



# NMI SETTLEMENT FUND

POST OFFICE BOX 501247, SAIPAN, MP 96950

## CLEARANCE FOR REFUND OF CONTRIBUTIONS

**Instructions:**

Please attach this form to the Fund's form, *Application for Refund of Contributions*, plus a copy of your Notification of Personnel Action effectuating your resignation. Thank you.

<b>I. AUTHORIZATION - To be completed by Applicant</b>	
Name: _____	SSN: _____
Title: _____	Dept: _____
<p>I declare under penalty of perjury that I have resigned my position and hereby request the Director of Finance (DOF) / Agency Head to verify my resignation from the position indicated above in connection with my request for refund of my retirement contributions. I also authorize the release of any information/documents by the NMI Retirement Fund. (False information is subject to 1 CMC §8356.)</p>	
_____	_____
Signature of Applicant	Date
<b>II. VERIFICATION - To be completed by Director of Finance/Head of autonomous agency</b>	
Effective date of termination action:	_____
Accrued Annual Leave Lump Sum Paid:	
Yes <input type="checkbox"/>	Date: _____
No <input type="checkbox"/>	Reason: _____
Final paycheck issued:	
Yes <input type="checkbox"/>	Date: _____
No <input type="checkbox"/>	Reason: _____
<p>The information provided above regarding the application is true and correct, based on our records.</p>	
Print/Type Name: _____	
Signature: _____	Date: _____
<b>III. CERTIFICATION – To be completed by department/activity head</b>	
<p>I HEREBY CERTIFY, under penalty of perjury, that the applicant has resigned from his/her position and accordingly separated from service pursuant to applicable rules and regulations.</p>	
Print/Type Name: _____	
Signature: _____	Date: _____

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