



APPLICATION FOR BENEFICIARY OF DEATH BENEFIT/REFUND OF CONTRIBUTIONS

I hereby designate the person(s) listed below as my ***primary beneficiary(ies)*** to receive the Single Sum Death benefit amounting to \$1,000.00 and/or refund of contributions of which only 75% of which is required to be paid under the Settlement Agreement by the Settlement Fund on my behalf in accordance with the applicable Retirement Fund laws, rules and/or regulations. ***Any and all previous designations of beneficiaries shall become null and void.***

Name of Primary Beneficiary & Relationship <i>(if beneficiary is a minor child, indicate child's parent or legal guardian)</i>	SSN	Date of Birth	Address	Phone No. & Email <i>(if any)</i>	% Share <i>(must equal 100%)</i>

In the event the primary beneficiary(ies) above predecease me, I hereby designate the following as my ***contingent beneficiary(ies)***.

Note: If you do not provide a contingent beneficiary(ies) and have no survivors, the following individuals will receive the death benefit and/or refund of contributions pursuant to 1 CMC §§ 8348 and 8349, in the following order of priority: (1) surviving spouse if no surviving children, (2) surviving children if no surviving spouse, (3) surviving spouse and surviving children, (4) surviving parents, (5) surviving siblings, (6) member's estate.

If you do not provide a contingent beneficiary(ies) and have survivors, the funds will be payable to your estate.

Name of Contingent Beneficiary & Relationship <i>(if beneficiary is a minor child, indicate child's parent or legal guardian)</i>	SSN	Date of Birth	Address	Phone No. & Email <i>(if any)</i>	% Share <i>(must equal 100%)</i>

Signature of Member/Retiree Date

Only if Member/Retiree's signature above is by mark:

Witness 1:

Witness 2:

Print Name/Signature Date

Print Name/Signature Date

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 Application for Beneficiary of Death Benefit/Refund of Contributions, and acknowledged to me that he/she voluntarily executed the same for its stated purpose.

NOTARY PUBLIC

My commission expires: _____

IF YOU ARE CURRENTLY RESIDING IN THE CNMI, IN LIEU OF A NOTARY, YOUR SIGNATURE MAY BE WITNESSED BY SETTLEMENT FUND STAFF.

Date: _____

Annuitant ID: _____

☐ Copy of Annuitant ID (*must attach a copy of ID presented to staff*)

Staff Name & Signature: _____

Settlement Fund Log No.: _____

(Use only if Application for Beneficiary of Death Benefit/Refund of Contributions 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 Application for Beneficiary of Death Benefit/Refund of Contributions 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 Application for Beneficiary of Death Benefit/Refund of Contributions 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: _____