



# Family Member Application Form

## MLC MasterKey Business Super

Before sending this application, please check that the following have been completed.

- ☐ Complete all questions on the application form as appropriate
- ☐ Check any 'Consolidate your super' forms are included and signed by you.
- ☐ If contributions are to be made by cheque, please make cheques payable to MLC, crossed 'Not negotiable'.

Please forward these requirements to:

MLC MasterKey Business Super  
PO Box 200  
North Sydney NSW 2059

### Your application details

#### 1. Personal details

Title

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

First name

Middle name

Family name

#### 2. Date of birth (DD/MM/YYYY)

#### 3. Mobile

Contact telephone (business hours)

Home telephone

Email

#### 4. Tax File Number (TFN)

You don't have to provide your TFN and it isn't an offence if you don't, however if you don't:

- personal contributions will be rejected
- additional tax will apply to employer and salary sacrifice contributions
- any withdrawals may be taxed at the highest marginal tax rate inclusive of the Medicare levy.

Your TFN is confidential, and NULIS Nominees (Australia) Limited is authorised to collect and disclose your TFN under the Superannuation Industry (Supervision) Act 1993 and Privacy Act. NULIS Nominees (Australia) Limited must use your TFN only for lawful reasons, in paying out monies, identifying or combining superannuation benefits. Your TFN may be disclosed to the trustee of another fund or RSA provider if your benefits are transferred, unless you request in writing for it not to be disclosed.

## Your application details continued

### 5. Residential address

Your residential address can't be a PO Box.

Unit number	Street number	Street name		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Suburb	State	Postcode	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

### Postal address (if different to residential address)

Your postal address can't be your financial adviser's address

Unit number	Street number	PO Box	Street name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Suburb	State	Postcode	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

### 6. Name of employee member who is a member of your family, you will be attaching to. (Note: this person must already be a member of MLC MasterKey Business Super.)

Employee member surname (please print)

Employee member given name(s)

Employee member account number

Employee member relationship to you (eg spouse, child)

Employer Plan number (if known)

Employer Plan name (if known)

## Your investment details

### 7. Rollovers

Will you be rolling over any amounts to start your MLC MasterKey Business Super account?

No ☐ **Go to next question**

Yes ☐ **Show the source and amount of each rollover.**  
**Note that contributions that you split with your spouse are classified as a rollover.**

Source of rollover (name of institution)	Amount (\$)

Who is to arrange the transfer of funds from these institutions?

Please tick the applicable box below.

☐ My financial adviser is organising each rollover

☐ NULIS Nominees (Australia) Limited is to complete this transfer. To ensure we can complete your request please complete a 'Request to Transfer Balance of Superannuation Benefits between Funds' form for each rollover.

### 8. Contributions

Are you making any initial or regular contributions to your account?

No ☐ **Go to next question**

Yes ☐ **Complete the table below**

Please specify the type and amount(s) if you are making initial and/or regular contributions.

**A valid TFN must be provided (refer to question 4).**

Contribution Type	Initial Contribution	Regular Contribution
Personal contribution	\$	\$
Employer contribution	\$	\$
Spouse contribution	\$	\$

If any of your personal contributions are being made:

- from the sale of a small business which qualifies for CGT concessions, or
- due to certain circumstances involving personal injury,

you'll need to send us an election form for tax purposes at the time the contribution is made. The election forms and instructions can be found at [ato.gov.au](http://ato.gov.au). Speak to your financial adviser for more information.

**Note:** If you would like to establish a direct debit service agreement to pay contributions, you can obtain a 'Direct Debit request' form from [mlc.com.au](http://mlc.com.au)

## Investment options

9. Select your investment option(s) and enter the percentage of your initial and any future contributions for each.

Investment options	Future investment
MLC MySuper	%
MLC Stable	%
MLC Conservative Balanced	%
MLC Balanced	%
MLC Growth	%
MLC High Growth	%
MLC Aggressive	%
MLC Low Cost Conservative Balanced	%
MLC Low Cost Balanced	%
MLC Low Cost Growth	%
MLC Socially Responsible Growth	%
MLC Cash	%
MLC Fixed Interest	%
MLC Australian Fixed Interest Index	%
MLC Property	%
MLC Australian Property Index	%
MLC Australian Shares	%
MLC IncomeBuilder	%
MLC Australian Shares Index	%
Antares Elite Opportunities Fund	%
Antares High Growth Shares Fund	%
Ausbil Australian Emerging Leaders Fund	%
Fairview Equity Partners Emerging Companies Fund	%
Investors Mutual Australian Share Fund	%
Perpetual Australian Share Fund	%
Schroder Wholesale Australian Equity Fund	%
MLC International Shares	%
MLC International Shares Index	%
MLC International Shares Index (hedged)	%
Altrinsic Global Equities Trust	%

## Linking for MasterKey Fee refunds

### 10. Do you wish to nominate a person for linking?

No ☐ Go to next question

Yes ☐ Complete the details below

MLC MasterKey Customer Number of nominated person/business

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Please complete the following details if you want to link with one other investor with an eligible MLC MasterKey account, for the purpose of receiving the benefits of a fee refund.

This is a refund of the Administration fee.

If you're eligible, the refund will automatically be applied to the relevant accounts. Your MLC MasterKey Business Super account or MLC MasterKey Personal Super account is counted towards the calculation of the refund, but the refund is only applied to other eligible MLC MasterKey accounts that you have.

Please see the relevant **How to Guide** at [mlc.com.au](http://mlc.com.au) for more information on eligible MLC MasterKey products.

Name of investor you'd like to link to

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We may accept the nomination of a family trust, superannuation fund or business.

#### Address

Unit number

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Street number

--	--	--	--

Street name

--

Suburb

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State

--	--	--

Postcode

--	--	--	--	--

Country

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Customer number of nominated investor

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Date of birth of nominated investor (if applicable) (DD/MM/YYYY)

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Relationship to you

☐ Spouse ☐ De facto ☐ Parent ☐ Trust ☐ Child ☐ Sibling ☐ Business

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

	Date (DD/MM/YY)					
	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>					

## Your beneficiary nomination

11. Do you wish to make a beneficiary nomination?

No ☐ **Go to Section 12**

Yes ☐ **Please tick only one of the options below:**

**A** ☐ Non-lapsing binding beneficiary nomination

**B** ☐ Non-binding beneficiary nomination

If you have ticked option A above, your nomination will not be accepted unless two witnesses have signed the witness declaration below.

	Name of beneficiary Please print full name	Date of birth	Relationship to you Only the following options can be accepted	Portion of total benefit
1			<input type="checkbox"/> Spouse <input type="checkbox"/> Financial dependant <input type="checkbox"/> Child <input type="checkbox"/> Interdependency relationship	%
2			<input type="checkbox"/> Spouse <input type="checkbox"/> Financial dependant <input type="checkbox"/> Child <input type="checkbox"/> Interdependency relationship	%
3			<input type="checkbox"/> Spouse <input type="checkbox"/> Financial dependant <input type="checkbox"/> Child <input type="checkbox"/> Interdependency relationship	%
4			<input type="checkbox"/> Spouse <input type="checkbox"/> Financial dependant <input type="checkbox"/> Child <input type="checkbox"/> Interdependency relationship	%
5	<b>Legal Personal Representative</b>	Not applicable	Not applicable	%
The sum of each of your portions of total benefit must equal 100%. <b>Total</b>				%

### Agreement and declaration

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

I request that the Trustee accept my beneficiary nomination for my MLC MasterKey Business Super account.

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 (DD/MM/YY)
	<input type="text"/>

### Witness declaration (only required for non-lapsing binding nomination)

I declare:

- I'm over 18 years of age.
- I'm not a nominated beneficiary of the applicant, and
- This form was signed and dated by the applicant in my presence.

#### Witness one

First name

Family name

#### Signature of witness

	Date (DD/MM/YY)
	<input type="text"/>

The witness must sign on the same date as the applicant otherwise we can't accept the nomination.

#### Witness two

First name

Family name

#### Signature of witness

	Date (DD/MM/YY)
	<input type="text"/>

The witness must sign on the same date as the applicant otherwise we can't accept the nomination.

## Insurance cover

### 12. Do you wish to apply for insurance cover?

No ☐ **Go to Application declaration**

Yes ☐ **Please complete the 'Request for Insurance' form available at [mlc.com.au](http://mlc.com.au)**

## Applicant declaration

### Marketing consent

We always seek to better understand and serve your financial, e-commerce and lifestyle needs so we can offer you other products and services that aim to meet those needs as well as promotions or other opportunities. This applies to each organisation within Insignia Financial Ltd and its related bodies corporate (Insignia Financial Group) including its financing, funds management, financial planning, superannuation, insurance, broking and e-commerce organisations.

We request your consent to Group marketing activities. By giving your consent, that you agree to receiving information about the products and services we have described, including by telephone calls to the numbers provided by you in this application or numbers you may provide later, and by email if you have provided us with an email address. For this purpose, we may need to use and disclose your personal information amongst the Group, to your financial adviser, if any, and to service providers (for example, posting services). Your consent therefore includes the authority to use and disclose your personal information as described. We will not disclose health information.

Your consent will not change any specific product or service consent that you have given or will give in the future (for example, for a loyalty program or online direct marketing).

Do we have your consent? Yes ☐ No ☐

If you do not answer your consent will be presumed.

Your consent will continue until you withdraw it. You can withdraw your consent at any time by contacting us on **132 652**.

### Privacy notice

We are committed to protecting your privacy. Any personal information we collect about you will be handled in accordance with our privacy policy, which outlines how we manage your personal information, how you may access or correct your personal information, and how you may complain about a breach of your privacy. To obtain a copy of our privacy policy, please visit [mlc.com.au/privacy](http://mlc.com.au/privacy) or contact us on **132 652**.

### Member acceptance

I have received and read the current Product Disclosure Statement, available on [mlc.com.au](http://mlc.com.au), and agree to be bound by the provisions of the Trust Deed. I understand this will form the basis of the contract between myself and the Trustee. I am eligible to contribute to MLC Super Fund or have contributions made on my behalf. I acknowledge that it is my responsibility to be fully informed about any investment I consider for inclusion in my portfolio at all times.

I understand my contributions must be preserved until I meet a condition of release and become eligible to access my superannuation benefit.

### Understanding investment risk

An investment in MLC MasterKey Business Super and Personal Super is subject to investment risk including possible delays in repayment and loss of income and capital invested.

I acknowledge that the underlying assets of each investment option can rise and fall on a daily basis with fluctuations in the investment markets.

I acknowledge and accept that where I have invested into an illiquid investment option or an investment option I have become illiquid, then NULIS Nominees (Australia) Limited may take longer than 30 days in which to transfer out my investment option.

### Applicant declaration

As far as I am aware, everything I have provided in this application form is true, and if there are any changes to this information in the future, I will advise NULIS Nominees (Australia) Limited as soon as possible.

### Offer within Australia

I understand that this offer is made in Australia in accordance with Australian laws and my super account will be regulated by these laws.

### Cooling off

I understand that if this investment does not suit me, I have 14 days after opening the account to advise NULIS Nominees (Australia) Limited to close my account. For further information on Cooling off, please refer to the **How to Guide**, available on [mlc.com.au](http://mlc.com.au)

### Notification of changes

I understand that I will not be given advance notice of any product changes that are not materially adverse. I am aware that any non material changes will be available on [mlc.com.au](http://mlc.com.au) and I can obtain a paper copy of these changes on request, free of charge.

### Signature of Applicant or Attorney

Name

	Date (DD/MM/YYYY)							
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**If signed under the 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.

Power of Attorney documents can't be accepted via fax.