



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)	<input type="text"/>	Date of birth	<input type="text"/>
Surname	<input type="text"/>	Payroll #	<input type="text"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mrs	Phone #	<input type="text"/>
Employer address	<input type="text"/>	Membership #	<input type="text"/>
Name of employer	<input type="text"/>		
Residential address	<input type="text"/>		
Mailing address	<input type="text"/>		
Preferred email	<input type="text"/>		
Working province	<input type="text"/>		

Family or beneficiary details

Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De-Facto <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow/Widower
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Name of beneficiary	Relations 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"/>

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 #	NSL/NPF #
<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 <input type="text"/>	Joined Fund	Date <input type="text"/>	Started contributing to Nambawan Super	Date <input type="text"/>
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I,

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

Position

Signature

Official
stamp

NSLMF008