



MEMBER DETAIL UPDATE



On completion of the certification by the Head of Employing Department, Authority or Company this form must be submitted to the nearest Nambawan Super Branch.

Personal details and address

Given name(s)

Surname

Gender Male Female Mr Ms Miss Mrs

Employer address

Name of employer

Residential address

Mailing address

Work Email

Personal Email

Working province

Date of birth

Payroll #

Phone #

Super #

Family or beneficiary details

Marital status Single Married De-Facto Divorced Seperate Widow/Widower

Name of beneficiary	Name of guardian (If age 18 years and below)	Relationship to member	Beneficiary DOB	# in %
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

The total percentage for all beneficiaries must total up to 100%. If you require more space for other beneficiaries, please attach a separate nomination list clearly filled out and signed by you and your Human Resources. List must be stamped by your Human Resources.

Total %

Previous employment details

Name of employer	From (Year) To (Year)	Payroll #	<input type="checkbox"/> NSL #	<input type="checkbox"/> NASFund #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I certify that all information written on this form by me is true and correct.

Signature

Date

To be completed by your Human Resources

To be completed by HR Manager or nominated Senior HR Officer of your current employer

Started employment Date

Joined Fund Date

Started contributing to Nambawan Super Date

I,
have witnessed that the said form was
duly signed in my presence by the member.

Position
Signature

Date

