



NMI SETTLEMENT FUND

POST OFFICE BOX 501247, SAIPAN, MP 96950

INACTIVE MEMBER'S APPLICATION FOR REFUND OF CONTRIBUTIONS

Name: _____ S.S.N.: _____

Address: _____

Formerly Employed by: _____

Date of Employment: _____ Date of Separation: _____

Contact No.: _____ Authorization to disburse refund: *Attach Form SF-6C*

MEMBERSHIP CLASS	Class I <input type="checkbox"/>	Class II <input type="checkbox"/>
MEMBER HOME LOAN RECIPIENT	Yes <input type="checkbox"/>	No <input type="checkbox"/>

I hereby make this application to the Trustee, NMI Settlement Fund, for a Refund of all my contributions and accrued interest, if any, accruing to my credit in the Fund. Upon receipt of the Refund, I hereby acknowledge that by that fact, my survivors, beneficiaries and I have forfeited, waived, and relinquished all accrued rights and benefits in the system, including all credited and creditable service.

In accordance with 1 CMC § 8356, I understand that the Refund will be made within a period not to exceed three months after receipt of my application, provided all required documents are submitted to the Fund

Signature of Applicant

Date

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.

NOTARY PUBLIC
My Commission expires on _____

<p>YOU MAY HAVE WITNESSED BY FUND STAFF INTSEAD OF BEING NOTARIZED:</p> <p>Staff Name: _____</p> <p>Signature: _____</p> <p>Annuitant ID: _____</p>
