









**Employer use only section** (If you use Mercer Spectrum you only need to sign the form below, other details are provided through Mercer Spectrum).

Employer name

Category of membership

Date member joined employer

Date member joined the Fund

Annual Superannuation Salary on joining

Payroll number

Employment status

 Full time  Part time (15 or more hrs. a week)  Part time (less than 15 hrs. a week)  Casual (please tick one option)

I certify that the above named member was  at work OR  not at work performing their normal duties on the date they joined the Fund

(If not at work please provide details)

Employer's Eligibility Certificate (Select applicable option)

This employee has joined the Fund at the first available opportunity (i.e. had not previously elected an alternative super fund under Choice of Fund).

Yes OR  No

If applicable I certify that the above named member is a NAB Ltd employee who works principally with the JBWere business.

Authorised signatory

Date

