



Change of Account Details

MLC MasterKey Superannuation
MLC MasterKey Allocated Pension
MLC MasterKey Term Allocated Pension



MLC Nominees Pty Limited MLC Limited The Universal Super Scheme R1056778
 ABN 93 002 814 959 ABN 90 000 000 402 ABN 44 928 361 101
 AFSL 230702 RSE L0002998 AFSL 230694

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 Superannuation (Gold Star / Five Star)
 MLC MasterKey Allocated Pension
 MLC MasterKey Term Allocated Pension

2 Account number(s)

3 MLC MasterKey Customer Number (if known)

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4 Surname (Family name) *(PLEASE PRINT)*

Given names *(PLEASE PRINT)*

5 Date of birth

	/		/	
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CHANGE OF DETAILS

6 **Change of name**
 Please provide your new name

Mr Mrs Miss Ms Other

Surname (Family name) *(PLEASE PRINT)*

Given names *(PLEASE PRINT)*

Please attach evidence of your change of name, such as an original certified copy of your marriage certificate or deed poll. Please sign using your previous and new signatures to enable MLC to cross-check your request.

Previous signature

New signature

CHANGE OF DETAILS continued

7 Residential address (this field is mandatory)
 Note: Your residential address cannot be a PO Box.

Postcode

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Postal address (if different to above)
 Note: The postal address shown cannot be your financial adviser's address.

Postcode

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8 **Change of contact details**

Home telephone number

Work telephone number

Mobile telephone number

Fax number

Email address

9 **Tax File Number (TFN) Details**
 Enter your Tax File Number below

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You are not obliged to provide a TFN, however where a valid TFN has not been provided we are required to deduct tax at the highest marginal rate (plus the Medicare Levy) from any withdrawals. In addition, personal contributions will be rejected and additional tax will apply to employer contributions.

10 PLEASE COMPLETE THESE DETAILS IF YOU WISH TO DO THE FOLLOWING:

- Make regular contributions via direct debit from your financial institution account to your MasterKey Superannuation account.
- Change your income payments within your MasterKey Allocated Pension or MasterKey Term Allocated Pension account.
- Change your current financial institution account details.

IMPORTANT NOTE:

- The Direct Debit Request Service Agreement on page 6 describes the terms and conditions
- A valid TFN must be held on the account *see question 9*
- Spouse contributions are not available via direct debit

DIRECT DEBIT REQUEST SCHEDULE

APPLIES TO MASTERKEY SUPERANNUATION

Name of financial institution

Name of account to be debited

BSB number

 -

Account number

Please specify the type and amount of contributions you will be making and indicate the preferred drawdown date.

Personal

\$

Employer (inc. salary sacrifice)

\$

Preferred drawdown date for the month

5th 10th 15th 17th 20th 25th

Signature of financial institution account holder(s)

Date / /

Date / /

APPLIES TO MASTERKEY ALLOCATED PENSION AND MASTERKEY TERM ALLOCATED PENSION

Name of financial institution

Name of account

BSB number

 -

Account number

Income Payments

Select the annual amount of income (gross of tax) you want to receive (select one only)

Minimum

Maximum¹

Specified amount² \$

¹ Applies to a transition to retirement pension only.

² If you have shown a Specified amount, this must be within the required minimum and maximum (if applicable) limits.

What portion of your income is to be paid to this account

%

Please specify your preferred income date

/ /

Select the preferred frequency of your income payments

Monthly

Quarterly

Half-Yearly

Yearly

YOUR CREDIT CARD INVESTMENT FACILITY

APPLIES TO MASTERKEY SUPERANNUATION ACCOUNTS ONLY

11 If you wish to update or provide your credit card details please complete this section and nominate the MLC MasterKey account(s) you would like contributions made to.

MLC Account number(s)

I (cardholder name)

request MLC Nominees Pty Limited (ABN 93 002 814 959) to deduct from my credit card or any replacement/substituted card the contributions that I request.

MasterCard Visa

Card number

Expiry date

Please specify the type of contribution(s) to be deducted from this credit card:

- Personal
 Employer (authorised person to sign below)
 Spouse

Signature of cardholder

AUTHORISED REPRESENTATIVE

Please complete the following section 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 or roll over from your account).

12 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

Mr Mrs Ms Miss Other

Surname (Family name)

Given name(s)

Date of birth of nominated person

Residential address (Note: Cannot be a PO Box)

 Postcode

MLC MasterKey Customer Number (if existing customer)

Home number

Work number

Facsimile

Mobile

Email address

Signature of authorised representative

YOUR BENEFICIARY NOMINATION

13 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 Superannuation MLC MasterKey Allocated Pension MLC MasterKey Term Allocated Pension

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 Automatic Spouse (For Term Allocated Pension only – See Important Note on next page)

*** 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			<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Financial dependant <input type="checkbox"/> Interdependency relationship	%
6	Legal Personal Representative	Not applicable	Not applicable	%
Total				100%

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 Product Disclosure Statement (PDS) on beneficiary nominations.

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

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 / /

YOUR BENEFICIARY NOMINATION Cont

IMPORTANT NOTE

If you have a MLC MasterKey Term Allocated Pension and have previously made an 'Automatic Spouse' nomination, you may only change your nomination in the circumstances stated under 'Nominating a beneficiary for your death benefit' on page 67 of the MLC MasterKey Allocated Pension & Term Allocated Pension Product Disclosure Statement prepared on 6 March 2006. You must complete this form and also provide a statutory declaration stating that your spouse is deceased, you are divorced or you are no longer in a de facto relationship.

The term of your existing MLC MasterKey Term Allocated Pension will not change.

If, at the time of your death prior to the end of the term, you were married, in a de facto relationship or interdependency relationship your MLC MasterKey Term Allocated Pension will be payable to your spouse regardless of any other nomination that you had made to the contrary.

LINKING FOR MASTERKEY FEE REFUNDS

- 14** 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.

Note: You can only link with one other MasterKey Investor.

Name of nominated person or business for linking

Date of birth of nominated person

 /

Residential address

 Postcode

MLC MasterKey Customer Number of nominated person/business

Relationship to you

- Spouse De facto Parent Trust
 Child Sibling Business

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

 Date / /

DECLARATION

- 15** 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 PDS.

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 PDS.

In all cases, please provide your signature below.

Signature of Investor or Power of Attorney

 Date / /

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.

DIRECT DEBIT REQUEST SERVICE AGREEMENT

The terms of this agreement only apply if you are making an initial contribution by direct debit. The terms do not apply to pension payments made to your nominated account.

This Service Agreement and the Schedule in question 10 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.

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.

Our commitment to you

- We will give you at least **14 days** notice in writing if there are changes to the terms of drawing arrangements or if we cancel the drawing arrangements.
- We will keep the details of your nominated financial institution account confidential, except if it is necessary to provide your details to our bank for the purpose of conducting direct debits with your bank.
- Where the due date is not a business day, we 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.

Your commitment to us

It is your responsibility to:

- ensure your nominated financial institution account can accept direct debits;
- ensure there is sufficient money available in the nominated financial institution account to meet each drawing on the due date;
- advise us if the nominated financial institution 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 Schedule at question 10.

Your rights

You should contact us 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 first contact the MLC Client Service Centre on **132 652**.

Other information

- The details of your drawing arrangements are contained in the Schedule at question 10.
- 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 does not currently charge for dishonours, but reserves the right to do so in the future.
- Your drawing arrangements are also governed by the terms and conditions of your MLC account.

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**

Send your completed, signed and dated form to:

MLC MasterKey
PO Box 1315
North Sydney NSW 2059

69869MT109

