

NMI SETTLEMENT FUND

POST OFFICE BOX 501247, SAIPAN, MP 96950

REQUEST AND AUTHORIZATION TO RELEASE INFORMATION

I,	,	a reside	ent of			
, whose Social Sec	•					
a member of the NMI Settlement Fund, and hereby re	_					
following information from my records to			•			
following delivery method(s),	(indicate fax, elec	tronic mail, or pick	t up; or, if more			
than one delivery method, list all that apply):						
Address	Annuity payment	plan				
Contribution history	Earnings statement					
Monthly pension benefit/COLA amount	Retiree check history					
Service credit history	Status of my appli	cation				
Member account detail report	Membership dates					
Other:	Other:					
Other:	Other:					
Correspondence regarding:						
claim against the NMI Settlement Fund, its employed information. This form will be in effect for the term writing. The execution of this form does not authorize the rabove. A copy of this authorization shall have the same	of one year from the date i	t is signed, unless than that specific	I rescind it in			
DATED this day of	, 20 .					
NATURE OF MEMBER						
y if Member's signature is by mark:						
TNESS 1						
1.1200 1						

Tel: 670.322.3863 • Fax: 670.664.8080

(Use only if Request and Authorization to Release Information signed by mark)

WITNESS ATTESTATION

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COM	MONW	'EALTI	H OF THE NOR	THERN M.	ARIANA	ISLANI	OS) SS	S.	
	On th	nis	day of			20	before m	e personall	v appeared
			to be the person						
			lease Information						,
			the same for its			s 2), and	l acknowled	lged to me	that he/she
volulli	lainy ex	eculeu	the same for its	stated purpe	ose.				
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Му со	ommissi	on expi	ires:	_					