

Update account details

We can only accept your request if the form is correctly completed. Please don't photocopy this form as it contains unique information to help us process your request quickly. 1. Your personal details Account number Customer number (if known) Contact telephone (business hours) Title First name Other Mr Mrs Miss Ms Middle name Family name Date of birth (DD/MM/YYYY) Email 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. If you want to change your name, address or contact details, please use the Update personal details form on mlc.com.au **Super accounts** Regular investment **Complete Section 3** Bank details Complete Section 4 **Pension accounts** Payment details **Complete Section 5** Bank details Complete Section 6 All accounts Tax File Number (TFN) Complete Section 7 Authorised representative Complete Section 8 Complete Section 9 Client linking

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

Full information on the services listed above is available in the How to Guide on mlc.com.au

3. Super regular investme	ents			
Add a new regular investment	Update details of your regular investment	our existing	Cancel your regula	ar investment
You can request more than one contribution	tion type in the table below	<i>V</i> .		
Contribution type	Amount \$			
Personal or Self employed ¹				
Spouse				
1 If you intend to claim a tax deduction, program on mlc.com.au. These contribution intent. To to check if you're eligible to claim a tax deduction, program of miles and tax deduction	ons will be classified as no	on-concessional co	ntributions until you send	us a valid Notice of
Start date (DD/MM/YYYY)		End date (DD/MM	/YYYY) If applicable	
If you haven't given us a date, we'll use th available date, following the receipt of you			rovide an end date if you ent to stop at a specified o	date.
If your request isn't processed in time to	meet this date, we'll use th	e next available dat	e for the frequency you ha	ive selected.
Frequency				
Please indicate the preferred frequency of				will apply.
Weekly Fortnightly	Monthly	Quarterly	Half yearly	Yearly
If you want more than one regular investretwo bank accounts.	ment, please fill in a separa	ate form. You can't	split a contribution type (e	eg personal) across
Are you adding or changing the bank det	ails for your regular investr	ment?		
No If you have no other change	es, please go to Section 1	0 to authorise your	request.	
Yes Please go to Section 4.				

4. Super bank details

Yes Please go to **Section 6**.

For additional one-off and regular investments

Name of bank Name of account BSB Account number	I, being the holder of the account, request MLC Limited and/or NULIS Nominees (Australia) Limited to draw money from my account. I acknowledge this direct debit arrangement is governed by the Direct Debit Request Service Agreement set out at mlc.com.au/ddrsa. I consent to the agreement being made available at mlc.com.au/ddrsa as well as the terms of the agreement. Signature of account holder Must be signed by all account holders if different to signatory in Section 10. Date (DD/MM/YY)
Please specify the type of investment to be drawn from this account	Date (DD/MM/YY)
Regular investment	
Additional one-off investments	
If you have no other changes, please go to Section 10 to authorise y	our request.
5. Pension payment details Select yearly payment amount	
Please choose the annual amount of income (gross of tax) you wan	
For information on the age-based minimum please refer to the How	
You can specify the annual amount you'd like paid; however, this must Amount The minimum allowed amount The maximum allowed amount (applies to a TTR pension only) Specified annual amount \$ pa	
Date of next payment (DD/MM/YYYY)	
Frequency	
Please choose the frequency for your income payments and we'll pro r Weekly Fortnightly Monthly	rata the annual payment amount in accordance with your selection. Quarterly Half yearly Yearly
Indexation (available to MasterKey Pension Fundamen If you'd like to increase your pension payment by a set percentage each and a set percentage each amounts. 0% 1% 2% 3%	
Average about the level color of the second	
Are you changing the bank details for your pension payment or char No If you have no other changes, please go to Section 10 to	

Direct Debit Request

6. Pension bank account

The bank account can be in either your name or a joint account where you are an account holder.

Account one	Account two	
What portion is to be paid to this account?	What portion is to be paid to this account?	
%	%	
Name of bank	Name of bank	
Name of account	Name of account	
BSB	BSB	
Account number	Account number	
If you have no other changes, please go to Section 10 to authorise y	your request.	
7. Tax File Number (TFN)		
Tax File Number		
You don't have to provide a TFN, however, if you don't:		
personal contributions will be rejected		
• additional tax will apply to employer and salary sacrifice contribut	ions	

• any withdrawals will be taxed at the highest marginal tax rate inclusive of the Medicare levy.

Your TFN is confidential, and MLC is authorised by tax laws to collect your TFN. MLC may 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.

If you have no other changes please go to Section 10 to authorise your request.

8. Authorised representative	
Add a new authorised representative Update your erepresentative	xisting authorised Remove existing authorised representative
Your authorised representative's details	Address (we can't accept a PO Box)
Mr Mrs Miss Ms Other	Address (we can taccept a FO Box)
Surname	
Given name(s)	
Date of birth (DD/MM/YYYY)	
Mobile phone	
Contact telephone (business hours)	Customer number (if existing customer)
Email	
Signature of authorised representative	
Date (DD/MM/YY)	
What level of authority do you want your authorised re	epresentative to have on your account?
My authorised representative can make enquiries only on my account	My authorised representative can make enquiries and transact on my account
I understand the information on appointing an authorised representative as set out in the current How to Guide on mlc.com.au	
I release, discharge and indemnify MLC from all losses, liabilities, actions, proceedings, claims and demands (including in relation to negligence) in respect of acts or omission of my/our authorised representative, whether authorised by me or not.	
Signature of Investor	
Date (DD/MM/YY)	

If you have no other changes, please go to ${\bf Section\,10}$ to authorise your request.

9. Client linking

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

Please see the relevant **How to Guide** on **mlc.com.au** for more information on eligible MLC MasterKey products.

Name of investor you'd like to link to	
We may accept the nomination of a family trust, superannuation fund or business.	
Customer number of nominated investor	
Date of birth of nominated investor (if applicable) (DD/MM/YYYY)	
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)	
Please go to Section 10 to authorise your request.	

10. Your agreement and declaration

Before making this change I have considered the information in the relevant Product Disclosure Statement and/or Annual Report about the investment options I have selected. I have also reviewed the information on the management of my account in the **How to Guide**. (These documents are available on **mlc.com.au**)

Please sign below to authorise us to process your request.

Signature of Investor or Power of Attorney

V	Date (DD/MM/YY)					

If signed under the Power of Attorney: Attorneys must attach a certified copy of the Power of Attorney if not already supplied. 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 by fax.

11. Send us your form

Please mail 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 8.00 am and 6.00 pm (AEST/AEDT) or visit **mlc.com.au**