



NMI SETTLEMENT FUND

POST OFFICE BOX 501247, SAIPAN, MP 96950

Application AND Authorization to Commence OR Cease Allotment from Pay of Employees/Retirees

Social Security Number:

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NAME OF ALLOTTER <i>(Last, First, Middle Initial)</i>	NAME OF ALLOTTER <i>(Last, First, Middle Initial)</i>
ADDRESS OF ALLOTTER <i>(PO Box or Number, Street, City State Zip Code)</i>	ADDRESS OF ALLOTTER <i>(PO Box or Number, Street, City State Zip Code)</i>
TYPE OF PAYMENT <i>(Check all that apply)</i> <input type="checkbox"/> Retiree <input type="checkbox"/> Surviving Child <input type="checkbox"/> Surviving Spouse <input type="checkbox"/> Employee/Other	TYPE OF PAYMENT <i>(Check all that apply)</i> <input type="checkbox"/> Retiree <input type="checkbox"/> Surviving Child <input type="checkbox"/> Surviving Spouse <input type="checkbox"/> Employee/Other
IF EMPLOYED, SECTION:	IF EMPLOYED, SECTION:
AMOUNT OF BI-WEEKLY ALLOTMENT <i>(Amount in Words/Figures)</i>	AMOUNT OF BI-WEEKLY ALLOTMENT <i>(Amount in Words/Figures)</i>
/\$	/\$
BEGIN ALLOTMENT <i>(Starting Pay Period)</i>	CEASE ALLOTMENT <i>(Starting Pay Period)</i>
NAME AND ADDRESS OF BANK/INSTITUTION	NAME AND ADDRESS OF BANK/INSTITUTION
CREDIT ALLOTMENT TO ACCOUNT NUMBER:	CEASE ALLOTMENT TO ACCOUNT NUMBER:
TYPE OF ACCOUNT <i>(Check one box)</i> <input type="checkbox"/> SAVINGS <i>(Attach copy of savings statement or passbook)</i> <input type="checkbox"/> CHECKING <i>(Attach pre-printed deposit ticket from your Checkbook)</i>	PLEASE TELL US WHY YOU ARE DISCONTINUING THIS ALLOTMENT <i>(Optional – this information can help improve our services)</i>
BANK ROUTING NUMBER:	
REQUEST AND APPROVAL TO COMMENCE ALLOTMENT <i>I HEREBY request and authorize allotment to be paid at the end of each Pay Period from my pay, as requested above and subject to approval, and to continue from the period stated until revoked by me in writing.</i>	REQUEST & APPROVAL TO CEASE ALLOTMENT <i>I HEREBY request and authorize discontinuance of previously authorized and approved allotment from my pay as indicated above.</i>
FULL SIGNATURE OF ALLOTTER / DATE	FULL SIGNATURE OF ALLOTTER / DATE
APPROVED / DATE	APPROVED / DATE

SF-1F (REV. 01/2015)