



# Continuation option

## MLC MasterKey Business Super

This form indicates to MLC Limited (the Insurer) that you wish to continue the insurance cover you had under MLC MasterKey Business Super (the 'Plan') to MLC Insurance or MLC Insurance (Super). You will also be required to complete the Application Form located in the Product Disclosure Statement for MLC Insurance and MLC Insurance (Super).

### Important information

- The option is only available once you have left employment with your previous employer under your MLC MasterKey Business Super Plan.
- The option must be exercised and an application submitted within 60 days from the date we receive notification from your employer that you've left employment and no later than 6 months from the date that you actually left employment or this option will lapse.
- No insurance is effective until the Insurer accepts your request to continue insurance and issues a policy under MLC Insurance or MLC Insurance (Super).
- The option is not available if you, or your employer, are eligible to receive or have received any insurance payments for illness or injury under the provisions of this, or any other policy, or for Income Protection you have previously received Disability Benefits for the maximum Benefit Period stated in the appropriate Schedule.
- Any insurance under this option is limited to the amount of insurance (and for Income Protection the benefit period and waiting period) provided to you under your current MLC MasterKey Business Super account number.
- Evidence of health will be required for any variation to the existing insurance.
- Any insurance issued under this option will be subject to the same loadings and/or exclusions as applied to the insurance being replaced.
- Total and Permanent Disability and Income Protection insurance is available provided that you are in full time employment within 90 days of terminating your previous employment and you are in an occupation acceptable to the Insurer.
- Any insurance under this option is only available to permanent residents of Australia who are under age 60.

### 1. Member details

Plan name

MLC MasterKey Business Super account number

Title

Mr  Mrs  Miss  Ms  Other

First name

Middle name

Family name

Date of birth (DD/MM/YYYY)

Gender

Male  Female

#### Residential address

Your residential address cannot be a PO Box.

Unit number

Street number

Street name

Suburb

Postcode

State

Country

#### Postal address

The postal address cannot be your financial adviser's address.

Unit number

Street number

Street name

Suburb

Postcode

State

Country

#### Preparation date

3 October 2016

#### Trustee

NULIS Nominees (Australia) Limited  
ABN 80 008 515 633 AFSL 236465

#### Fund

MLC Super Fund  
ABN 70 732 426 024

#### Insurer

MLC Limited  
ABN 90 000 000 402 AFSL 230694

The Trustee of the Fund is part of the National Australia Bank Limited (NAB) group of companies (NAB group). Your investment and insurance are not deposits or liabilities of, and are not guaranteed by, NAB. MLC Limited uses the MLC brand under licence. MLC Limited is part of the Nippon Life Insurance group and is not a part of the NAB group of companies.

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## 1. Member details continued

Mobile phone number

Home telephone

Business telephone

Email address

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Previous employer

Date left employer (DD/MM/YYYY)

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## 2. Insurance requested

**You can only obtain a Continuation Option for insurance that you have or had whilst you were with MLC MasterKey Business Super.**

I wish to obtain a Continuation Option for (please tick relevant boxes):

Death only<sup>1</sup>

Death and Total and Permanent Disablement (TPD)

Income Protection<sup>2</sup>

<sup>1</sup> By choosing Death only, any Total and Permanent Disablement Insurance you may previously have had will be cancelled.

<sup>2</sup> Income Protection will be provided under an MLC Insurance Indemnity Cover under MLC Insurance or MLC Insurance (Super).

For more information regarding your Duty of Disclosure, refer to the Application Form contained in the MLC Insurance and MLC Insurance (Super) Product Disclosure Statement.

### 3. Personal statement

1 Are you currently employed full-time?

No

Yes

2 What is your current occupation?

3 What is your current salary?

4 Have you smoked tobacco or any other substance or used any nicotine-containing product in any form in the last 12 months?

No

Yes

5 Do you plan to travel overseas, live or work in another country?

No  **Go to Declaration**

Yes  **Provide details below**

When?

For how long?

Where? (Please specify exact destination)

For what reason?

If more than one country, specify time in each country


#### Declaration


I apply for the Continuation Option offered under my current Plan and declare that I have not made and do not intend to make, a claim for Income Protection or Total and Permanent Disablement Benefits under my Plan. I understand that any policy issued to me under the 'Continuation Option' provisions of my Plan would be void from commencement if this statement were untrue.

I understand and agree that:

- my current insurance held in my Plan will be cancelled effective from the date of receipt of this form by MLC Limited

- the sum insured of any policy issued to me at non-smoker rates (calculated on the basis that I have not smoked tobacco or any other substance or used nicotine-containing product in any form in the past twelve months) may be reduced by MLC Limited if I make any incorrect statements about my smoking habits
- the answers to the questions above are true and complete
- this personal statement forms part of my application for insurance.

#### Signature of the Life to be Insured

	Date (DD/MM/YYYY)									
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## 4. How to contact us

Please mail your completed, signed and dated form to us at:

**MLC MasterKey**  
**PO Box 200**  
**North Sydney NSW 2059**

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

For details on our range of products and services visit [mlc.com.au](http://mlc.com.au)

OFFICE USE ONLY – INSURANCE DETAILS		
Death Insurance Amount \$ <input type="text"/>	TPD Insurance Amount \$ <input type="text"/>	Income Protection Insurance Amount \$ <input type="text"/>
Percentage Insured Salary <input type="text"/> %	Waiting period <input type="text"/>	Benefit Period <input type="text"/>
Claims Escalation <input type="text"/>	Underwritten? Amount underwritten No <input type="checkbox"/> Yes <input type="checkbox"/> \$ <input type="text"/>	Loading/Exclusion and Amount in Excess of <input type="text"/>
Date MLC Limited Notified (DD/MM/YYYY) <input type="text"/>	Reinsurer details <input type="text"/>	Swiss Re/None <input type="text"/>