



Nambawan Super Limited  
 P.O. Box 483, Port Moresby, Papua New Guinea  
 Telephone: 309 5200 Fax: 321 4474

### Member Details Update

POSF Number:		Employee Number:	
Given Name:		Mobile Phone Number	
Surname:		Email Address	

Date of Birth:		Sex (M or F):		Married (Yes or No)	
Date Started Employment:		Date Started Contributing to Nambawan Super:			

### Postal Address Details Update

Street or PO Box: \_\_\_\_\_  
 Village or Town: \_\_\_\_\_  
 Province: \_\_\_\_\_

### Beneficiary Details Update

Name of Beneficiary	Relationship to Member	Date of Birth of Beneficiary	Percentage	Beneficiary Signature
			%	
			%	
			%	
			%	
			%	
			%	

The total percentage for all beneficiaries must add up to 100%. If you require more beneficiaries please attach a separate nomination letter with all signatures of nominated beneficiaries. Minors may be signed on behalf by the member.

I, \_\_\_\_\_ certify that all the information written by me or written on my behalf has been read to me and it is true and correct information. I have made no changes by crossing out or adding to this form.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I, \_\_\_\_\_ have witnessed that the said form was duly signed by the member.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*The witness for this document must be the Payroll Officer, Authorised Superannuation Fund Signatory of your Employer / Department. If you cannot access these people you may use a Responsible Officer of your Employer / Department at your worksite.*