



NMI SETTLEMENT FUND

POST OFFICE BOX 501247, SAIPAN, MP 96950

REQUEST FOR CHANGE OF ADDRESS

INSTRUCTIONS: To notify the NMI Settlement Fund of a change in address, complete and forward this form with a picture ID to the NMISF address below. The information will help insure that NMISF correspondence and any NMISF benefits to which you may be entitled are sent to your correct address. Disclosure is voluntary. However, if the information is not furnished, your mail may be lost or delayed and benefit payments, if any, may be suspended.

I, _____, an annuitant of the Northern Mariana Islands Settlement Fund, am requesting a change of my residence address to the following:

NEW ADDRESS: _____

CONTACT NO.: () _____ E-mail Address: _____

I am receiving benefits as a (*check appropriate box(es)*):

- Retiree
- Surviving Spouse
- Other: _____
- Surviving Child (I am over 18 years of age)
- Legal Guardian

I understand that my benefit payment is due on the fifteenth and last day of each month and should a payday fall on a holiday or weekend, payment shall be due on the preceding work day. This designation shall be valid until amended or revoked, in writing, by me.

Dated this _____ day of _____, 20____.

Annuitant's Signature

U.S. Social Security Number

ACKNOWLEDGMENT

ON THIS ____ DAY OF _____, 20____, before me personally appeared _____, known to me to be the person whose signature appears on this instrument and acknowledge that he/she executed the same for the purpose set forth herein.

YOU MAY HAVE WITNESSED BY FUND STAFF INTSEAD OF BEING NOTARIZED:

Staff Name: _____

Signature: _____

Annuitant ID: _____

NOTARY PUBLIC
My Commission expires on _____

SF-1C (REV.01/2015)