



National Australia Bank Group Superannuation Fund A (Fund)

Nomination Form

FOR MEMBER-ELECTED REPRESENTATIVES OF THE POLICY COMMITTEE

Please return this completed form to the Electoral Officer **by no later than 5.00pm AEST on Wednesday 29 April 2015:**

Ms Karen McCormack
Electoral Officer
Plum Financial Services Ltd
Level 4, 500 Bourke Street
MELBOURNE VIC 3000

Phone: (03) 9222 4660
Email: karen.mccormack@plum.com.au

Name of Nominated Candidate:

Full Name: _____

To be completed by the member nominating the candidate

I declare that I am a member of the Fund and an employee of the NAB and associated group of companies, and wish to nominate the above member for the position of Member Representative of the Policy Committee of the Fund.

Full Name: _____

Signature: _____ Date: _____

To be completed by two seconders

We declare that we are members of the Fund and employees of NAB and associated group of companies, and wish to second the nomination for the position of Member Representative of the Policy Committee of the Fund.

Full Name: _____

Signature: _____ Date: _____

Full Name: _____

Signature: _____ Date: _____

To be completed by the candidate

I declare that I am over 18 years of age, a member of the Fund, and an employee of the NAB and associated group of companies, and I accept the nomination for the position of Member Representative of the Policy Committee of the Fund.

If appointed, I understand that I will be required to complete a Statutory Declaration that I am not a 'disqualified person' under the Superannuation Industry (Supervision) Act.

Full Name: _____

Signature: _____ Date: _____

Candidate's Statement (Optional)

As a nominated candidate you may wish to prepare a brief statement to support your nomination as Member Representative for the Fund. You may wish to include information such as your years of service and/or membership or your reasons for accepting the nomination.

Your statement must not be more than 100 words. Please note this statement will be used verbatim in the ballot papers if an election is required.

I declare that the above statement is, to the best of my knowledge, true and correct.

Full Name: _____

Signature: _____ Date: _____

To be completed by the candidate

Contact details:

Address: _____

Phone Number: (wk) _____ **(Mob)** _____

Email address: (wk) _____