



Beneficiary nomination form

MLC Life Cover
MLC Personal Protection Portfolio
MLC EasyCover

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

We respect your privacy and handle your information in accordance with our privacy policy. The NAB Group Privacy Policy is available at mlc.com.au/privacy, and the MLC Limited Privacy Policy is available at mlc.com.au/mlcinsuranceprivacypolicy

If you wish to make a beneficiary nomination for another policy, please complete a new Beneficiary Nomination form for each additional policy.

1. Your policy details

Please select your product:

☐ MLC Personal Protection Portfolio (PPP)

☐ MLC Life Cover Super (LCS)

☐ MLC EasyCover

Policy number

MLC Customer Number (if known)

Title

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

First name

Middle name

Family name

2. Your beneficiary details

By completing this form you are overriding any previous beneficiary nomination. What type of beneficiary nomination would you like to make for your policy (please tick only one)?

Product type	Nomination type	Question to complete
PPP and EasyCover	Beneficiary Nomination	Question 2A
LCS	Non-binding death benefit nomination	Question 2A
	Non-lapsing binding death nomination	Question 2B
	MLC Super Estate Optimiser	Question 3

Who can I nominate for LCS?

Whether you make a non-lapsing binding death benefit nomination or non-binding death benefit nomination you can only nominate:

- your spouse and/or children (including step and adopted children)
- individuals who are financially dependent on you at the time of your death
- your legal personal representative (either the executor under your will or a person(s) granted letters of administration for your estate if you die without having left a valid will)
- someone in an interdependency relationship with you.

Please refer to the PDS for further details.

Trustee

NULIS Nominees (Australia) Limited
ABN 80 008 515 633 AFSL 236465
Issuer of MLC Life Cover Super

Fund

MLC Super Fund
ABN 70 732 426 024

Insurer

MLC Limited
ABN 90 000 000 402 AFSL 230694
Issuer of MLC Personal Protection
Portfolio and MLC EasyCover

The Trustee of the Fund is part of the National Australia Bank Limited (NAB) group of companies (NAB group). Your insurance is not a liability of, and is 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. Any references to 'we', 'us' and 'our' means MLC Limited and Trustee refers to NULIS Nominees (Australia) Limited.

2A. Your beneficiary details *continued*

This section allows you to nominate who the Insurers will pay the death benefit to.

Beneficiary nomination for PPP and EasyCover

Complete this section if you wish the death benefit to be paid to someone other than your Estate. This is only available for insurance taken out for non-business purposes. Leave this section blank if you wish the death benefit to be paid to the Policy Owner(s).

For MLC EasyCover policies, only one beneficiary can be nominated per policy. If there are two Policy Owner(s), the request must be signed by both Policy Owner(s).

Non-binding death benefit nomination for LCS

Complete this section if you wish to nominate to the Trustee your preferred beneficiary(ies) of your death benefit. It is the Trustee's decision to whom to pay the benefits and in what portions, but your nomination will be taken into account by the Trustee. The Trustee will be restricted to paying the death benefits to your dependants (spouse and/or children) and/or your legal personal representative. Please refer to page 1 for who you can nominate. It is important that you read the beneficiary nominations section of the current Product Disclosure Statement (PDS) before completing this section.

You should speak to your financial adviser, estate planner or legal representative to determine which type of nomination will best suit your circumstances.

The tax applicable on a death benefit payment to beneficiaries depends on a number of factors. As the tax rules in relation to death benefits are complex, you should seek professional advice.

Please nominate your preferred beneficiary(ies) and the portion you would like each to receive. You may nominate up to 6 beneficiaries.

	Full name and address of beneficiary	Date of birth	Relationship to you	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	Legal representative (your estate)	Not applicable		%
Total				100%

* The sum of each of your portions of the total benefit must equal 100% and each portion must be provided in whole percentages.

Declaration

I understand I should review my nomination regularly and as my circumstances change (eg marriage, marriage breakdown, birth of a child, or my benefit being affected by a payment split) to ensure my nomination is always up to date.

Name

Signature of Life Insured for LCS

	Date (DD/MM/YY)					
	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>					

Name

Signature(s) of Policy Owner(s) for PPP and EasyCover

	Date (DD/MM/YY)					
	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>					

	Date (DD/MM/YY)					
	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>					

2B. Your beneficiary details *continued*

Non-lapsing binding death benefit nomination for LCS

Complete this section if you wish to indicate to the Trustee who your death benefit MUST be paid to. It is important that you read the beneficiary nominations section of the current PDS before completing this section.

Please nominate your preferred beneficiary(ies) and the portion you would like each to receive. You may nominate up to 6 beneficiaries. To be valid your nomination must also be witnessed, signed and dated by two witnesses as required below.

Your nominated beneficiary(ies) must be a dependant(s) and/or your legal personal representative. Please refer to page 1 for who you can nominate. You should speak to your financial adviser, estate planner or legal representative to determine which type of nomination will best suit your circumstances.

The tax applicable on a death benefit payment to beneficiaries depends on a number of factors. As the tax rules in relation to death benefits are complex, you should seek professional advice.

	Full name and address of beneficiary	Date of birth	Relationship to you	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	Legal representative (your estate)	Not applicable		%
Total				100%

* The sum of each of your portions of the total benefit must equal 100% and each portion must be provided in whole percentages.

Declaration

I understand I should review my nomination regularly and as my circumstances change (eg marriage, marriage breakdown, birth of a child, or my benefit being affected by a payment split) to ensure my nomination is always up to date.

I request that the Trustee accept my beneficiary nomination for my LCS policy.

Name of Life Insured

Signature of Life Insured

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

Witness declaration

The witness declaration must be signed and dated by two adult witnesses.


I declare that:

- I am over 18 years of age;
- I am not already a nominated beneficiary of the applicant and
- I am not one of the beneficiaries named above; and
- This form was signed and dated by the applicant in my presence.

Witness 1

Full name (please print)

Signature of Witness

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

Witness 2

Full name (please print)

Signature of Witness

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

3. MLC Super Estate Optimiser – LCS only

This facility applies only if you hold a LCS policy. For more information about MLC Super Estate Optimiser, please refer to the current PDS available on **mlc.com.au**, or call us on **132 652**.

Title Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>	First name <input type="text"/>	
Middle name <input type="text"/>	Family name <input type="text"/>	
Date of Birth (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"/> <input type="text"/>	Email <input type="text"/>	
Home telephone <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Contact telephone (business hours) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Mobile phone <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Select one of the following categories for the distribution of your death benefits. Only tick one box.

Category No.	Category	Selection
1	Lump Sum – Spouse	<input type="checkbox"/>
2	Lump Sum – Minor Children	<input type="checkbox"/>
3	Lump Sum – Spouse/Minor Children (50/50)	<input type="checkbox"/>
4	Lump Sum – Dependent Children and Minor Children	<input type="checkbox"/>
5	Lump Sum – Estate	<input type="checkbox"/>
6	Account Based Pension – Spouse	<input type="checkbox"/>
7	Account Based Pension – Minor Children	<input type="checkbox"/>
8	Account Based Pension – Spouse/Minor Children (50/50)	<input type="checkbox"/>

I agree to a legal guardian making the choice of pension as may be required in respect of (please tick your preference(s)):

☐ Any minor-aged child ☐ Any nominated person under a disability

If you do not agree then the default pension provisions outlined in the MLC Super Estate Optimiser section of the PDS will apply.

To assist the Trustee please provide the following details about your spouse and children. If you have more than one child complete additional details on a separate sheet and sign and date it.

Spouse

Title Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>	First name <input type="text"/>	
Middle name <input type="text"/>	Family name <input type="text"/>	
Date of Birth (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"/> <input type="text"/>	Email <input type="text"/>	
Home telephone <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Contact telephone (business hours) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Mobile phone <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

3. MLC Super Estate Optimiser – LCS only *continued*

Minor/Dependent Children

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"/>	
Home telephone	Contact telephone (business hours)	Mobile phone
<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Acknowledgment and Agreements

I am a member or have applied to become a member of the MLC Super Fund through MLC Life Cover Super.

I have selected the above category for the distribution of my death benefit payable through the MLC Super Estate Optimiser facility.

I understand that my death benefits will be paid according to the category I have selected.

I understand that this category selection overrides all previous MLC Super Estate Optimiser selections, or nominations made in any MLC Life Cover Super Application Form.

I understand I should review my selection regularly and as my circumstances change (eg marriage, marriage breakdown, birth of a child or my benefit being affected by a payment split) to ensure my selection is always up to date.

I understand this category selection is not valid until received and accepted by the Trustee or its delegate.

Name of Life Insured

Signature of Life Insured

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

5. Send us your form

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

MLC Life Insurance
PO Box 200
North Sydney NSW 2059

If you have any questions, please contact your financial adviser or call us on 132 652 any business day between 8.00 am and 6.00 pm (AEST/AEDT).