

# Change of financial adviser

Policy number(s) (please separate policy numbers with a comma)

Please transfer all other policies under my ownership. (Please select with "X" if this applies)

## 1. Your personal details

Policy owner(s) / Company name/ SMSF name

Date of birth (DD/MM/YYYY)	Email address
Contact number	
Address	
Policy owner(s) / Company name /	SMSF name
Date of birth (DD/MM/YYYY)	Email address
Contact number	
Address	



The Trustee is part of the Insignia Financial Group. MLC Limited uses the MLC brand under licence from Insignia Financial Group. MLC Limited is part of the Nippon Life Insurance Group and is not a part of the Insignia Financial Group.

## 2. Your new financial adviser's details

Name of Individual adviser/ Corporate business													
Name of firm (licensee)													
Adviser / Corporate business code	Autho	orised	repres	sentativ	ve nu	mbe	r						
S B													
Contact telephone number (business l	nours)												
Email address													

#### 3. Your agreement and declaration

I authorise my adviser and all staff to gain information and access documents whilst the change of advisor is being processed. For the policy number(s) listed in **Section 1**:

- I'm not receiving advice from my existing financial adviser
- I authorise MLC Limited to change my financial adviser as detailed in Section 2
- 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 Limited 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 they have not received notice of any limitation or revocation of their 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(s) / Director / Trustee / Legal representative

Name of Policy owner(s) / Director / Trustee / Legal representative (if applicable)

#### Signature of Policy owner(s) / Director / Trustee / Legal representative

Date (DD/MM/YY)											

I am a sole director and/or company secretary

Signature of Policy owner(s) / Director / Trustee / Legal representative (if applicable)



#### Send us your form

Please return your completed, signed and dated form to:

MLC Life Insurance - Operations PO Box 23455 Docklands VIC 3008

#### ${\bf Email: adviser.servicing} @mlcinsurance.com.au$

If you have any questions, please speak with your financial adviser or call us on **13 65 25** between 8.30am and 6pm (AEST/AEDT) Monday to Friday.