NMI SETTLEMENT FUND

ANNUITY RECIPIENT INFORMATION UPDATE

INSTRUCTIONS:
1) **PLEASE TYPE OR PRINT LEGIBLY.** Answer all questions.
2) Sign this form before a Notary Public **or** a NMI Settlement Fund staff member.
3) Provide a copy of the applicable items below.
4) Submit by email to info@nmisf.com, mail, or fax, or at the Fund office. If sent by fax, send original to the address above.

▶ *SERVICE BENEFIT ANNUITANTS:*

☐ **Valid Driver's License, Passport, or other ID issued within the past 5 years (required)**

☐ **Certified Divorce Decree and Final Judgment, Certified Adoption Decree, or other certified court orders (if none on file)**

▶ *ANNUITANTS RECEIVING DISABILITY OR SURVIVING SPOUSE BENEFITS:*

☐ **Last Year's Income Tax Return (required)**

☐ **Valid Driver's License, Passport, or other ID issued within past 5 years (required)**

1. NAME OF ANNUITANT (LAST NAME, FIRST NAME, MIDDLE INITIAL)	2. U.S. SOCIAL SECURITY NUMBER / /

3. TYPE OF ANNUITY

☐ Retirement ☐ Disability ☐ Survivor*

*If survivor, name of deceased Retiree:
_____

4. MARITAL STATUS

☐ Married ☐ Single ☐ Divorced* ☐ Widowed

*For service benefit annuitants, see instructions regarding court orders above.

5. CURRENT MAILING ADDRESS	6. E-MAIL ADDRESS *(By providing an email address, you consent to service of documents by email.)*

7. CONTACT NUMBERS Home: Mobile: Work:

8. CHILDREN *(For service benefit annuitants, see instructions regarding court orders above.)*
Age(s) Seventeen (17) and Under

9. INDICATE MAILING OR ALLOTMENT PROBLEMS ENCOUNTERED

Name	DOB
	/ /
	/ /
	/ /
	/ /
	/ /
	/ /

10. RESIDENTIAL ADDRESS (*Only if you live in the CNMI*)
Street Name   Village

Sketch of Residential Location

SIGNATURE:

_____
MEMBER   **DATE**

Only if signature is by mark:

WITNESS 1   **WITNESS 2**

_____   _____
PRINT NAME/SIGNATURE   **DATE**   **PRINT NAME/SIGNATURE**   **DATE**

ACKNOWLEDGMENT

ON THIS _____ **DAY OF** _____, **20**___, before me personally appeared _____, known to me through valid, government-issued identification to be the person whose name is signed in this instrument, and acknowledged to me that he/she voluntarily executed the same for the purpose set forth herein.

_____
NOTARY PUBLIC

My commission expires: _____

IF YOU ARE CURRENTLY RESIDING IN THE CNMI, PLEASE HAVE WITNESSED BY FUND STAFF:

Staff Name: _____

Signature: _____

Annuitant ID: _____