



NMI SETTLEMENT FUND

POST OFFICE BOX 501247, SAIPAN, MP 96950

CLEARANCE FOR REFUND OF CONTRIBUTIONS

Instructions:

Please attach this form to the Fund's form, *Application for Refund of Contributions*, plus a copy of your Notification of Personnel Action effectuating your resignation. Thank you.

I. AUTHORIZATION - To be completed by Applicant	
Name: _____	SSN: _____
Title: _____	Dept: _____
I declare under penalty of perjury that I have resigned my position and hereby request the Director of Finance (DOF) / Agency Head to verify my resignation from the position indicated above in connection with my request for refund of my retirement contributions. I also authorize the release of any information/documents by the NMI Retirement Fund. (False information is subject to 1 CMC §8356.)	
_____	_____
Signature of Applicant	Date
II. VERIFICATION - To be completed by Director of Finance/Head of autonomous agency	
Effective date of termination action: _____	
Accrued Annual Leave Lump Sum Paid:	
Yes <input type="checkbox"/>	Date: _____
No <input type="checkbox"/>	Reason: _____
Final paycheck issued:	
Yes <input type="checkbox"/>	Date: _____
No <input type="checkbox"/>	Reason: _____
The information provided above regarding the application is true and correct, based on our records.	
Print/Type Name: _____	
Signature: _____	Date: _____
III. CERTIFICATION - To be completed by department/activity head	
I HEREBY CERTIFY, under penalty of perjury, that the applicant has resigned from his/her position and accordingly separated from service pursuant to applicable rules and regulations.	
Print/Type Name: _____	
Signature: _____	Date: _____

SF-6B (REV. 01/2015)