

NMI SETTLEMENT FUND

POST OFFICE BOX 501247, SAIPAN, MP 96950

APPLICATION FOR REFUND OF CONTRIBUTIONS

Name:	45"		S.S.N.:		
Present Address:					
Permanent Address:					
Employed by:					-
Date of Employment: Date of Separ			tion:		
Contact No.:	and the contract of the contra				
MEMBERSHIP CLASS MEMBER HOME LOAN		Class I Yes	Class II	_	
contributions and accrued interest, Refund, I hereby acknowledge the waived, and relinquished all accand creditable service. In accordance with 1 CMC § 8 to exceed three months after receip to the Fund. I am enclosing a conseparation from government services.	at by that fact, rued rights and 356, I understa t of my applica opy of my Offi	, my survivor nd benefits in nd that the Re tion, provided	s, beneficiaries n the system, i efund will be mo all required do l Action as evi	s and I have including a ade within a cuments are dence of m	e forfeited, all credited a period not e submitted
Signature of Applicant (Application <u>not</u> valid if unsigned)			Date		
FOR FUND USE ONLY:			TOTAL VE	STING SE	RVICE
Total Contribution					
Total Interest			YEARS N	MONTHS	DAYS
Less 20% Tax Deduction	S <u><</u>	>			
	S <u><</u>	<u>></u>	PERIO	D COVERI	ED
Less 25% Settlement Agreement \$	S <u><</u>	<u> </u>	//	/	/
Total Refund	3		FROM		ТО
Computed by:			Date		
Reviewed by:				:	
Approved by:				:	
Note: Complete file must be rout	ed with this fo	orm.		SF-6A (Re	ev. 01/2015)

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