



# NMI SETTLEMENT FUND

POST OFFICE BOX 501247, SAIPAN, MP 96950

## CHECK DISBURSEMENT SELECTION

I, \_\_\_\_\_, an annuitant of the Northern Mariana Islands Settlement Fund, hereby grant authorization for my benefit payment to be issued as follows:

1.  *Allot*, net amount due, to my savings or checking account. *Attached is an allotment form and a deposit slip for allotment to my checking account, or a copy of my savings passbook or statement, as applicable.* Please mail my statement to the address below.

2.  *Mail* benefit, or quarterly statement if *Option 1* above is selected, to the following address:

\_\_\_\_\_  
\_\_\_\_\_

3.  Change of Address only

\_\_\_\_\_  
\_\_\_\_\_

I understand that my benefit payment is due on the fifteenth and last day of each month and should a payday fall on a holiday or weekend, payment shall be due on the preceding work day. This designation shall be valid until amended or revoked, **in writing**, by me.

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

\_\_\_\_\_  
Annuitant's Signature

\_\_\_\_\_  
U.S. Social Security Number

### ACKNOWLEDGMENT

ON THIS \_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_, before me personally appeared \_\_\_\_\_, known to me to be the person whose signature appears on this instrument and acknowledge that he/she executed the same for the purpose set forth herein.

NOTARY PUBLIC

My Commission expires on \_\_\_\_\_

YOU MAY HAVE WITNESSED BY FUND STAFF INTSEAD OF BEING NOTARIZED:

Staff Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Annuitant ID: \_\_\_\_\_

SF-1E (REV. 01/2015)