

## NMI SETTLEMENT FUND

POST OFFICE BOX 501247, SAIPAN, MP 96950

## **REQUEST FOR CHANGE OF ADDRESS**

**INSTRUCTIONS:** To notify the NMI Settlement Fund of a change in address, complete and forward this form <u>with a picture ID</u> to the NMISF address below. The information will help insure that NMISF correspondence and any NMISF benefits to which you may be entitled are sent to your correct address. Disclosure is voluntary. However, if the information is not furnished, your mail may be lost or delayed and benefit payments, if any, may be suspended.

l,		, an a	nnuitant of the Northern Mariana Islands	
Settlement Fund, am re	questing a change of	of my residence addr	ess to the following:	
NEW ADDRESS:				
		4-		
CONTACT NO.: (	)	E-mail Address:		
I am receiving benefits	as a (check appropri	ate box(es):		
Retiree		Surv	viving Child (I am over 18 years of age)	
Surviving Spouse		Lega	Legal Guardian	
Other:				
	y or weekend, paym	ent shall be due on	and last day of each month and should a the preceding work day. This designation	
Dated this	_ day of	, 20		
Annui	tant's Signature		U.S. Social Security Number	
		ACKNOWLEDGMENT		
			peared, known to nowledge that he/she executed the same for the	
YOU MAY HAVE WITNESSED BY FUND STAFF INTSEAD OF BEING NOTARIZED:			NOTARY PUBLIC	
Staff Name:			My Commission expires on	
Signature:				
Annuitant ID:			SF-1C (REV.01/2015)	