



# Short form insurance application

MLC MasterKey Business Super  
MLC MasterKey Personal Super  
MLC MasterKey Super Fundamentals

This form can be used to apply for insurance with MLC MasterKey Business Super, MLC MasterKey Personal Super and MLC MasterKey Super Fundamentals or to increase existing insurance and only applies if the applicant:

- applies for Death only or Death and Total and Permanent Disablement (TPD) insurance (max \$1 million including any existing insurance) or Income Protection insurance (max \$8,000 per month including any existing insurance)
- answers 'No' to questions 1–10 in section 1 'Personal Details'. Please refer to section 1 'Health and Lifestyle Questions' before proceeding to complete this form.

If you do not meet the above 2 conditions, and intend answering 'Yes' to any of the questions 1–10 in section 1, do not complete and return this form. Please complete and return the Request for Insurance form on [mlc.com.au](http://mlc.com.au)

## 1. Personal details

Height

cm

Weight

kg

Health and Lifestyle Questions:		Yes	No
<b>1</b>	<p>Have you ever had, or been told you had, or ever sought advice or treatment from a doctor, counsellor or other health professional for any of the following:</p> <ul style="list-style-type: none"> <li>• Cancer, tumour</li> <li>• Hepatitis</li> <li>• Diabetes</li> <li>• High blood pressure, high cholesterol</li> <li>• Heart complaint, chest pain</li> <li>• Stroke, epilepsy or any neurological condition</li> <li>• Inflammatory bowel disorder, ulcerative colitis, Crohn's disease or irritable bowel disorder</li> <li>• Back or neck pain/sprain, sciatica, whiplash, spondylitis or any back, neck or spinal problem</li> <li>• Any injury to or disorder of the joints, muscles, ligaments or tendons</li> <li>• Stress, anxiety, depression, post traumatic stress disorder (PTSD) or any other mental health disorder</li> <li>• Alcohol or drug dependence</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2</b>	Have you ever in the last five years taken any drug/tablet, medication or herbal medicines on a regular or ongoing basis?	<input type="checkbox"/>	<input type="checkbox"/>
<b>3</b>	Do you contemplate seeking any medical advice, test, investigation or treatment (including surgery)? <b>Do not include future annual check-ups or regular blood tests where previous results have been normal.</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4</b>	Do you <b>now</b> have any other disability, illness, injury or symptom not already mentioned in this application?	<input type="checkbox"/>	<input type="checkbox"/>
<b>5</b>	Are you currently absent, or in the last 3 years been absent from work, or unable to perform your usual duties for more than 2 consecutive weeks due to illness or injury?	<input type="checkbox"/>	<input type="checkbox"/>
<b>6</b>	Have two or more of your immediate blood relatives (parents, brothers or sisters) suffered with cancer, heart disease, stroke, or diabetes, under the age of 60 or have any of your immediate blood relatives had Huntington's disease or any other hereditary disorder?	<input type="checkbox"/>	<input type="checkbox"/>
<b>7</b>	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?	<input type="checkbox"/>	<input type="checkbox"/>
<b>8</b>	<p>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?</p> <p>Note: HIV risk situations include but are not limited to:</p> <ul style="list-style-type: none"> <li>– sex with someone you know or suspect to be HIV positive, or</li> <li>– sex with an intravenous drug user</li> <li>– sex without a condom with a sex worker</li> <li>– 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 the last three years).</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>

Preparation date: 1 July 2017  
NULIS Nominees (Australia) Limited  
ABN 80 008 515 633  
AFSL 236465

MLC Limited  
ABN 90 000 000 402  
AFSL 230694

MLC Super Fund  
ABN 70 732 426 024

## 1. Personal details (continued)

<b>9</b> Do you now engage or do you intend to engage in any aviation activities other than as a fare paying passenger, motor racing, underwater diving, parachuting, hang gliding, mountaineering or any other hazardous pursuits?	<input type="checkbox"/>	<input type="checkbox"/>
<b>10</b> Have you ever made a claim or received benefits in regards to any illness, injury or condition?	<input type="checkbox"/>	<input type="checkbox"/>

## 2. Account details

Account number (all members)

Employer plan number  
(MLC MasterKey Business Super members only)

Employer plan name  
(MLC MasterKey Business Super members only)

## 3. Your details

Title

Mr  Mrs  Miss  Ms  Other

Middle name

Date of birth (DD/MM/YYYY)

First name

Family name

Gender

Male  Female

### Residential address

Your residential address cannot be a PO Box.

Unit number

Street number

Street name

Suburb

Postcode

State

Country

### Postal address

The postal address cannot be your financial adviser's address.

Unit number

Street number

P.O. Box

Street name

Suburb

Postcode

State

Country

Mobile phone number

Home telephone

Business telephone

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

What is your annual salary? (In \$)

What is your current occupation?

What professional or trade qualifications do you have?

### 3. Your details (continued)

#### Basis of employment

- Full-time
  Permanent part-time (more than 15 hours per week)
  Permanent part-time (less than 15 hours per week)
- Fixed term employment\*
  Casual\*
  Seasonal or contract\*

\* Refer to the relevant Insurance Guide for definitions of these employment types.

Please include below the approximate percentage (%) of time spent in the duties of your main occupation. If you select 'Other' please specify the duties you perform.

Nature of duty	% time
Administration or Clerical (eg filing, computer work, office duties, etc)	
Light manual work only (ie driving with deliveries, lifting under 5 kg, etc)	
Supervisor of manual work	
Caring for dependants (only for Total and Permanent Disability (TPD) and occupation is 'home duty')	
Manual work (eg cleaning, lifting over 5 kg, carpentry, plumbing, etc)	
Other (please specify):	
Total	
	100%

### 4. Insurance details

This insurance application applies to my:

MLC MasterKey Business Super account or  
MLC MasterKey Personal Super account

Please complete part A

MLC MasterKey Super Fundamentals account

Please complete part B (over the page)

#### A. MLC MasterKey Business Super or MLC MasterKey Personal Super

Please enter the **total** amount of insurance being applied for under this policy, including any existing insurance.

Type of Insurance	Amount
Death	\$
Total and Permanent Disablement (TPD) <sup>1</sup>	\$

Amount of Income Protection insurance being applied for:

Percentage of your current annual salary

- 75%
  %
  Other (up to a maximum of 75%)

The percentage of salary being applied for cannot exceed \$8,000 per month including any existing insurance.

Income protection benefit period: (please select)

- 2 years
  5 years
  to age 65

Waiting period: (please select)

- 30 days
  60 days
  90 days
  180 days<sup>2</sup>

<sup>1</sup> When applying for Death and TPD, the TPD cannot exceed the Death cover amount.

<sup>2</sup> Only applies for benefit period of 5 years or to age 65.

**Now go to Section 5.**

## 4. Insurance details (continued)

### B. MLC MasterKey Super Fundamentals

Please enter the **total** amount of insurance being applied for under this policy, including any existing insurance.

#### Death and Total and Permanent Disablement (TPD)

You can either:

Nominate your own amounts of cover<sup>3</sup>, including any existing insurance

Type of Insurance	Amount
Death	\$
Total and Permanent Disablement (TPD)	\$

**OR** Choose an MLC Lifestage cover level<sup>4</sup>

Lifestage
<input type="checkbox"/> Half the standard cover
<input type="checkbox"/> Standard cover
<input type="checkbox"/> Double the standard cover

If you currently have MLC Lifestage insurance which you obtained when joining MLC MasterKey Super Fundamentals, your premium isn't based on your individual circumstances. If you'd like to be assessed by the Insurer for individual factors such as your medical history, employment and pastimes, please check this box.

#### Income Protection

Amount of Income Protection insurance being applied for:

Percentage of your current annual salary

75%  % Other (up to a maximum of 75%)

The percentage of salary being applied for cannot exceed \$8,000 per month including any existing insurance.

Income protection benefit period: (please select)

2 years  5 years  to age 65

Waiting period: (please select)

30 days  60 days  90 days  180 days<sup>5</sup>

<sup>3</sup> When applying for Death and TPD, the TPD cannot exceed the Death cover amount.

<sup>4</sup> For more information on how this works, and the level of cover available for your age, please see the Insurance Guide in the MLC MasterKey Super and Pension Fundamentals Product Disclosure Statement at [mlc.com.au/pds/mkspf](http://mlc.com.au/pds/mkspf)

<sup>5</sup> Only applies for benefit period of 5 years or to age 65.

**Now go to Section 5.**

## 5. Checklist

Have you met the two conditions outlined on top of page 1?

No  **Please complete and return the Request for Insurance form on [mlc.com.au](http://mlc.com.au)**

Yes  **Please continue to section 6, then complete section 7, your agreement and declaration.**

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## 6. 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, that 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.

### **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.

### **Disclosure – MLC Transfer Applications**

If you apply to transfer your insurance from an existing MLC policy to a new MLC policy (**transfer application**), we will rely on the matters disclosed and representations made to us prior to entering into the existing MLC policy and, if applicable, the matters disclosed and representations made to us with your application for a new MLC policy (including an application for any change, increase or addition to the existing MLC policy) when making a decision whether to accept the transfer application and on what terms.

If we refuse your transfer application for any reason, your existing insurance will continue unless you choose to cancel it or your insurance ends.

By submitting a transfer application you consent to this process.

### **Privacy**

I acknowledge that I have access to NAB's privacy policy and agree that any member of the NAB Group may collect, use, disclose and handle my personal information in a manner set out in the Group's privacy policy available on [mlc.com.au/privacy](https://mlc.com.au/privacy)

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## 7. Your agreement and declaration

### Read this section carefully before signing


My decision to apply for insurance under MLC MasterKey Business Super or MLC MasterKey Super Fundamentals is based on the Product Disclosure Statement for the relevant product that I have received and my understanding of the information it contains.

I understand and agree that:

- (a) I have read the Duty of Disclosure set out on the previous page. I understand that, until MLC Limited accepts this application for insurance, I have a duty to disclose every matter which I know, or could reasonably be expected to know, is relevant to MLC Limited's acceptance of this application and that if I fail to comply with my duty of disclosure MLC Limited may (as permitted by law) cancel this contract or reduce the benefits under it;
- (b) the answers to the questions in this application and any other relevant personal statement(s) and questionnaires are true and complete, and the answers given form the basis of the contract;
- (c) if any answers to the application questions are not in my own handwriting, I certify that I have checked them and they are correct;
- (d) 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.
- (e) where this application is for insurance cover under a superannuation fund, I will provide MLC Limited or the Trustee with any information which relates to my membership of that fund which they may request;
- (f) no additional insurance is effective until MLC Limited accepts this application;
- (g) I authorise MLC Limited and the Trustee to provide my personal, financial and medical information (whether provided in this application or otherwise subsequently collected by the Trustee with my consent) to any medical professional, medical facility, reinsurer, assessor, adviser or any other confidential service provider, now or at any time in the future, for the purpose of issuing or administering this insurance, and assessing any claim made in respect of this insurance.

Member's name

Member's signature

	Date (DD/MM/YYYY)									
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## 8. Send us your form

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

**MLC**  
**PO Box 200**  
**North Sydney NSW 2059**

If you have any questions, please contact your financial adviser or call the MLC Client Service Centre **132 652** any business day between 8.00 am and 6.00 pm (AEST/AEDT).

For details on MLC's range of products and services visit [mlc.com.au](http://mlc.com.au)