



# Change of financial adviser

## Important information

Completing this form gives MLC authority to change your existing financial adviser to your new financial adviser. We can only accept your request if this form is correctly completed.

We respect your privacy and handle your information in accordance with our privacy policy, available on [mlc.com.au](http://mlc.com.au)

## 1. Your policy number(s)

Policy number 1

Policy number 2

Policy number 3

Policy number 4

Policy number 5

Policy number 6

If you have more policies, please attach a separate sheet.

## 2. Your personal details

### Policy owner/Member 1

Title

Mr  Mrs  Miss  Ms  Other

First name

Middle name

Family name

Date of birth (DD/MM/YYYY)

Email

Home telephone

Mobile phone number

Business telephone

Best contact time

 (am/pm)

### Policy owner/Member 2 (if applicable)

Title

Mr  Mrs  Miss  Ms  Other

First name

Middle name

Family name

Date of birth (DD/MM/YYYY)

Email

Home telephone

Mobile phone number

Business telephone

Best contact time

 (am/pm)

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### 3. Your new financial adviser's details

Name of financial adviser

Name of firm (licensee)

Division number      Adviser number

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Contact telephone (business hours)

Fax number

Email

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### 4. Your agreement and declaration

I/We agree that for the policy number(s) listed in **Section 1**:

- I'm not receiving advice from my existing financial adviser
- I authorise MLC to change my financial adviser as detailed in **Section 3**
- my existing financial adviser will no longer be remunerated for advising me and will no longer have access to my information
- my new financial adviser will be responsible for advising me, will be remunerated for this advice and will have access to my information, and
- I'll advise MLC if I change or cancel my financial adviser or if there are any changes to my adviser remuneration arrangements.

**If signed under 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 authorised to sign this form.

Power of Attorney documents can only be mailed. Emailed or faxed copies cannot be accepted.

Name of Policy owner/Member 1/Attorney

Name of Policy owner/Member 2/Attorney

**Signature of Policy owner/Member 1 or Attorney**

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

**Signature of Policy owner/Member 2 or Attorney (if applicable)**

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

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### 5. Send us your form

Please send your completed, signed and dated form to:

**MLC**  
**PO Box 200**  
**North Sydney NSW 2059**  
**Email: [contactmlc@mlc.com.au](mailto:contactmlc@mlc.com.au)**  
**Fax: 02 9964 3334**

If you have any questions, please speak with your financial adviser, or call us on **132 652** between 8.30 am and 5 pm (AEST/AEDT), Monday to Friday.