INACTIVE MERGE OF ACCOUNT

Nambawan Super

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. Please complete the form in CLEAR BLOCK letters

***Critical fields to be completed by Members**

Section 1 Personal information and recent employment details

*Given name(s)

*Surname

*Gender ☐ Male ☐ Female Mr Ms Miss Mrs

*Mobile number

*Email address

*Name of recent employer

*Recent employer address

*Residential address

*NSL #

*Payroll #

*Date of birth DD / MM / YYYY

*Date of employment DD / MM / YYYY

*Date joined Nambawan Super DD / MM / YYYY

Section 2 Previous employment details

*Employer name

*From(year) to(year) YYYY to YYYY

*Payroll #

*NSL #

*Date of employment DD / MM / YYYY

*Date joined Fund DD / MM / YYYY

Section 3 Member declaration to merge accounts

I, hereby request that Nambawan Super merge my accounts. To facilitate this, I have completed the following requirements;

- ☐ Completed and signed merge of accounts form
- ☐ Confirmation letter from previous employer or exit statement letter
  (employer details - indicate payroll number, date join company and close of businessx date)
- ☐ Copy current payslip
- ☐ NSL statement
- ☐ Copy of completed **Inactive Member Update** form
- ☐ ID photo

I certify that all the information written by me here are true and correct.

Date DD / MM / YYYY

Member signature

OFFICIAL USE ONLY

To be completed by the Branch Teamleader/Manager

I,

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

Name

Position

Signature

Date / /

Official stamp

NSLMF003A