



# NMI SETTLEMENT FUND

POST OFFICE BOX 501247, SAIPAN, MP 96950

## APPLICATION FOR IDENTIFICATION CARD

*(Please type or print)*

**To the Applicant:**

You must present valid identification with your completed form. You must also sign the back of the card and provide a 1" x 1" photo of yourself before laminating your card.

The Identification card is a valid ID, and may serve for any other purpose.

Thank you

**Mark One Box:**     Retiree     Surviving Spouse     Disability Annuitant

|                                                                       |  |                                                                                                                                              |        |
|-----------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------|--------|
| NAME: Last, First Middle                                              |  | SOCIAL SECURITY NUMBER:                                                                                                                      |        |
| DATE OF BIRTH: (Month/Day/Year)                                       |  | WEIGHT                                                                                                                                       | HEIGHT |
| MAILING ADDRESS: (PO Box or Street Name)                              |  |                                                                                                                                              |        |
|                                                                       |  |                                                                                                                                              |        |
| GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female |  | LAST DUTY STATION OR RESIDENCE IN THE CNMI:<br><input type="checkbox"/> Saipan <input type="checkbox"/> Rota <input type="checkbox"/> Tinian |        |
| RETIREMENT DATE/ DATE BENEFIT BEGAN:                                  |  | SIGNATURE/DATE:<br><br>(X)                                                                                                                   |        |

SF-1G (REV 01/2015)