



NMI SETTLEMENT FUND

POST OFFICE BOX 501247, SAIPAN, MP 96950

REQUEST AND AUTHORIZATION TO RELEASE INFORMATION

I, _____, a resident of _____, whose Social Security Number is _____, am a member of the NMI Settlement Fund, and hereby request and authorize the NMI Settlement Fund to release the following information from my records to _____ by the following delivery method(s), _____ (indicate fax, electronic mail, or pick up; or, if more than one delivery method, list all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Address | <input type="checkbox"/> Annuity payment plan |
| <input type="checkbox"/> Contribution history | <input type="checkbox"/> Earnings statement |
| <input type="checkbox"/> Monthly pension benefit/COLA amount | <input type="checkbox"/> Retiree check history |
| <input type="checkbox"/> Service credit history | <input type="checkbox"/> Status of my application |
| <input type="checkbox"/> Member account detail report | <input type="checkbox"/> Membership dates |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Correspondence regarding: _____ | |

I understand that the information authorized above is confidential and hereby expressly waive my rights to any claim against the NMI Settlement Fund, its employees and Trustee which may result from the release of this information. This form will be in effect for the term of one year from the date it is signed, unless I rescind it in writing.

The execution of this form does not authorize the release of information other than that specifically described above. A copy of this authorization shall have the same force and effect as the original.

DATED this _____ day of _____, 20____.

SIGNATURE OF MEMBER

Only if Member's signature is by mark:

WITNESS 1

WITNESS 2

SF-1D (REV. 01/2017)

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

WITNESS ATTESTATION

We, the undersigned witnesses, do hereby declare and attest that _____ (*Member's Name*) (hereinafter "Member") voluntarily signed by mark the Request and Authorization to Release Information dated _____, 20____, and that to the best of our knowledge, the Member is of sound mind, and under no constraint or undue influence.

WITNESS 1

WITNESS 2

ACKNOWLEDGMENT OF NOTARY PUBLIC

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS) SS.

On this ____ day of _____, 20____, before me personally appeared _____, the Member, known to me through valid, government-issued identification to be the person whose name is signed by mark on the preceding Request and Authorization to Release Information before _____ (Witness 1) and _____ (Witness 2), and acknowledged to me that he/she voluntarily executed the same for its stated purpose.

NOTARY PUBLIC

My commission expires: _____