



NMI SETTLEMENT FUND

POST OFFICE BOX 501247, SAIPAN, MP 96950

APPLICATION FOR REFUND OF CONTRIBUTIONS

Name: _____ S.S.N.: _____

Present Address: _____

Permanent Address: _____

Employed by: _____

Date of Employment: _____ Date of Separation: _____

Contact No.: _____ Authorization to release to Other: Attach Form SF-6C

MEMBERSHIP CLASS

Class I

Class II

MEMBER HOME LOAN RECIPIENT

Yes

No

I hereby make this application to the Trustee, NMI Settlement Fund, for a Refund of all my contributions and accrued interest, if any, accruing to my credit in the Fund. Upon receipt of the Refund, I hereby acknowledge that by that fact, my survivors, beneficiaries and I have forfeited, waived, and relinquished all accrued rights and benefits in the system, including all credited and creditable service.

In accordance with 1 CMC § 8356, I understand that the Refund will be made within a period not to exceed three months after receipt of my application, provided all required documents are submitted to the Fund. I am enclosing a copy of my Official Personnel Action as evidence of my complete separation from government service.

Signature of Applicant
(Application not valid if unsigned)

Date

FOR FUND USE ONLY:		TOTAL VESTING SERVICE		
Total Contribution	\$ _____	_____	_____	_____
Total Interest	\$ _____	YEARS	MONTHS	DAYS
Less 20% Tax Deduction	\$ < _____ >	PERIOD COVERED ____/____/____ FROM ____/____/____ TO ____/____/____		
Less 10% Penalty Deduction	\$ < _____ >			
Less 25% Settlement Agreement	\$ < _____ >			
Total Refund	\$ _____			

Computed by: _____

Date: _____

Reviewed by: _____

Date: _____

Approved by: _____

Date: _____

Note: Complete file must be routed with this form.

SF-6A (Rev. 01/2015)