



Beneficiary Nominations Form for Employees

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

The Universal Super Scheme
ABN 44 928 361 101
R1056778

YOUR ACCOUNT DETAILS

1 Policy Number

2 MLC Customer Number (if known)

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

Given name(s) *(PLEASE PRINT)*

YOUR BENEFICIARY DETAILS

4 By completing this form you are overriding any previous beneficiary nomination.

What type of beneficiary nomination would you like to make for your MLC Super Group Insurance Policy (please tick only one)?

- (a) ***Nomination subject to Trustee discretion***
- (b) ***Non-lapsing beneficiary nomination binding on the Trustee***

If you ticked (b) and you wish to nominate a person to whom the Trustee **MUST** pay your death benefit. It is important that you read page 11 of the PDS about making nominations before completing this section.

Your nominated beneficiary(ies) must be a dependant(s) or your legal personal representative. The Trustee will pay the benefits to your nominated beneficiaries and in the portions indicated providing that you satisfy the requirements in making this nomination and, at the date of death, the beneficiaries are your dependants or legal personal representative.

You should speak to your financial adviser, estate planner or legal representative to determine which type of nomination will best suit your circumstances.

The tax applicable on a death benefit payment to beneficiaries depends on a number of factors. As the tax rules in relation to death benefits are complex, you should seek professional advice.

Please nominate your preferred beneficiary(ies) and the portion you would like each to receive. You may nominate up to 6 individuals.

To be valid your nomination must also be witnessed, signed and dated by witnesses as required below.

YOUR BENEFICIARY DETAILS

Name and address of preferred beneficiary		Date of birth	Relationship to you				Portion of total benefit	
1			Spouse <input type="checkbox"/>	Financial dependant <input type="checkbox"/>			%	
			Child <input type="checkbox"/>	Interdependency relationship <input type="checkbox"/>				
2			Spouse <input type="checkbox"/>	Financial dependant <input type="checkbox"/>			%	
			Child <input type="checkbox"/>	Interdependency relationship <input type="checkbox"/>				
3			Spouse <input type="checkbox"/>	Financial dependant <input type="checkbox"/>			%	
			Child <input type="checkbox"/>	Interdependency relationship <input type="checkbox"/>				
4			Spouse <input type="checkbox"/>	Financial dependant <input type="checkbox"/>			%	
			Child <input type="checkbox"/>	Interdependency relationship <input type="checkbox"/>				
5			Spouse <input type="checkbox"/>	Financial dependant <input type="checkbox"/>			%	
			Child <input type="checkbox"/>	Interdependency relationship <input type="checkbox"/>				
6			Spouse <input type="checkbox"/>	Financial dependant <input type="checkbox"/>			%	
			Child <input type="checkbox"/>	Interdependency relationship <input type="checkbox"/>				
7	Legal Personal Representative**	Not applicable for this option	Not applicable for this option					%
Total							%	

* The sum of each of your portions of total benefit must equal 100% and each portion must be provided in whole percentages.

** Date of birth and relationship to you are not required.

DECLARATION

If I have applied to add or change my beneficiary, I have read and understood the information provided in the Product Disclosure Statement on beneficiary nominations on page 11. I request that the Trustee, MLC Nominees Pty Limited accept my beneficiary nomination.

I understand I should review my selection regularly and as my circumstances change (eg marriage, marriage breakdown, birth of a child, or my benefit being affected by a payment split.)

In all cases, please provide your signature below.

Signature of the nominated employee, spouse or Power of Attorney

X

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.

Please note: To access information or terms and conditions in the current PDS go online at www.mlc.com.au or talk to your financial adviser.

If you selected (b) for a Non-lapsing beneficiary nomination binding on the Trustee, the following section needs to be completed.

Witness declaration. Must be signed and dated by two adult witnesses.

I declare that:

- I am over 18 years of age;
- I am not already 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(s)

Signature of witness

X

Date / /

Witness 2

Surname

Given name(s)

Signature of witness

X

Date / /



How to contact us

MLC Service Centre

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

For more details on MLC's range of products and service visit www.mlc.com.au

Send your completed, signed and dated form to:

MLC Group Insurance
PO Box 200
North Sydney NSW 2059