



NMI SETTLEMENT FUND

POST OFFICE BOX 501247, SAIPAN, MP 96950

GUIDELINES FOR POWER OF ATTORNEY

The NMI Settlement Fund (“Settlement Fund”) will accept a Power of Attorney (“POA”) that satisfies the following requirements:

- The POA must specifically set forth the types of authorization given to the agent.
- An agent must be 18 years or older.
- The POA must be signed by the Settlement Fund member and notarized. If the member is unable to sign by signature, the member may sign by mark only if 2 witnesses (who shall not be the agent) also sign the POA, and the witnesses sign the witness attestation.
- The POA must provide proper authorization to handle Settlement Fund matters. Examples of such authorization include, but are not limited to:
 - To inquire about benefit payments
 - To receive Settlement Fund correspondence
 - To receive statement of earnings
 - To receive a copy of Form 1099-R
 - To receive the Social Security Administration Form OMB No. 0960-0395 Modified Benefit Formula Questionnaire from the Settlement Fund
 - To request for a change of address
 - To update information on the Form SF-200 Annuity Recipient Information Update
 - To update or amend the bank account number on Form SF-1F Application and Authorization to Commence or Cease Allotment from Pay of Employees/Retirees
 - To change beneficiary of benefit payments
 - An agent may **not** add himself/herself as a beneficiary, unless POA specifically authorizes agent to name himself/herself as beneficiary

The attached Limited Power of Attorney form is available for use.

The POA becomes void at the earliest of any of the following events:

- The Principal terminates the POA. The Settlement Fund encourages a written Revocation of POA by the member before the Settlement Fund discontinues honoring a previously accepted POA.
- The POA expires according to its terms.
- The Principal is deemed deceased, incompetent, or incapacitated.
- 2 years from the date the POA was executed (the POA must be renewed every 2 years).

To revoke or terminate a Limited POA, the member must submit a written notification to the Settlement Fund at ISA Drive Capitol Hill, PO Box 501247, Saipan, MP 96950.

DISCLAIMER: The above guidelines are designed to provide helpful information on the Settlement Fund’s standards for accepting powers of attorney. The guidelines are not legal authority or legal advice and shall not to be relied on or cited as such.

SF-9 (06/2017)

LIMITED POWER OF ATTORNEY

I, _____ (*Member's Name*), whose address is _____, hereby appoint _____ (hereinafter "Agent") to act for me as my agent and attorney-in-fact with respect to the following matters pertaining to my account with the NMI Settlement Fund (hereinafter "Settlement Fund"):

INDEMNIFICATION AND RELEASE. I AGREE TO INDEMNIFY, DEFEND, AND HOLD HARMLESS the Settlement Fund, including the Trustee, the Administrator, attorneys, employees, and other staff (collectively, "the Settlement Fund Parties") from any claims, losses, or damages, including, without limitation, attorney's fees, arising from the Settlement Fund's actions taken in connection with the instruction, either oral or written, from my Agent with respect to the administration and management of my benefits.

DURATION AND TERMINATION. This Limited Power of Attorney shall be effective on _____, 20____, and shall be effective for a period of two (2) years from that date, or upon the Settlement Fund's receipt of written notice of my decision to revoke this Limited Power of Attorney, or of my death, incompetence, or incapacity, whichever is first to occur. The Settlement Fund Parties shall not be liable to me or my estate if they rely upon representations of my agent under this Limited Power of Attorney without actual knowledge my agent did not have power to act.

Dated this ____ day of _____, 20____.

PRINCIPAL

Only if Principal's signature is by mark:

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 Principal, known to me through valid, government-issued identification to be the person whose name is signed on the preceding Limited Power of Attorney, and acknowledged to me that he/she voluntarily executed the same for its stated purpose.

NOTARY PUBLIC

My commission expires: _____

(Use only if Limited Power of Attorney signed by mark)

WITNESS ATTESTATION

We, the undersigned witnesses, do hereby declare and attest that _____ *(Principal's Name)* (hereinafter "Principal") voluntarily signed by mark the Limited Power of Attorney dated _____, 20____, and that to the best of our knowledge, the Principal 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 Principal, known to me through valid, government-issued identification to be the person whose name is signed by mark on the preceding Limited Power of Attorney 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: _____