



NMI SETTLEMENT FUND

POST OFFICE BOX 501247, SAIPAN, MP 96950

APPLICATION FOR CHANGE OF BENEFICIARY

Name: _____

S.S.N.: _____ Date of Birth: _____

Present Address: _____

I hereby designate the person(s) listed below as my beneficiary(ies) to receive the Single Sum Death benefit and/or refund of contribution payable by the Settlement Fund on my behalf in accordance with the Retirement Fund laws, rules and/or regulations. *Any and all previous designations of beneficiaries shall become null and void.*

Name of Beneficiary	S.S. Number	Relationship	% Share

(Use space on back for additional beneficiaries, if necessary)

Signature of Member/Retiree

Date

Only if above is signed by mark:

Witness 1:

Print Name/Signature

Date

Witness 2:

Print Name/Signature

Date

SF-1A (Rev. 03/2018)

(Use only if Application for Change of Beneficiary signed by mark)

WITNESS ATTESTATION

We, the undersigned witnesses, do hereby declare and attest that _____ (*Member's Name*) (hereinafter "Member") voluntarily signed by mark the Application for Change of Beneficiary dated _____, 20____, and that to the best of our knowledge, the Member is of sound mind, and under no constraint or undue influence.

WITNESS 1

WITNESS 2

ACKNOWLEDGMENT OF NOTARY PUBLIC

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS) SS.

On this ____ day of _____, 20____, before me personally appeared _____, the Member, known to me through valid, government-issued identification to be the person whose name is signed by mark on the preceding Application for Change of Beneficiary before _____ (Witness 1) and _____ (Witness 2), and acknowledged to me that he/she voluntarily executed the same for its stated purpose.

NOTARY PUBLIC

My commission expires: _____