



NMI SETTLEMENT FUND

POST OFFICE BOX 501247, SAIPAN, MP 96950

ACKNOWLEDGMENT OF RECEIPT FOR SINGLE SUM DEATH BENEFIT AND/OR REFUND OF CONTRIBUTIONS OF DECEASED MEMBER

Name of Beneficiary: _____

SSN: _____ Date of Birth: _____

Present Address: _____

Permanent Address: _____

Amount of Check: \$ _____ Check No. _____

I hereby acknowledge receipt of the single sum death benefit and/or refund of contributions as a designated beneficiary of _____, the amount of which is indicated above.

SIGNATURE

DATE

SF-5C (REV. 12/2014)