1** Please select your MLC MasterKey product:
- MLC MasterKey Super / MLC MasterKey Pension
  - MLC MasterKey Super Fundamentals / MLC MasterKey Pension Fundamentals
  - MLC MasterKey Superannuation (Gold Star / Five Star)
  - MLC MasterKey Business Super (including MasterKey Personal Super)

**2** MLC MasterKey Account Number (s)

<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"/>	<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"/>

**3** MLC MasterKey Customer Number (if known)

<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"/>
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**4** Surname (Family name) (PLEASE PRINT)

Given name(s) (PLEASE PRINT)

- What do you wish to change?
- Linking for MasterKey Fee Refunds (go to Questions 6 and 9)
  - Your Beneficiary details (go to Questions 7 and 9)
  - Authorised Representative (go to Questions 8 and 9).

**5** Date of birth  /  /

## LINKING FOR MASTERKEY FEE REFUNDS

- 6** Complete the following details if you wish to link with another MasterKey Investor for the purpose of receiving the benefits of a MasterKey fee refund.
- You can only link with one other MasterKey Investor.

Name of nominated person or business for linking

MLC may accept the nomination of a family trust, superannuation fund or company.

Date of birth of nominated person  /  /

Residential address (Cannot be a PO Box)

  


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 Postcode   


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MLC MasterKey Customer Number of nominated person/business

<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"/>
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Relationship to you

Spouse    Defacto    Parent    Trust

Child    Sibling    Business

Signature of person or representative of the business or trust nominated above

Date  /  /

## YOUR BENEFICIARY DETAILS

7 By completing this form you are overriding any previous beneficiary nomination(s).

Please select the MLC MasterKey product(s) for which you wish to make your beneficiary nomination:

- MLC MasterKey Super / MLC MasterKey Super Fundamentals
  MLC MasterKey Pension / MLC MasterKey Pension Fundamentals  
 MLC MasterKey Superannuation (Gold Star / Five Star)
  MLC MasterKey Business Super (including MasterKey Personal Super)

**Note: If you have selected two or more products and want different nominations to apply, individual forms will be required.**

Please tick only one of the death benefit nomination options below:

- Non-lapsing binding\*
  Non-binding

**\*Your nomination will not be accepted unless two witnesses have signed and dated the Witness declaration below.**

	Name of the beneficiary (Please print full name)	Date of birth	Relationship to you	Portion of total benefit
1			<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Financial dependant <input type="checkbox"/> Interdependency relationship	%
2			<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Financial dependant <input type="checkbox"/> Interdependency relationship	%
3			<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Financial dependant <input type="checkbox"/> Interdependency relationship	%
4			<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Financial dependant <input type="checkbox"/> Interdependency relationship	%
5	Legal Personal Representative	Not applicable	Not applicable	%
<b>Total</b>				<b>100%</b>

The sum of each of your portions of total benefit must equal 100%.  
These portions are restricted to whole numbers.

### Agreement and declaration:

I have read and understand the information provided in the relevant Product Disclosure Statement (PDS) on beneficiary nominations.

I request that the Trustee accept my beneficiary nomination for my MLC MasterKey account(s).

I understand I should review my nomination regularly and as my circumstances change (eg marriage, having children, or any other life changing event) to ensure my nomination is always up to date.

Signature of applicant


 Date / /

### Witness declaration

I declare that:

- I am over 18 years of age;
- I am not a nominated beneficiary of the Applicant and I am not one of the beneficiaries named above; and
- This form was signed and dated by the Applicant in my presence.

### Witness 1

Surname

Given name

Signature of witness


 Date / /

### Witness 2

Surname

Given name

Signature of witness


 Date / /

## APPOINTING YOUR AUTHORISED REPRESENTATIVE

Please complete the following if you wish to appoint or replace an Authorised Representative in respect of your account (ie to access information, switch investments and/or contribute).

An Authorised Representative is **not** permitted to perform any other actions in respect of your account (eg make a withdrawal payment or rollover from your account).

8 Do you wish to:

- Establish a **new** Authorised Representative on your account.
- Replace an **existing** Authorised Representative on your account.
- Allow an existing Authorised Representative to switch and/or contribute (for MasterKey Superannuation)

Mr  Mrs  Miss  Ms  Other

Surname (Family name) (PLEASE PRINT)

Given name(s) (PLEASE PRINT)

Date of birth of nomination person

Residential Address (Cannot be a PO Box)

  
  
  

MLC MasterKey Customer Number (if existing customer)

Home telephone

Work telephone

Facsimile

Mobile

Email

Signature of Authorised Representative

  

## DECLARATION

9 If I have applied to link my investments with an immediate family member to receive the benefits of the **MasterKey Fee Refund**, I understand and accept the terms and conditions, as set out in the relevant PDS.

If I have nominated an **Authorised Representative** in respect of my account I understand and accept the terms of that authorisation, and my responsibilities in respect of that authorisation, as set out in the relevant PDS.

**In all cases, please provide your signature below.**

**Signature of Investor or Power of Attorney**

  

**If signed under Power of Attorney**

- Attorneys must attach a certified copy of the Power of Attorney. 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.
- If Power of Attorney was established outside of NSW, we will also require the Power of Attorney document to be certified by a legal practitioner who practices in your state.

## **How to contact us**

### **MLC Client Service Centre**

If you have any questions, please contact your financial adviser, or the MLC Client Service Centre on **132 652** any business day between **8 am** and **6 pm** (Sydney time).

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

### **Send your completed, signed and dated form to:**

MLC MasterKey  
PO Box 1315  
North Sydney NSW 2059

63901MT109

