

NMI SETTLEMENT FUND

POST OFFICE BOX 501247, SAIPAN, MP 96950

ACKNOWLEDGMENT OF RECEIPT FOR SINGLE SUM DEATH BENEFIT AND/OR REFUND OF CONTRIBUTIONS OF DECEASED MEMBER

Name of Beneficiar	.у:	
SSN:		Date of Birth:
Present Address:	1.00	
	3	
Permanent Address:	:	
Amount of Check:	\$	Check No

I hereby acknowledge receipt of the single sum death benefit and/or refund of contributions as a designated beneficiary of ______, the amount of which is indicated above.

SIGNATURE

DATE

SF-5C (REV. 12/2014)

Tel: 670.322.3863 • Fax: 670.664.8080