



NMI SETTLEMENT FUND

POST OFFICE BOX 501247, SAIPAN, MP 96950

ANNUITY RECIPIENT INFORMATION UPDATE 2021

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, and additional items based on answers to questions in this form.
- 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)
- ☐ Application for Beneficiary of Death Benefit/Refund of Contributions (SF-1A) (required due to updated form language)

► ANNUITANTS RECEIVING DISABILITY OR SURVIVING SPOUSE BENEFITS:

- ☐ 2020 Filed Income Tax Return (required)
- ☐ Valid Driver's License, Passport, or other ID issued within past 5 years (required)

DEADLINE FOR SUBMISSION:

Off-Island Annuitants: August 30, 2021

CNMI Annuitants: September 30, 2021

1. NAME OF ANNUITANT (LAST NAME, FIRST NAME, MIDDLE INITIAL)		2. U.S. SOCIAL SECURITY NUMBER / /	
3. TYPE OF ANNUITY <input type="checkbox"/> Retirement <input type="checkbox"/> Disability <input type="checkbox"/> Survivor* *If survivor, name of deceased Retiree: _____		4. MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced* <input type="checkbox"/> Widowed *If Divorced, provide Divorce Decree and Final Judgment <i>certified by the issuing court within a week of submission of this form if none on file</i> . If in the process of divorce, provide Divorce Decree and Final Judgment <i>certified by the issuing court upon issuance</i> .	
5.a. CURRENT MAILING ADDRESS		6. E-MAIL ADDRESS (By providing an email address, you consent to service of documents by email.)	
5.b. RESIDENTIAL ADDRESS (Only if you live in the CNMI) Street Name Village			
7. CONTACT NUMBERS Home: Mobile: Work:			
8. CHILDREN Age(s) 17 and Under			
NAME		DOB	
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	

SF-200 (REV. 7/2021)

FOR SERVICE BENEFIT ANNUITANTS*Answer additional questions and provide documentation as necessary.*

9.a. Have you returned to government service under an employment or consulting contract with the NMI government or its public corporations or agencies in the last 6 years?	<input type="checkbox"/> Yes* <input type="checkbox"/> No *If Yes, Date(s) of Employment and Name(s) of Employer: _____ Provide Notices of Personnel Action ("NOPA") or copy of contract(s) if none on file.
9.b. Have you adopted a minor child?	<input type="checkbox"/> Yes* <input type="checkbox"/> No *If Yes, provide Adoption Decree <i>certified by the issuing court within a week of submission of this form if none on file.</i>
9.c. Do you have a minor child who has been diagnosed by two licensed physicians to be permanently physically or mentally disabled before age 18?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.d. Is the account name to which your benefits are currently deposited still in your name (includes joint/shared account)?	<input type="checkbox"/> Yes <input type="checkbox"/> No* *If No, complete Form SF 1-F Application AND Authorization to Commence OR Cease Allotment with new account number in your name.

FOR SURVIVING SPOUSES*Answer additional questions and provide documentation as necessary.*

10.a. Have you remarried, or do you plan to remarry in the next year?	<input type="checkbox"/> Yes* <input type="checkbox"/> No *If Yes, provide certified copy of marriage certificate if none on file; or if you plan to remarry, provide date: _____
10.b. Has an executor, administrator or other official been appointed by the court to settle the estate of the deceased retiree, or will one be appointed?	<input type="checkbox"/> Yes* <input type="checkbox"/> No *If Yes, name of executor, administrator or other court-appointed official, or name of individual who will be appointed, and contact number or email: _____ Provide a copy of court order if executor, administrator or other official appointed by court.
10.c. If you are currently receiving surviving child benefits, are you still responsible for the welfare and care of the child for whom you are receiving benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> Not applicable *If No, name and contact information of legal guardian and provide a copy of guardianship order certified by the issuing court within a week of submission of this form: _____
10.d. If your child is receiving disabled child benefits, has your child's condition improved?	<input type="checkbox"/> Yes Date on which child's condition improved: _____ <input type="checkbox"/> No <input type="checkbox"/> Not applicable

FOR DISABILITY BENEFIT ANNUITANTS*Answer additional questions and provide documentation as necessary.*

11.a. Are you currently receiving benefits from U.S. Social Security, workers' compensation insurance or any other insurance covering disability?	<input type="checkbox"/> Yes* <input type="checkbox"/> No *If Yes, provide certification of benefits by U.S. Social Security or insurance company, or a statement of benefits from U.S. Social Security or insurance company.
11.b. Have you received benefits from U.S. Social Security, workers' compensation insurance or any other insurance covering disability in the last six years?	<input type="checkbox"/> Yes* <input type="checkbox"/> No *If Yes, provide certification of benefits by U.S. Social Security or insurance company, or a statement of benefits from U.S. Social Security or insurance company covering the last six years.

12. SIGNATURE

I understand that any person who knowingly makes any false statement, or falsifies any record in an attempt to defraud the Settlement Fund is guilty of a misdemeanor, and shall be punishable under the laws of the Commonwealth of the Northern Mariana Islands. The Settlement Fund shall have the right to recover any payments made under false representations. I affirm that all information I have given on this document is true and correct to the best of my knowledge.

Only if Member's signature is by mark:

MEMBER'S SIGNATURE

DATE

WITNESS 1 - PRINT NAME AND SIGNATURE

DATE

WITNESS 2 - PRINT NAME AND 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, YOU MAY HAVE WITNESSED BY FUND STAFF IF FORM IS NOT NOTARIZED:

Date: _____ Annuitant ID: _____

Staff Name & Signature: _____

Settlement Fund Log No.: _____

FOR SETTLEMENT FUND USE ONLY

SERVICE BENEFIT ANNUITANTS	Complete	Date Received
Valid ID		
Application for Beneficiary of Death Benefit/Refund		
Certified Divorce Decree (if marked in question 4)		
NOPA or Employment Contract(s) (if Yes to question 9.a.)		
Certified Adoption Decree (if Yes to question 9.b.)		
Form SF 1-F (if No to question 9.d.)		

SURVIVING SPOUSES	Complete	Date Received
Valid ID		
2020 Filed Income Tax Return		
Affidavit of Surviving Spouse and Letter of Justification		
Marriage Certificate (if Yes to remarriage in question 10.a.)		
Court Order re Executor, Administrator, or Other Official (if Yes to question 10.b.)		
Certified Guardianship Order, if any (if No to question 10.c.)		

DISABILITY BENEFIT ANNUITANTS	Complete	Date Received
Valid ID		
2020 Filed Income Tax Return		
Certification/Statement of current benefits by U.S. Social Security or insurance company (if Yes to question 11.a.) and for the last 6 years (if Yes to question 11.b.)		

(Below only applies if Annuity Recipient Information Update is 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 Annuity Recipient Information Update 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

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 Annuity Recipient Information Update
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: _____