



NMI SETTLEMENT FUND

POST OFFICE BOX 501247, SAIPAN, MP 96950

APPLICATION FOR RETIREMENT ANNUITY

I HEREBY APPLY FOR RETIREMENT ANNUITIES PAYABLE UNDER THE LAWS OF THE NORTHERN MARIANA ISLANDS SETTLEMENT FUND:		
1. FULL NAME (First, Middle, Last)		2. U.S. SOCIAL SECURITY NUMBER / /
3. MAILING ADDRESS		4. E-MAIL ADDRESS
5. GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	4. CONTACT NUMBERS Home: () Work: () Mobile: ()	5. RESIDENCE (VILLAGE)
8. MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Other		6. CITIZENSHIP
9. NAME OF SPOUSE (First, Middle, Last)		7. DATE OF BIRTH / /
10. DATE OF BIRTH / /		11. U.S. SOCIAL SECURITY NUMBER / /
12. ELECTION TO ACCEPT FIVE (5) YEAR BONUS OF NMI CONSTITUTION, ARTICLE III, §20 (b) I understand that by electing to avail of the five (5) year bonus pursuant to NMI Const. Art. III, §20 (b), I may be subject to suspension or forfeiture of pension payments if re-employed by the Commonwealth Government, or any of its instrumentalities or agencies in accordance with the limitations set forth therein.		
<input type="checkbox"/> YES, I elect to avail of the 5-yr bonus <input type="checkbox"/> NO, I do not elect to avail of the 5-yr bonus		

I hereby submit the following documents in support of this application:

- Service Computation data from Personnel Office
- Earnings records from Division of Revenues and Taxation, Form W-2 (Three Highest Earnings)
- Birth Certificates (Self/Spouse/Children under 18 years of age)
- Marriage Certificate (if married)
- Personnel action for resignation or termination
- S.S.# (Spouse/Children under 18 years of age)
- Most Current Payroll Check Stub/Statement

I UNDERSTAND THAT ANY PERSON WHO KNOWINGLY MAKES FALSE STATEMENT, OR FALSIFIES OR PERMITS TO BE FALSIFIED ANY RECORDS IN AN ATTEMPT TO DEFRAUD THE RETIREMENT FUND, IS GUILTY OF A MISDEMEANOR, PUNISHABLE, THEREFORE, UNDER THE LAWS OF THE COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS. THE FUND HAS THE RIGHT TO RECOVER ANY PAYMENT MADE UNDER FALSE REPRESENTATIONS. I AFFIRM THAT THE INFORMATION I HAVE GIVEN ON THIS DOCUMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature of Applicant

Date

APPLICATION FOR RETIREMENT ANNUITY (cont.)

SINGLE SUM DEATH BENEFIT AND/OR REFUND OF CONTRIBUTIONS

I HEREBY DESIGNATE the following beneficiary(ies) to receive the Single Sum Death Benefit and/or any refund from the Fund upon my death. This designation will remain in effect unless changed by me *in writing*.

Name of Beneficiary	S.S. Number	Relationship	% Share
	/ /		
	/ /		
	/ /		

DEPENDENT CHILDREN AT TIME OF RETIREMENT

<i>Age(s) Seventeen (17) and Under</i>		<i>Age(s) 18 to 22 – Full Time Student</i>	
Name	DOB	Name	DOB
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