



# NMI SETTLEMENT FUND

POST OFFICE BOX 501247, SAIPAN, MP 96950

## AFFIDAVIT OF SURVIVING CHILD

I, \_\_\_\_\_, whose date of birth is \_\_\_\_\_ and Social Security No. is \_\_\_\_\_, hereby submit this Affidavit declaring that:

1. I am the child of \_\_\_\_\_ (*Name of Retiree*), who is a member of the NMI Settlement Fund. My contact information is as follows:

<b>Current Mailing Address:</b>	<b>Residential Address (<i>Only if you live in the CNMI</i>):</b> Street Name _____ Village _____
<b>Contact Numbers:</b> Home: _____ Mobile: _____  Work: _____	<b>E-mail Address:</b> _____  <input type="checkbox"/> Mark if you would also like documents sent by mail.

2. I have not remarried and remain eligible to receive survivor benefits.
3. I am enrolled full-time at an accredited college or university or educational institution.
4. I am submitting this Affidavit for the purpose of obtaining continued survivor benefits.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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### ACKNOWLEDGMENT OF NOTARY PUBLIC

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS ) SS.

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 on the preceding Affidavit of Surviving Child, and acknowledged to me that he/she voluntarily executed the same for its stated purpose.

\_\_\_\_\_  
NOTARY PUBLIC

My commission expires: \_\_\_\_\_

SF-11 (8/2025)