INACTIVE MERGE OF ACCOUNT

Nambawan Super

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 current 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 D D / M M / Y Y Y Y

*Date of employment D D / M M / Y Y Y Y

*Date joined Nambawan Super D D / M M / Y Y Y Y

Section 2 Previous employment details

*Employer name

*From(year) to(year) Y Y Y Y to Y Y Y Y

*Payroll #

*NSL #

I,

Date of employment D D / M M / Y Y Y Y

Date joined Fund D D / M M / Y Y Y Y

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 joined company and close of business date)
- ☐ Copy current payslip
- ☐ NSL statement
- ☐ Copy of completed **Inactive Member Update** form
- ☐ ID photo

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

Member signature

Date D D M M Y Y Y Y

OFFICIAL USE ONLY

To be completed by the Branch Team leader/Manager

I,

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

Name

Position

Signature

Date D D / M M / Y Y Y Y

Official stamp

NSLMF003A