



NMI SETTLEMENT FUND

POST OFFICE BOX 501247, SAIPAN, MP 96950

APPLICATION FOR SURVIVOR'S ANNUITY

VALID DRIVER'S LICENSE, ID CARD, OR PASSPORT REQUIRED

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|--|-----------------------------------|--|---|
| 1. NAME OF APPLICANT (First, Middle, Last) | | 2. U.S. SOCIAL SECURITY NUMBER / / | |
| 3. MAILING ADDRESS | | 4. DATE OF BIRTH / / | |
| 5. CONTACT NUMBERS: | | | |
| HOME PHONE: | WORK PHONE: | CELL PHONE: | E-MAIL ADDRESS: |
| 6. NAME OF DECEASED MEMBER | | 7. U.S. SOCIAL SECURITY NUMBER / / | 8. RELATIONSHIP OF APPLICANT TO DECEASED MEMBER <input type="checkbox"/> Wife <input type="checkbox"/> Husband <input type="checkbox"/> Child(ren) |
| 9. MEMBER'S DATE OF BIRTH / / | 10. MEMBER'S DATE OF DEATH / / | 11. MEMBER'S PLACE OF DEATH | |
| 12. LIST THE DECEASED'S UNMARRIED CHILD(REN), AGES 17 YEARS AND UNDER ON MEMBER'S DATE OF DEATH. START WITH OLDEST CHILD. | | | IS CHILD DISABLED? DATE DISABLED |
| NAME OF CHILD | DATE OF BIRTH | NAME OF SCHOOL | |
| | / / | | / / |
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| | / / | | / / |
| 13. IF THE CHILD(REN), NAMED ABOVE IS/ARE NOT LIVING WITH YOU, PLEASE COMPLETE THE FOLLOWING: | | | |
| NAME OF CHILD | NAME AND ADDRESS OF GUARDIAN | | RELATIONSHIP |
| | | | |
| 14. IN CONSIDERATION OF ANY BENEFITS THAT I AND/OR MY CHILD(REN) MAY BE ENTITLED, I PROMISE TO NOTIFY THE SETTLEMENT FUND PROMPTLY IF ANY OF THE FOLLOWING OCCURS: | | | |
| A. I remarry. | | | |
| B. I change my address and/or address of my children. | | | |
| C. I no longer have responsibility for the welfare and care of any child for whom I am receiving annuity payments. | | | |
| D. Any child marries or dies. | | | |
| E. Any child, ages 18 to 22, is no longer a full-time student. | | | |
| F. If condition of any child, disabled before age 18, improves. | | | |
| 15. IN SUPPORT OF THIS APPLICATION, I HEREBY SUBMIT ALL APPLICABLE DOCUMENTS AS REQUIRED: | | | |
| A. IF DECEASED WAS A RETIREEE: | | B. IF DECEASED WAS NOT A RETIREEE: | |
| Birth Certificate for me & my child(ren) named | | Service computation data from Personnel Office | |
| Marriage Certificate | | Earnings record from Div. of Revenue & Taxation, Form W-2 | |
| Death Certificate | | Birth Certificate for deceased, spouse & child(ren) named herein | |
| Adoption papers, if any child(ren) named above are adopted | | Death Certificate | |
| Court-appointed guardian papers | | Marriage Certificate | |
| Physician's Report supporting disability of child over age 18 incapable, either mentally or physically, of self-support | | Adoption papers, if any child(ren) named above are adopted | |
| | | Court-appointed guardian papers | |

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.

SIGNATURE

DATE