



NMI SETTLEMENT FUND

POST OFFICE BOX 501247, SAIPAN, MP 96950

ACKNOWLEDGMENT OF RECEIPT FOR REFUND OF CONTRIBUTIONS

Name: _____ SSN: _____

Forwarding Address: _____

Amount of Refund: \$ _____ Check No. _____

Last Place of Employment: _____

Separation Date: _____

I hereby acknowledge receipt of my contributions, including any interest, the amount of which is indicated above. As a result, I hereby waive any future right, interest, benefit of claims against the NMI Settlement Fund for as long as I am not a contributing member.

I declare and promise that I will notify the NMI Settlement Fund within seven (7) days of employment if I return to government service in any position, whether or not requiring Fund membership.

SIGNATURE

DATE

SF-6D (REV. 01/2015)