



Application for increase and alteration

MLC Personal Protection Portfolio, MLC Life Cover Super,
MLC Simple LifeCover, MLC EasyCover,
MLC Whole of Life, Endowment and Pure Endowment (non-super and super)

Policy number(s)

☐ Increase ☐ Alteration

If you're only changing your occupation group, please use the **Change your occupation details** form available from mlc.com.au

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

When to use this form

This form may only be used to:

- Increase the amount of insurance under your policy
- Apply for the review of a loading or exclusion
- Change the premium structure of your existing insurance, for example, from stepped premium or decreasing cover to level premium
- Change the Life Insured's occupation class, Waiting Period or Benefit Period for Income Protection and/or Business Expenses insurance

You must complete the application form contained in the relevant Product Disclosure Statement, if you wish to apply for new benefits and/or add new features to your policy.

If you are applying to convert from Smoker to Non-Smoker rates, a separate short form is available on the website at mlc.com.au

Unless otherwise indicated, the premium structure and other features chosen for the existing benefit will apply to any increase.

Any references to 'we', 'us' and 'our' in this form means MLC Limited and Trustee refers to NULIS Nominees (Australia) Limited.

Your duty of disclosure

When you apply for a life insurance policy, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you.

You have the same duty before you extend, vary or reinstate the policy.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

If someone other than you will be the life insured under the policy, any failure by that person to comply with the above duty will be treated as failure by you.

If you request life insurance inside super, the Trustee obtains this insurance from us in relation to you. In this circumstance, we rely on the disclosures that you or the Trustee makes to us.

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 a deposit or liability 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. Any references to 'we', 'us' and 'our' means MLC Limited and Trustee refers to NULIS Nominees (Australia) Limited.

Your duty of disclosure (continued)

If you do not tell us something

In exercising the following rights, we may consider whether different types of cover can constitute separate policies of life insurance. If they do, we may apply the following rights separately to each type of cover.

If you do not tell us anything you are required to, and we would not have insured you if you had told us, we may avoid the policy within 3 years of entering into it.

If we choose not to avoid the policy, we may, at any time, reduce the amount you have been insured for. This would be worked out using a formula that takes into account the premium that would have been payable if you had told us everything you should have. However, if the policy provides cover on death, we may only exercise this right within 3 years of entering into the policy.

If we choose not to avoid the policy or reduce the amount you have been insured for, we may, at any time vary the policy in a way that places us in the same position we would have been in if you had told us everything you should have. However, this right does not apply if the policy provides cover on death.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the policy as if it never existed.

Section 1: Life Insured's details

First name

Family name

Email address (Please provide your email so notices relating to your application can be sent to you)

Date of birth

--	--	--	--	--	--	--	--

Home telephone

--	--	--	--	--	--	--	--	--	--

Business telephone

--	--	--	--	--	--	--	--	--	--

Mobile phone number

--	--	--	--	--	--	--	--	--	--

Residential address (your residential address cannot be a PO Box)

Unit number

--	--	--	--

Street number

--	--	--	--

Street name

Suburb

State

--	--	--

Postcode

--	--	--	--

Country

Postal address

☐ Same as residential

PO Box number

--	--	--	--

Unit number

--	--	--	--

Street number

--	--	--	--

Street name

Suburb

State

--	--	--

Postcode

--	--	--	--

Country

Section 2: Policy Owner(s) details

Policy Owner 1 (primary contact for correspondence)

☐ Tick this box if Policy Owner 1 is the same as the Life Insured. If not, fill in the details below.

First name

Family name

Company name/Trustee/Self-managed super fund trustee

Email address (Please provide your email so notices relating to your application can be sent to you)

Home telephone

Business telephone

Mobile phone number

Postal address

PO Box number

Unit number

Street number

Street name

Suburb

State

Postcode

Country

Policy Owner 2

First name

Family name

Section 3: For insurance inside super

Contributions

If you want to change the contribution type on your policy, tick one of the boxes below.

☐ Employer (including salary sacrifice)

☐ Personal

☐ Spouse

Tax File Number (TFN) details

Please provide your TFN:

When collecting your TFN MLC Limited and the Trustee are required to tell you:

- MLC Limited and the Trustee are authorised to collect your TFN under the Superannuation Industry (Supervision) Act 1993
- It isn't an offence to decline to notify MLC Limited and the Trustee of your TFN
- If you don't notify MLC Limited and the Trustee of your TFN, they may not be able to (now or in the future) locate, amalgamate and identify your benefits in order to pay you
- MLC Limited and the Trustee are allowed to use your TFN for lawful purposes, in particular if paying out monies, identifying and amalgamating super benefits for surcharge purposes and for other approved purposes, and
- Your TFN will be disclosed to the Commissioner of Taxation. Your TFN will also be passed on to another super provider if your benefits are being transferred, unless you inform MLC Limited and the Trustee in writing not to pass on your TFN. Your TFN won't otherwise be disclosed to any other person.

Section 4: Reason for change

Please ensure you answer **ALL** questions in this section

For MLC Personal Protection Portfolio, MLC Life Cover Super, MLC Simple LifeCover and MLC EasyCover

1a Are you applying to increase the sum insured or monthly benefit of any of your existing insurances?

Yes ☐ Complete the following table with details of your current and proposed new sum insured

No ☐ Go to question 3

Insurance	Current Sum Insured	Proposed Sum Insured
Life Cover	\$	\$
TPD stand alone	\$	\$
TPD extension (to Life Cover)	\$	\$
Critical Illness stand alone	\$	\$
Critical Illness extension (to Life Cover)	\$	\$
Income Protection	\$	\$
Business Expenses	\$	\$

For Whole of Life, Endowment and Pure Endowment

1b If you are applying to increase the basic sum insured and/or the optional benefits on your existing insurance, please complete the following table with details of your current and proposed new sum insured amounts.

Insurance	Current Sum Insured	Proposed Sum Insured
Life Cover	\$	\$
TPD 'Any Occupation' definition	\$	\$
Guaranteed Insurability	\$	\$
Decreasing Extra Death Benefit	\$	\$
Level Extra Death Benefit	\$	\$

2 Is this an increase to the sum insured(s) and/or the monthly benefit(s) only, with all the other options and benefits remain unchanged?

Yes ☐ Go to Section 5

No ☐ Please ensure that a copy of the current premium quotation is attached

3 Are you applying to change the premium structure of your existing benefits?

Yes ☐ Complete the following table with details of your current and proposed premium structure. Please ensure that a copy of the current premium quotation is attached.

Current Premium Structure	Proposed New Premium Structure
<input type="checkbox"/> Stepped	<input type="checkbox"/> Stepped
<input type="checkbox"/> Level	<input type="checkbox"/> Level
<input type="checkbox"/> Decreasing cover	<input type="checkbox"/> Decreasing cover

No ☐

If you are changing the premium structure from:

☐ Decreasing cover to Level or Stepped, **go to Section 5**

☐ Stepped to Level or Decreasing cover, **go to Section 7**

☐ Level to Stepped or Decreasing cover, **go to Section 7**

☐ Any other changes, **go to Section 7**

Please note: Not all premium structures are available for all insurances. Please read the relevant Product Disclosure Statement for more details.

Section 4: Reason for change (continued)

4 Are you applying to change the Life Insured's occupation group for Income Protection and/or Business Expenses insurance? (Your Financial Adviser will tell you this and give details.)

Yes ☐ Please complete table below and ensure that a copy of the current premium quotation is attached

New Occupation Group									
<input type="checkbox"/> AAA	<input type="checkbox"/> ACT	<input type="checkbox"/> ML	<input type="checkbox"/> AA	<input type="checkbox"/> A	<input type="checkbox"/> BBB	<input type="checkbox"/> BB	<input type="checkbox"/> B	<input type="checkbox"/> C	

No ☐

5 Are you applying to change the Life Insured's Waiting Period and/or Benefit Period for Income Protection and/or Business Expenses insurance?

Yes ☐ Please complete table below and ensure that a copy of the current premium quotation is attached

New Waiting Period for Income Protection				
<input type="checkbox"/> 14 days	<input type="checkbox"/> 1 month	<input type="checkbox"/> 3 months	<input type="checkbox"/> 12 months*	<input type="checkbox"/> 24 months*
New Benefit Period for Income Protection			New Waiting Period for Business Expenses*	
<input type="checkbox"/> 2 years	<input type="checkbox"/> 5 years	<input type="checkbox"/> to age 65*	<input type="checkbox"/> 14 days	<input type="checkbox"/> 30 days
* These options are not available for class C occupations				

No ☐

6 Are you applying for the review of a medical loading or exclusion?

Yes ☐ Please also complete the relevant insurance questionnaires available at mlc.com.au

No ☐

If you did not answer 'Yes' to any of questions 1–6, you may require a different form for your circumstances. Please contact our Client Service Centre on 132 652 for more details.

Section 5: Personal Statement Information (must be completed by the Life Insured in all cases)

Options in underwriting your case

Fast tracking medical requirements

Lifescree Australia is part of the Sonic Healthcare group and our preferred provider for insurance related tests. Lifescree provides a customer health evaluation service for us (and other insurers) that helps with fast and efficient processing of your application. This means that if you consent, Lifescree may contact you to arrange blood tests or other medical checks required for your insurance application. Lifescree is subject to our privacy requirements to protect your confidentiality. Do you permit MLC Limited to arrange this service?

Yes ☐ No ☐

Fast tracking follow-up information

This facility enables faster collection of information over the phone, resulting in faster completion of your application.

I permit MLC Limited to call me (the Life Insured) to clarify or gain further information regarding any matter relating to the assessment and processing of this application. I understand that the call may be recorded and will form part of my application and that the Duty of Disclosure applies.

Yes ☐ I am contactable on (Phone number) between the hours of : and : (8:30 am to 5:30 pm AEST/AEDT Monday to Friday)

No ☐

Section 5: Personal Statement Information (continued)

Other Insurances

- 7 Are you covered by, or are you applying for, any other life, disability, critical illness, income protection, salary continuance or business expenses insurance with any company, including MLC Limited (other than this application), including benefits under superannuation or insurance benefits provided by your employer?

Yes ☐ Please provide details below

No ☐

Company	Benefit type	Date started	Benefit amount	Waiting/ Benefit periods	Policy number	To be replaced
			\$			Yes <input type="checkbox"/> No <input type="checkbox"/>
			\$			Yes <input type="checkbox"/> No <input type="checkbox"/>
			\$			Yes <input type="checkbox"/> No <input type="checkbox"/>
			\$			Yes <input type="checkbox"/> No <input type="checkbox"/>
			\$			Yes <input type="checkbox"/> No <input type="checkbox"/>

Travel

- 8 Do you intend to reside or travel outside Australia?

Yes ☐ Please complete the table below:

Date(s) of departure(s)	Duration of stay(s)	Destination(s)	Purpose of stay(s) (eg holiday, business, residing)

No ☐

Occupation and Financial

- 9 If you are a homemaker, student, unemployed or retired.

☐ Go to question 27.

- 10 Please provide details of your primary occupation and any professional or trade qualifications you have.

a Primary occupation

b Industry

c Name of employer or trading name

d Street address of employer or business

Postcode

e Professional or trade qualifications

Section 5: Personal Statement Information (continued)

11 Please provide full details of your occupational duties. These must add up to 100%.

Type of work	Percentage of time
Sedentary/Administration: Sedentary – includes all general clerical, office, administration and desk duties. The emphasis is on mental rather than physical work although there may be a small element of standing/ walking, and driving to and from appointments.	
Light manual work: includes light lifting of up to 20kg and direct supervision of manual workers.	
Heavy manual work: includes heavy lifting > 20kg, driving/operating heavy machinery and manual and physical work not associated with a trade.	
Total	100%

12 Does your occupation include any hazardous duties, including working at heights above 10 metres, aviation, underground, offshore, diving, field work/on site or explosives?

Yes ☐ Please provide details in the table below.

No ☐

Type of work	Percentage of time	Specific duties you perform
Heights over 10 meters		
Aviation		
Underground work		
Offshore work – within Australia waters		
Offshore work – outside Australian waters		
Diving		
Field work/on site		
Use of explosives		
Other (please specify)		
Total	100%	

13 Are you applying for Total and Permanent Disability, Income Protection or Business Expenses insurance?

Yes ☐ Please go to question 14

No ☐ Please go to question 20

14 Are you self-employed or do you own all or part of the business in which you are employed?

Yes ☐ Please complete questions **a** to **e** below

a Have you been self-employed in your current business for more than 12 months? Yes ☐ No ☐

b On what basis do you operate your business? Sole Trader ☐ Company ☐ Partnership ☐ Trust ☐

c What percentage interest/shareholding do you have in the business? %

d How many employees (other than yourself) do you have?

e Has your business had a net operating loss in either of the last two years?

Yes ☐ Please provide last two years' financial accounts for all entities.

No ☐

Go to question 16.

No ☐ Go to question 15

Section 5: Personal Statement Information (continued)

15 On what basis are you employed?

a Permanent ☐

b Casual ☐ How long have you been working as a casual employee?

c Contract ☐ What is the remaining term of your contract?

16 Have you been working continuously in your occupation, trade or profession for five or more years?

Yes ☐

No ☐ Please provide details of all positions you have held over the last five years:

From	To	Occupation	Employer name

17 Over the next 12 months, do you intend to:

- change your occupation or become self-employed
- change your occupational duties or work hours, or
- take extended leave (for example maternity leave, sabbatical leave, long service leave or study leave)?

Yes ☐ Please provide details below

No ☐

18 How many hours per week do you work in your primary occupation?

hours

19 Do you work at your home for more than 20% of your working hours?

Yes ☐ How many hours per week do you work from home? hours

No ☐

20 What were your Earnings for the last 12 months, before tax from your primary occupation?

Do not include investment income.

\$

Earnings

If you are **self-employed** (you directly own all or part of a business or practice) Earnings means the income of the business or practice generated by your personal efforts after the deduction of your appropriate share of business or practice expenses in generating that income. If you earn commission, you can include 100% of the initial commission and 50% of the renewal commission.

If you are an **employee** (you do not directly or indirectly own part or all of a business or practice), Earnings means the total remuneration paid by the employer to you including salary, commission, (100% of the initial commission and 50% of the renewal commission), fees, regular bonuses, regular overtime, fringe benefits and regular superannuation contributions paid by the employer on your behalf.

21 What were your Earnings for the previous 12 month period, before tax, from your primary occupation?

Do not include investment income.

\$

Section 5: Personal Statement Information (continued)

22 Will your Earnings continue at or beyond this level?

Yes ☐

No ☐ Please provide details

23 Do you have a second occupation?

Yes ☐ Please provide details in questions **a–g** below

No ☐

a Occupation

b Name of employer or trading name

c Duties

d Hours worked per week

e Amount of time in this occupation

 years months

f What were your Earnings before tax for the last 12 months from your second occupation?

\$ pa

g Has this income been included in the Earnings shown in Question 20 of this application? ☐ Yes ☐ No

24 Do you intend to be, or have you or any business that you've been associated with ever been:

- bankrupt?
- in receivership or liquidation?
- under administration?

Or is your place of employment insolvent or under administration?

Yes ☐ Please provide details:

No ☐

Income Protection insurance only

25 Only complete this section if you are applying for Income Protection insurance. If you are not applying for Income Protection insurance, please go to question 26.

Is the proposed monthly benefit from all life insurance sources greater than \$15,000?

Yes ☐ Do you receive more than \$250,000 per year in investment or other unearned income? (ie income from sources other than through personal exertion in your occupation, such as investment income, after deducting expenses related to that income).

Yes ☐ What is your unearned income?

\$

No ☐

No ☐

Section 5: Personal Statement Information (continued)

Business Expenses insurance only

26

Only complete this section if you are applying for Business Expenses insurance. (Refer list of eligible business expenses in the PDS). If you are not applying for Business Expenses insurance, please go to question 27.

In the event of your disability, how long will your business continue to generate an income?

No more than 60 days

☐

More than 60 days

☐

What percentage of the business income would continue to be produced?

%

What would be your total share of the business expenses?

\$

Claims History

27

Have you ever made a claim or received benefits in regard to any illness, injury or condition?

Yes

☐

Please provide details in the table below

No

☐

Benefit type	Benefit amount	Reason for claim	Time off work	Date finalised
<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"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Sports and Pastimes

28

Do you now or do you intend to take part in any of the following activities?

Yes

☐

Please tick all that apply and provide details below

No

☐

☐ Diving

☐ Motor car, motor cycle or motor boat racing

☐ Flying as a pilot or crew in an aircraft

☐ Football (all codes)

☐ Hang-gliding, paragliding, skydiving, pursuits involving heights

☐ Other hazardous pursuits (eg body contact sports, mountain climbing, abseiling, downhill mountain biking)

If you ticked any of these boxes, please complete the **Pastimes Questionnaire** located in the Supplementary Underwriting Questionnaires

If you ticked any of these boxes, please give full details of each below

Activity

Location

☐ Recreational

☐ Professional

☐ Competitive

Events/Hours per year:

Other details

Activity

Location

☐ Recreational

☐ Professional

☐ Competitive

Events/Hours per year:

Other details

Section 5: Personal Statement Information (continued)

Height and Weight details

29 What is your height?

cm **or** feet/inches

What is your weight?

kg **or** stone/pounds

Habits and Lifestyles

30 Have you smoked tobacco, e-cigarettes or any other substance or used any nicotine-containing product in the last 12 months?

Yes ☐ ☐ Cigarettes/Cigars/Pipe ☐ Gum/Patch ☐ e-cigarettes ☐ Other – Please provide details:

Quantity: ☐ per day ☐ per week ☐ per month ☐ per year

No ☐

31 Do you drink alcohol?

Yes ☐ How much do you consume on average? Quantity: ☐ per day ☐ per week ☐ per month ☐ per year
(Standard drink = 1 nip (30 ml) spirits, 100 ml wine, 10 oz / 285 ml beer)

No ☐

32 Since the date of your original application, have you ever used (by mouth, inhalation or injection) any drug not prescribed for you by a doctor?

Yes ☐ Please provide details:

No ☐

Health – General

33 Are you carrying the Human Immunodeficiency Virus (HIV) which causes AIDS, antibodies to that virus, or are you suffering from AIDS or any AIDS related condition?

Yes ☐

No ☐

34 In the last three years, are you aware of any HIV risk situation to which you or any of your sexual partners may have been exposed?

Note: HIV risk situations include but are not limited to:

- sex with someone you know or suspect to be HIV positive
- sex with an intravenous drug user
- sex without a condom with a sex worker
- anal intercourse without a condom (except in a relationship between you and one other person only and neither of you have had sex with anyone else for at least three years).

Yes ☐ A private and confidential questionnaire will be mailed to you upon submission of this application

No ☐

35 Do you have a usual doctor?

Yes ☐ Please provide full name and address of your usual doctor or medical centre.

No ☐ Please provide the name and address of the last doctor you visited.

Name of doctor or medical centre

Address

Suburb

Postcode

State

Country

Telephone

Email address

Section 5: Personal Statement Information (continued)

36 How long have you been attending this doctor / medical centre?

 years months When did you last attend?

37 If you have been attending this doctor or medical centre for less than 12 months, please also provide name and address of your previous doctor

When did you last attend?

38 Since the date of the original application or subsequent increase, have you:

a	consulted any medical practitioner or had any medical treatment or advice or been hospitalised?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
b	taken or been prescribed drugs, stimulants, sedatives or medication?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
c	undergone, or been advised to undergo surgery, X-ray, ECG, genetic test or special investigation?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
d	suffered any illness, disease, accident, or injury?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
e	had any change in your health?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If you answered 'Yes' to any of questions 38 a–e, give full details at question 39 on the next page.

39 Did you answer 'Yes' to any item in question 38?

Yes ☒ Please provide details of each instance in the table below

No ☐

If there is not enough space here, please list on a separate sheet and sign and date it.

[illegible]

Section 5: Personal Statement Information (continued)

Family History

40 Have any of your immediate blood relatives (parents, brothers or sisters) suffered from any of the following conditions?

Yes ☐ Please tick all that apply and provide details in the following table
No ☐

- ☐ Heart disease or stroke
- ☐ Any other cancer not otherwise listed (specify type and site)
- ☐ Muscular dystrophy
- ☐ Breast or ovarian cancer
- ☐ Diabetes
- ☐ Polycystic Kidney Disease (PCKD)
- ☐ Melanoma
- ☐ Multiple Sclerosis
- ☐ Huntington's disease
- ☐ Bowel cancer
- ☐ Parkinson's disease
- ☐ Motor neurone disease
- ☐ Familial Polyposis (FAP)
- ☐ Haemochromatosis
- ☐ Any other hereditary disorder

Family member (eg mother, brother)	Condition	If cancer, type and site	Age condition began

Section 6: Authority to release medical information
(to be completed in ALL cases)

I authorise any medical practitioner, hospital, clinic or other person (including any life insurance company or underwriter) to disclose to MLC Limited or any third party engaged by us full details of my health, medical history or any other information, for the primary purpose of assessing my application or managing my policy. A photocopy of this authority should be accepted as my personal authority.

Life Insured's full name (mandatory)

Maiden name (if applicable)

Date of birth (DD/MM/YYYY)

Signature of Life Insured

X

Date (DD/MM/YYYY)

Registered Office
for MLC Limited
Ground Floor
105–153 Miller Street
North Sydney NSW 2060

Website: mlc.com.au
Telephone: 132 652
(inside Australia)
+ 61 3 8634 4721
(outside Australia)

Fax: 1800 550 081
(inside Australia)
+ 61 2 9964 3163
(outside Australia)

Postal address:
PO Box 200
North Sydney
NSW 2059


Section 7: Declarations and Authorisations

The Life Insured and the Policy Owner(s), make the following declarations and authorisations in respect of this application:

- 1 The information provided in this application is true and complete;
- 2 I have read and understood the Product Disclosure Statement as applicable for the product relevant to me, which I have received in Australia;
- 3 I have read and understood the duty of disclosure on page one of this application and I understand that this duty continues until such time as MLC Limited accepts the application for increase or alteration and issues a revised policy schedule;
- 4 No increase or alteration will be effective until MLC Limited accepts this application and issue a revised schedule, except for Interim Accident Insurance that will apply subject to specific terms and conditions;
- 5 If income protection insurance has been applied for I declare that the Earnings stated in this application are:
 - my Earnings before tax, after the deduction of business expenses, over the last 12 months
 - from my primary occupation only and do not include income from a second occupation
- 6 If business expenses insurance has been applied for I declare that the Business Expenses monthly benefit requested does not exceed my monthly share of Covered Expenses (please refer to the PDS for a list of expenses included and not included as Covered Expenses). I understand that Covered Expenses only include the reasonable and regular operating expenses of the business I own and manage, and can also include the net cost of a Locum;
- 7 I consent to notices relating to my application to be sent to the email address or the mobile number provided by me and I acknowledge that my personal and sensitive information may be sent to that email address;
- 8 I consent to MLC Limited disclosing or discussing with my financial adviser any matter relevant to the assessment of my application for insurance including financial, medical and other matters, whether disclosed in this application, obtained from third parties (eg Doctors, accountants) or otherwise discovered as part of the assessment process;
- 9 I authorise MLC Limited and the Trustee to collect such further medical information from any health practitioner, centre or service as is reasonably required for the purpose of assessing my application for insurance; and
- 10 I authorise MLC Limited to forward any information obtained by it to any health practitioner or service, reinsurer, advisor, service provider or third party as is reasonably required for the purpose of assessing the application, administration of the insurance policy, assessment of a claim made under the policy and as otherwise may be required to comply with legal obligations.

I acknowledge that an insurance policy held through the MLC Super Fund and an insurance policy issued by MLC Limited does not represent a deposit with or a liability of National Australia Bank Limited (ABN 12 004 044 937) (AFSL 230686) or any of their related bodies corporate. Neither National Australia Bank Limited, nor any of its related bodies corporate guarantees or accepts liability in respect of MLC Personal Protection Portfolio, MLC Life Cover Super, MLC Simple LifeCover, MLC EasyCover, MLC Whole of Life, MLC Endowment, MLC Pure Endowment, MLC Whole of Life Superannuation, MLC Endowment Superannuation and MLC Pure Endowment Superannuation.


Signature of Life Insured

	Date (DD/MM/YYYY)										
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For insurance outside super only: Signature(s) of Policy Owner(s) (if different from the Life Insured)

- If the trustee(s) of a self managed super fund are individuals then all individuals are required to sign.
- Parent or Guardian if Life to be Insured is under 16 years of age.
- In the case where the Policy Owner or trustee is a Company:
 - (a) two directors or a director and company secretary are to sign; or
 - (b) in the case of a sole director proprietary company only, the sole director is to sign. The director must indicate that he/she is the sole director and sole secretary of the company by ticking the sole director and sole secretary box.

Name
<div></div>


Signature of Policy Owner	Date (DD/MM/YYYY)										
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Name
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Signature of Policy Owner	Date (DD/MM/YYYY)										
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☐ Sole director and sole secretary (indicate by ticking box)

Name
<div></div>

Signature of Policy Owner	Date (DD/MM/YYYY)										
	<table border="1" style="width: 100%;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										

Name
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Signature of Policy Owner	Date (DD/MM/YYYY)										
	<table border="1" style="width: 100%;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										

☐ Sole director and sole secretary (indicate by ticking box)

This section for Financial Adviser use only

This section must be completed

Email address (contact for this application)

Financial Adviser's instructions

(Complete details relevant to this application)

Financial Adviser 1

This section is to be completed by the Servicing Adviser.
The Servicing Adviser will receive all correspondence for the policy.

Name of Financial Adviser

MLC Financial Adviser no. Mobile phone

Telephone number

Fax number

Email address

Distribution fee split

 %

Financial Adviser 2

Name of Financial Adviser

MLC Financial Adviser no. Mobile phone

Telephone number

Fax number

Email address

Distribution fee split

 %

NAB Financial Planning use only:

FI/FN number

Referring BUID number

Referring Banker's name

Remuneration payment type:

Select payment type: ☐ Upfront ☐ Hybrid ☐ Level

Please note:

- Class C Income Protection is paid on a level basis.

Special Instructions and Underwriting Reference Number

**Registered Office
for MLC Limited**
Ground Floor
105–153 Miller Street
North Sydney NSW 2060

Website: mlc.com.au
Telephone: 132 652
(inside Australia)
+ 61 3 8634 4721
(outside Australia)

Fax: 1800 550 081
(inside Australia)
+ 61 2 9964 3163
(outside Australia)

Postal address:
PO Box 200
North Sydney
NSW 2059