NMI SETTLEMENT FUND

POST OFFICE BOX 501247, SAIPAN, MP 96950

ANNUITY RECIPIENT INFORMATION UPDATE
2023

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 only if no valid ID on file)**

☐ **W-2 for all periods of reemployment (required only for those currently reemployed by the NMI Government, if none on file)**

▶ ***ANNUITANTS RECEIVING DISABILITY OR SURVIVING SPOUSE BENEFITS:***

☐ **2022 Filed Income Tax Return (required)**

☐ **Valid Driver's License, Passport, or other ID issued within past 5 years (required only if no valid ID on file)**

DEADLINE FOR SUBMISSION:
September 29, 2023
Only complete forms and supporting documents will be accepted.

1. NAME OF ANNUITANT/RETIREE (LAST NAME, FIRST NAME, MIDDLE INITIAL)	**2. U.S. SOCIAL SECURITY NUMBER** / /
3. TYPE OF ANNUITY ☐ Retirement ☐ Disability ☐ Survivor* ☐ Not applicable, currently reemployed by the NMI Government. *If survivor, name of deceased Retiree: _____	**4. MARITAL STATUS** ☐ Married* ☐ Single ☐ Divorced** ☐ Widowed *If Married, Name of Spouse: _____ **Provide copy of official marriage record if none on file.** **If Divorced, provide Divorce Decree and Final Judgment *certified by the issuing court* **if none on file**. If in the process of divorce, provide Divorce Decree and Final Judgment *certified by the issuing court* upon issuance.
5.a. CURRENT MAILING ADDRESS **5.b. RESIDENTIAL ADDRESS *(Only if you live in the CNMI)*** **Street Name** **Village**	**6. E-MAIL ADDRESS *(By providing an email address, you consent to service of documents, including, but not limited to, forms, certifications, 1099-R, and correspondence, by email.)*** _____ ☐ Mark if you would also like documents sent by mail.
7. CONTACT NUMBERS Home:	Mobile: Work:

8. CHILDREN **Age(s) 17 and Under**

NAME	DOB
	/ /
	/ /
	/ /
	/ /
	/ /

Tel: 670.322.3863 ▪ Fax: 670.664.8080 ▪ Email: info@nmisf.com
https://www.nmisf.com

FOR SERVICE BENEFIT ANNUITANTS (including reemployed retirees) *Answer additional questions and provide documentation as necessary.*	
9.a. Have you returned to government service in the last year or are you currently under an employment or consulting contract with the NMI government or its public corporations?	☐ Yes* ☐ 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?	☐ Yes* ☐ No *If Yes, provide Adoption Decree *certified by the issuing court* **if none on file**.
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?	☐ Yes ☐ No
9.d. Has there been a change to the name on the account to which your benefits are currently deposited (includes joint/shared account)?	☐ Yes* ☐ No ☐ Not applicable (only for reemployed retirees who are not currently receiving benefit payments) *If Yes, 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?	☐ Yes* ☐ No *If Yes, provide official marriage record 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?	☐ Yes* ☐ 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?	☐ Yes ☐ No* ☐ 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?	☐ Yes Date on which child's condition improved: _____ ☐ No ☐ Not applicable
FOR DISABILITY BENEFIT ANNUITANTS ***Answer additional questions and provide documentation as necessary.***	
11. Are you currently receiving benefits or have you received benefits in the last year from U.S. Social Security, workers' compensation insurance or any other insurance covering disability?	☐ Yes* ☐ 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.

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 (including reemployed retirees)	**Complete**	**Date Received**
Valid ID (required only if none on file)		
W2s (required only if none on file)		
Official Marriage Record (only if none on file)		
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 Allotment (if Yes to question 9.d.)		

SURVIVING SPOUSES	**Complete**	**Date Received**
Valid ID (required only if none on file)		
2022 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 (required only if none on file)		
2022 Filed Income Tax Return		
Certification/Statement of current benefits by U.S. Social Security or insurance company (if Yes to question 11)		

(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: _____