

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 Mr Mrs Miss Ms Other	First name	
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
Client linking	Complete Section 9

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

3. Super regular investments

Add a new regular investment

Update details of your existing regular investment

Cancel your regular investment

You can request more than one contribution type in the table below.

Contribution type	Amount \$
Personal or Self employed ¹	
Employer contributions	
Compulsory	
Voluntary	*
Salary Sacrifice	
Spouse	*

1 If you're eligible or intend to claim a tax deduction, please complete the Notice of intent to claim or vary a deduction for super contributions form on mlc.com.au. These contributions will be classified as non-concessional contributions until you send us a valid Notice of intent.

Sta	rt d	ate	(DD	/MN	Л/Υ	YYY	()	

If you haven't given us a date, we'll use the next available date, following the receipt of your request.

End date (DD/MM/YYYY) If applicable

You only need to provide an end date if you want your investment to stop at a specified date.

If your request isn't processed in time to meet this date, we'll use the next available date for the frequency you have selected.

Frequency

Please indicate the preferred frequency of your regular investment. If this isn't specified, the monthly frequency will apply.

Weekly Fortnightly Monthly Quarterly Half yearly Yearly	Weekly	Fortnightly	Monthly	Quarterly	Half yearly	Yearly
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If you want more than one regular investment, please fill in a separate form. You can't split a contribution type (eg personal) across two bank accounts.

Are you adding or changing the bank details for your regular investment?



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

Yes

Please go to Section 4.

4. Super bank details

Direct Debit Request

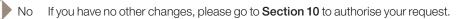
For additional one-off and regular investments	
Name of bank	I, being the holder of the account, request MLC Limited and/or NULIS Nominees (Australia) Limited to draw money from my account. I acknowledge this direct debit arrangement is
Name of account	governed by the Direct Debit Request Service Agreement 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.
BSB	Signature of account holder
	Must be signed by all account holders if different to signatory in Section 10.
Account number	Date (DD/MM/YY)
Please specify the type of investment to be drawn	Date (DD/MM/YY)
from this account	
Regular investment	
Additional one-off investments	
If you have no other changes, please go to Section 10 to au	uthorise your request.
5. Pension payment details Select yearly payment amount	
Please choose the annual amount of income (gross of tax)) you want to receive.
Minimum Maximum ¹	Specified annual amount ² \$
	<i>f</i> ou can specify an amount you'd like paid; however, you must eet the legislated minimum amounts.
Date of next payment	
(DD/MM/YYYY)	
Frequency	
	we'll pro rata the annual payment amount in accordance with your selection.
Weekly Fortnightly Monthly	Quarterly Half yearly Yearly
Indexation	
	entage each year on 1 July, please choose from the amounts below.
Indexation only applies to specified amounts.	

Are you changing the bank details for your pension payment or changing the portion to be paid to your bank accounts?

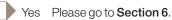
3%

4%

5%



2%



1%

0%

X	Date (DD/MM/YY)
X	Date (DD/MM/YY)

10%

6. Pension bank account

If you'd like someone else to receive your income, please send us proof of identity for each bank account holder. Please go to **mlc.com.au** for the **Proof of Identity** form.

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 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 contributions
- 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 exis representative's	details Remove existing authorised representative
Your authorised representative's details Title Mr Mrs Miss Ms Other Surname	Address (we can't accept a PO Box)
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	
X Date (DD/MM/YY)	

What level of authority do you want your authorised representative to have on your account?



My authorised representative can make **enquiries only** 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

V	Date (DD/MM/YY)						

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



My authorised representative can make **enquiries and transact** on my account

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 receiving the benefits of a fee refund.

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 fai	mily trust, super	rannuation fund c	r business.		
Customer number of nominated investo	br				
Date of birth of nominated investor (if ap	plicable) (DD/M	M/YYYY)			
Relationship to you					
Spouse De facto	Parent	Trust	Child	Sibling	Business
Signature of person or representation	ative of the bu	usiness or trus	nominated abo	ove.	
X	Date (DD/MN	<i>М</i> /YY)			
Please go to Section 10 to authorise yo	ur 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

Y	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

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**