

MLC MasterKey Business Super Death Claims Guide

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Issued by The Trustee
NULIS Nominees (Australia) Limited
ABN 80 008 515 633 AFSL 236465

The Fund
MLC Super Fund
ABN 70 732 426 024



Contents

Support when you need it most	3
Our claims process	4
Death insurance	5
Death claims process	7

This document has been prepared on behalf of NULIS Nominees (Australia) Limited, ABN 80 008 515 633, AFSL 236465 (NULIS) as Trustee of the MLC Super Fund, ABN 70 732 426 024 (the Fund). NULIS is part of the group of companies comprising Insignia Financial Ltd ABN 49 100 103 722 and its related bodies corporate (Insignia Financial Group).

The information in this document is general in nature and doesn't take into account your objectives, financial situation or individual needs. Before acting on any of this information you should consider whether it is appropriate for you. You should consider obtaining financial advice before making any decisions based on this information.

References to 'we', 'us' or 'our' are references to the Trustee, unless otherwise stated.

Subject to super law, the final authority on any issue relating to your account is the Fund's Trust Deed, and the relevant insurance policy, which govern your rights and obligations as a member.

Insurance is offered to members under insurance policies issued to the Trustee by the Insurer. The insurance cover provided is subject to the terms and conditions contained in the insurance policies issued to the Trustee by the Insurer. The terms and conditions of the policies prevail over any inconsistent information in the **PDS**, the **Insurance Guide** or this **Claims Guide**. The insurance information provided in the **PDS**, the **Insurance Guide** and this **Claims Guide** is based on the policies issued by the Insurer, and information provided by the Insurer about the operation of the policies. **Insurance benefits will only become payable if the Insurer accepts the relevant claim.** For an approved insurance claim with a lump sum insured benefit (e.g. terminal illness or TPD benefit), the benefit amount will generally be paid by the Insurer to the Trustee. That benefit amount along with your superannuation account balance can then be paid to you by the Trustee. Any benefit can be paid to you when you meet a condition of release under the Superannuation Industry (Supervision) Act 1993. For an approved insurance claim with another type of insured benefit (e.g. income type payment), these payments may be made to you directly by the Insurer on behalf of the Trustee.

The information in this document may change from time to time. Any updates or changes that aren't materially adverse will be available at mlc.com.au/pds/mkbs. You also can obtain a paper copy of these updates at no additional cost by contacting us.

An online copy of this document is available at mlc.com.au/pds/mkbs

Support when you need it most

This **Claims Guide** will help you understand the process for your claim, including how to start your claim as simply and quickly as possible, so it can be assessed by the Insurer.

Our **Claims Philosophy** is to:

- communicate the process clearly
- treat our claimants, members and their beneficiaries with the utmost respect and empathy at all times
- do everything reasonable to pursue claims with the Insurer on the member's behalf that we consider have reasonable prospects of success, and
- make prompt payments on successful claims.

We adopt a professional, compassionate and positive approach to claims management and actively seek to keep members at the heart of everything we do. We acknowledge that each claim is unique and must be dealt with on its own merits and we're committed to being easy to deal with and providing outcomes to our members in a timely manner.

Managing your claim

Your claim is unique. That's why we'll take care to assess your personal situation on its own merits. When your claim is lodged with the Insurer, they'll appoint a **dedicated claims assessor** to guide you through the entire claims process. If you need help with the claims process, understanding what's required of you, completing claim forms or providing requested claim information, we'll work with you and the Insurer to find a solution.

You can appoint a representative to act on your behalf during the claims process.

We understand that making a claim can often be a challenging time.

Our **Claims Philosophy** sets out our overall approach to managing claims in a respectful and empathic way for each unique claim made by our members.

Be assured, if you're experiencing any personal or financial difficulties during this time, we'll take that into account in our dealings with you.

Important information and definitions

Role of the Trustee

As the Trustee, we have a duty to act in the best interests of all our beneficiaries. We'll do this by providing insurance arrangements that aim to help support beneficiaries at a time when it is needed most.

Once you've supplied your requested information and documents, we'll do everything reasonable to pursue your claim with the Insurer so that it's processed efficiently and fairly.

Role of the Insurer

The role of the Insurer is to provide us with insurance policies that support the insurance arrangements, and to assess, manage and pay claims covered by those policies.

We'll work with the Insurer to make sure that all successful claims are paid as quickly as possible.

The insurance policy

You'll find specific details about the terms and conditions of the insurance arrangement in the **Insurance Policy**.

If you'd like a copy of the **Insurance Policy**, please call us on **132 652**.

A word about tax

As taxation law is complex, we recommend that you contact your tax adviser for further details and expert advice in relation to your circumstances.

Do you have cover under other insurance policies?

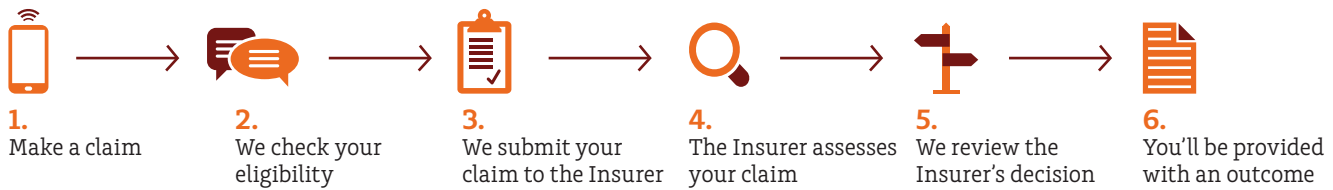
It's important to check what other insurance policies you hold, particularly if you have more than one super account. If you have multiple insurance policies, you might be paying premiums for policies you don't need.

What's next?

In the following pages of this guide, you'll find claims process information to help you understand what's required to make a claim and what's involved at each step of the claims management process.

Our claims process

Our insurance claims process typically has six key steps, and there are roles for us, the Insurer and you.



Step 1: Make a claim

If you need to make a claim, start by calling us on **132 652** and we'll help you determine the best way to make a claim.

Find out more at mlc.com.au/making-a-claim

Step 2: We'll ask you some questions

We'll ask you some initial questions to make sure we send you the right documents.

If you need help with the claims process, understanding what's required of you, completing claim forms or providing requested claim information, we'll work with you and the Insurer to find a solution.

Remember, it's important to provide complete and correct details in your claims pack. If you've already submitted claims documents that may contain incorrect details, please contact us straight away.

Step 3: We submit your claim to the Insurer

When we receive your completed claims documents, we'll:

- acknowledge receipt of your claim,
- check if it contains all the required information,
- conduct another assessment of your eligibility to claim (including whether you have insurance cover),
- give the claim to the Insurer or tell you why you cannot make a claim,
- give you a chance to respond, and
- give you this Claims Guide.

If we need more information or we believe you aren't eligible to claim, we'll contact you. When we have all the information needed and we're satisfied you may be eligible to claim, we'll direct your claims documents to the Insurer.

Step 4: The Insurer assesses your claim

When the Insurer receives your claim documents, it will start assessing and appoint a **dedicated claims assessor** to manage your claim. The Insurer may need more information to assess the claim. We or the Insurer will let you know if that's the case.

You'll receive updates throughout the claims process. Of course, you can contact your claims assessor at any time if you have questions.

Procedural Fairness process

If the Insurer's view on your claim is unfavourable, you'll be issued a Procedural Fairness Letter, which includes the following items for you to review:

1. the evidence used by the Insurer to assess your claim, and
2. the potential barriers to your claim.

You'll be given an opportunity to comment or correct evidence or errors in the documents used to assess your claim.

It is important that you're given the opportunity to review all of the materials obtained and used in the review of your claim, as well as a right to reply.

Once a response is received from you, you will be contacted about the next step of the claim process.

Step 5: We review the Insurer's decision

Once the Insurer has made a decision about your claim, they will refer the decision to us for review. We may return the claim to the Insurer for example, if we have questions or do not agree with the Insurer's decision.

Step 6: You'll be provided with an outcome

Once we're satisfied with the Insurer's decision, we'll confirm the outcome of your claim in writing.

Resolving complaints

If you have a complaint about your claim please call us on **1800 512 333**. If you'd prefer to put your complaint in writing, you can email us at complaints@mlc.com.au or send a letter to GPO Box 4341, Melbourne VIC 3001. We'll conduct a review and provide you with a response in writing.

If you're not satisfied with our resolution, or we haven't responded to you in 45 days, you can lodge a complaint with the Australian Financial Complaints Authority (AFCA).

AFCA provides an independent financial services complaint resolution process that's free to consumers. You can contact AFCA at any time by writing to **GPO Box 3, Melbourne, VIC 3001**, at their website (afca.org.au), by email at info@afca.org.au, or by phone on **1800 931 678** (free call).

To view our complaints management policy, visit mlc.com.au/complaint

Why does it take so long?

It's important your claim is assessed correctly. In order for us to do that, we'll work with the Insurer to review all the relevant information. This includes information from you, your doctor, medical specialists and your employer. This can take a while, but we'll make sure we keep you updated.

Death insurance

When should a claim be made?

A claim for a Death benefit should be made as soon as possible.

Death benefit payments

The law and the Fund's Trust Deed set out who is eligible to receive a Death benefit from a super fund. Generally, death benefits can only be paid from a superannuation fund to the deceased's:

- dependant(s), and/or
- legal personal representative.

If we've made reasonable enquiries and haven't found either a dependant or legal personal representative of the deceased, only then can payment be made to another person.

In addition to the deceased's super account balance, there may also be Death insurance attached to the account.

Types of nominations

Binding Nomination:

Where we've accepted a binding beneficiary nomination from a member and that nomination remains valid at the date of the member's death, it must generally be followed. Once a binding nomination has been validated, the claim will be finalised as soon as practicable.

Non-Binding Nomination:

You can make a non-binding nomination, which states the proportion of your account balance you would like paid to your nominated beneficiaries and/or legal personal representative. This is not binding on us. We decide how to distribute your death benefit, taking into consideration your preferred beneficiaries, the Trust Deed, relevant law and your personal circumstances at the time of your death.

No Nomination:

It isn't compulsory to nominate a beneficiary to receive your death benefit. If you don't make a nomination and you die, we decide how to distribute your death benefit, taking into consideration the Trust Deed, relevant law and other factors, such as your personal circumstances at the time of your death.

In the case of non-binding or no nomination:

- We'll make reasonable enquiries to identify all potential beneficiaries and will generally advise all parties of our proposed determination in writing. This notification will also outline how objections to the decision can be submitted and the applicable timeframes.
- If an objection is received, the Trustee will review the objection and notify beneficiaries that an objection has been received. Once the Trustee has finalised its review of this, a decision on the distribution of the death benefit will be made. The Trustee's decision could be the same as its original decision (Final Decision), or they could make a different decision depending on the validity and weight of the objection.
- If a new decision is made, a new proposal on the distribution of the death benefit will be issued to the relevant beneficiaries and the beneficiaries will have an opportunity to object to the Trustee's new proposal within 28 days.

- If the Trustee issues a Final Decision (meaning the Trustee has affirmed its proposed decision), any objections to the Final Decision must be lodged as a complaint with the Australian Financial Complaints Authority (AFCA) within 28 days of receiving notification of the Final Decision or taken to Court. Complaints can generally only be lodged with the AFCA if you have followed the internal review process as outlined above or if the Trustee has failed to make a decision within 90 days of receiving an objection. (see 'Resolving complaints' on **page 4** for more information).

Death insurance

Frequently asked questions

What happens to the deceased's account when the fund is notified of their death?

The deceased's super balance will be switched to MLC Cash from the day we're notified of their death to protect their assets while the Death benefit claim is being assessed.

What forms need to be completed?

Interested parties need to complete the following forms:

- Potential Beneficiary Statutory Declaration (Completed by interested parties)
- Proof of Identity form (Completed by interested parties), and
- Medical Authority (Completed by next of kin).

Does anything else need to be provided with the forms?

Yes. A certified copy of the deceased's death certificate must be provided with the forms as well as proof of their age. A certified copy of their Will, Grant of Probate or a Grant of Letters of Administration of the deceased's Estate may also be required.

What is a Grant of Probate or Grant of Letters of Administration?

This is a legal order issued by the Court which enables an executor or administrator (**Legal Personal Representative**) to deal with a deceased person's assets.

Who is a dependant?

A dependant is generally defined as:

- a spouse, including de facto and same-sex spouse
- a child, including adult children, adopted children, or children of the person's spouse
- any person with whom the deceased had an interdependent relationship, or
- any person who is wholly or partially financially dependent on the deceased.

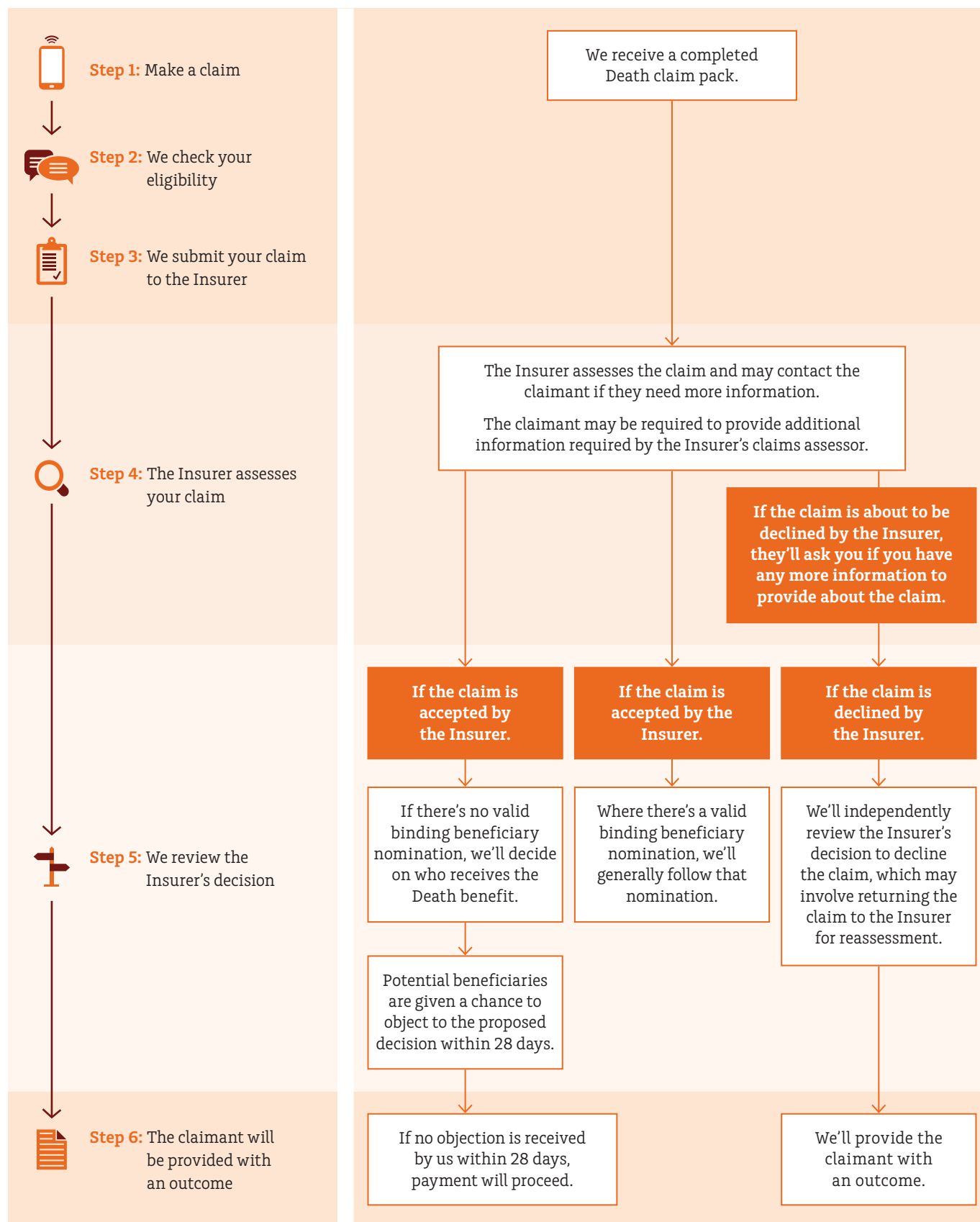
What are the payment options if the Death claim is approved?

Approved Death claims can be paid:

- as a lump sum, or
- as a pension (if applicable).

We recommend that financial advice be sought in relation to the payment of benefits.

Death claims process



For an approved insurance claim with a lump sum insured benefit (e.g. a death benefit), the benefit amount will be paid by the Insurer to the Trustee. That benefit amount along with the superannuation account balance will then be paid by the Trustee. The Insurer is not part of the Insignia Financial Group.



**For more information visit
mlc.com.au or call us from
anywhere in Australia
on 132 652 or contact your
financial adviser.**

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