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 MLC Limited 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

X

Date (DD/MM/YYYY)

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 us on **1300 428 482** any business day between 8.00 am and 6.00 pm (AEST/AEDT).

MLC Limited
ABN 90 000 000 402 AFSL 230694
Issuer of MLC Insurance

MLC Nominees Pty Limited
ABN 93 002 814 959 AFSL 230702
RSE L0002998 Issuer of MLC Insurance (Super)

Trustee for The Universal Super Scheme
ABN 44 928 361 101
R1056778 SFN 281440944

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