

Updating your account details

MLC MasterKey Business Super
MLC MasterKey Personal Super

We can only accept your request if the form is correctly completed.

*Mandatory Field

1. Your current details

Account number*	Customer number (if known)	Contact telephone (business hours)*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	First name*	
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>	<input type="text"/>	
Middle name	Family name*	
<input type="text"/>	<input type="text"/>	
Date of birth (DD/MM/YYYY)*	Email*	
<input type="text"/>	<input type="text"/>	

* If you are updating your date of birth you will need to enclose an original certified copy of your identification.

For more information on acceptable ID and a list of certifiers refer to the Proof of Identity Guide on mlc.com.au

2. Your changes

Please select and complete **the sections where you want to add or make changes** then sign **Section 10** to authorise the changes.

Change your name	<input type="checkbox"/>	Complete Section 3 and 4
Change or confirm your address	<input type="checkbox"/>	Complete Section 4
Change your contact details	<input type="checkbox"/>	Complete Section 5
Tax File Number (TFN)	<input type="checkbox"/>	Complete Section 6
Authorised representative	<input type="checkbox"/>	Complete Section 7
Financial adviser details	<input type="checkbox"/>	Complete Section 8
Client Linking	<input type="checkbox"/>	Complete Section 9

For Adviser Service Fee changes, please speak with your financial adviser and complete the Adviser Service Fee form available at mlc.com.au/asfconsentform

For beneficiary nominations and to make changes to your existing or future investments, please complete the Beneficiary Nomination form and/or Switch and Investment Strategy form available at mlc.com.au/forms_and_brochures

3. Change your name

Title	First name*
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>	<input type="text"/>
Middle name	Family name*
<input type="text"/>	<input type="text"/>

☐ I give my consent for the Trustee to verify my identity by disclosing my name, residential address and date of birth to a credit reporting agency and by confirming the authenticity of my Government issued identification with relevant Government departments or approved service provider.

Please email TWO copies of identification to **contactmlc@mlc.com.au**. A full list of identification documents is available in the Proof of identity guide on **mlc.com.au**

☐ Please provide an **original certified** copy of your marriage certificate, change of name certificate or divorce decree. We can only accept a marriage certificate issued by the appropriate State or Territory Registry of Births, Deaths and Marriages. Certification that the document is a true and complete copy of the original must appear on each page with an original signature and the title of the person who endorses the document. **We can't accept change of name documents via fax or email.**

Please sign using your previous and new signature below.

Previous signature

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

New signature

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

Please complete Section 4 and 10 to complete and authorise your name change request.

4. Change or confirm your address

If you are changing your name in **Section 3** you're required to confirm your residential address.

Residential/Company 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"/>	

^ If you are updating your country of residence we may request an original certified copy of your identification. For more information on acceptable ID and a list of certifiers refer to the **Proof of Identity Guide** on **mlc.com.au**

Postal address (If different to your residential address)

If you are updating a postal address to a PO Box, please also give us your residential address above. The postal address shown can't be your financial adviser's address.

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"/>	

5. Change your contact details

Mobile phone number	Business telephone
<input type="text"/>	<input type="text"/>
Home telephone	
<input type="text"/>	
Email*	
<input type="text"/>	

6. Tax file number (TFN)

Do you wish to supply your Tax File number (TFN)?

No ☐ I have read the important information on page 3 on providing my TFN and do not wish to provide it.

Yes ☒ I have read the important information on page 3 on providing my TFN and wish to provide my TFN.

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 the Trustee is authorised to collect and disclose your TFN under the Superannuation Industry (Supervision) Act 1993 and Privacy Act. The Trustee 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 or another Fund or RSA provider if your benefits are transferred, unless you request in writing for it not to be disclosed.

7. Authorised representative

Complete this question if you want to appoint another person to access information or transact on your account. Your authorised representative is not permitted to perform any other actions in respect of your account, eg make withdrawal or roll over from your account.

Do you wish to?

☐ Establish a **new** authorised representative on your account. ☐ Replace an **existing** authorised representative on your account.

What level of authority will this person have on your account?

☐ My authorised representative is able to make enquiries only on my account. ☐ My authorised representative is able to make enquiries and transact on my account.

Applicants must be at least 18 years of age.

Existing MasterKey Customer number
(if known)

Company (if applicable)

Title

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

First name

Middle name

Family name

Date of birth of authorised representative
(DD/MM/YYYY)

Email

Residential address (Your residential address can't be a PO Box)

Unit number

Street number

Street name

Suburb

State

Postcode


Country

Mobile phone number

Business telephone

Home telephone

Signature of authorised representative



Date (DD/MM/YY)

10. Important information and signature

By signing and submitting this form, you acknowledge before making this change you have considered the information on the management of your account in the relevant **Product Disclosure Statement, How to Guide and/or Annual Report**. (These documents are available on mlc.com.au)

If signed by a duly Authorised Representative or Parent/Guardian: The Authorised Representative or Parent/Guardian hereby certifies that he/she has not received notice of any limitation or revocation of his/her authority and is also authorised to sign this form. Power of Attorney documents can't be accepted by fax.

Privacy

You acknowledge that any personal information you provide will be handled in accordance with the Trustee's privacy policy, which outlines how the Trustee will manage your personal information, how you may access or correct your personal information, and how you may complain about a breach of your privacy. You may obtain a copy of the Trustee's privacy policy by contacting 132 652 or visiting mlc.com.au/privacy

Please sign below to authorise us to process your request.

Name of Investor or Attorney

Name of Investor or Attorney

Signature of Investor or Attorney

	Date (DD/MM/YY)					

Signature of Investor or Attorney

	Date (DD/MM/YY)					

Send us your form

Please mail or email your completed, signed and dated form to:

MLC
PO Box 200
North Sydney NSW 2059

Email: contactmlc@mlc.com.au

If you have any questions, please speak with your financial adviser, call us on **132 652** Monday to Friday between 8 am and 6 pm (AEST/AEDT) or visit mlc.com.au