



# NMI SETTLEMENT FUND

POST OFFICE BOX 501247, SAIPAN, MP 96950

## ANNUITY RECIPIENT INFORMATION UPDATE

### 2024

#### INSTRUCTIONS:

- PLEASE TYPE OR PRINT LEGIBLY. Answer all questions.
- Sign this form before a Notary Public or an NMI Settlement Fund staff member.
- Provide a copy of the applicable items below and additional items based on answers to questions in this form.
- Submit by email to [info@nmisf.com](mailto:info@nmisf.com), mail, or fax, or at the Fund office. **If sent by fax, send original to the address above.**

#### ▶ SERVICE BENEFIT ANNUITANTS:

- Valid Driver's License, Passport, or other ID issued within the past 5 years (required only if no valid ID on file)
- W-2 for all periods of reemployment (required only for those currently reemployed by the NMI Government, if none on file)

#### ▶ ANNUITANTS RECEIVING DISABILITY OR SURVIVING SPOUSE BENEFITS:

- 2023 Filed Income Tax Return (required)
- Valid Driver's License, Passport, or other ID issued within past 5 years (required only if no valid ID on file)

#### DEADLINE FOR SUBMISSION:

**September 30, 2024**

*Only complete forms and supporting documents will be accepted.*

1.a. NAME OF ANNUITANT/RETIREE (LAST NAME, FIRST NAME, M.I.)	2. U.S. SOCIAL SECURITY NUMBER  _____
1.b. NAME OF LEGAL GUARDIAN, IF APPLICABLE (LAST NAME, FIRST NAME, M.I.)  Provide copy of certified order granting guardianship if none on file.	3. CONTACT NUMBERS Home: _____ Mobile: _____  Work: _____
4. TYPE OF ANNUITY <input type="checkbox"/> Retirement <input type="checkbox"/> Disability <input type="checkbox"/> Survivor* <input type="checkbox"/> Not applicable, currently reemployed by the NMI Government  *If survivor, name of deceased Retiree:  _____	5. MARITAL STATUS <input type="checkbox"/> Married* <input type="checkbox"/> Single <input type="checkbox"/> Divorced** <input type="checkbox"/> Widowed *If Married, Name of Spouse:  _____ <b>Provide copy of official marriage record if none on file.</b>  **If divorced, provide Divorce Decree and Final Judgment <i>certified by the issuing court if none on file</i> . If in the process of divorce, provide Divorce Decree and Final Judgment <i>certified by the issuing court</i> upon issuance. <b>Decrees that affect benefit payments must comply with 1 CMC § 8383(b).</b>
6.a. CURRENT MAILING ADDRESS (By providing your address, you confirm that this is the address of record at which to receive notices or correspondence. In the event you choose to designate another address, please complete Form SF-1C Request for Change of Address as soon as possible.)    6.b. RESIDENTIAL ADDRESS (Only if you live in the CNMI) Street Name _____ Village _____	7. E-MAIL ADDRESS (By providing an email address, you consent to service of documents, including, but not limited to, forms, certifications, 1099-R, and correspondence, by email.)  _____  <input type="checkbox"/> Mark if you would also like documents sent by mail.

**8. MINOR CHILDREN Age(s) 17 and under**

NAME	DATE OF BIRTH

**FOR SERVICE BENEFIT ANNUITANTS/DISABILITY ANNUITANTS  
(including Reemployed Retirees)**

*Answer additional questions and provide documentation as necessary.*

<p><b>9.a. Have you returned to government service in the last year or are you currently under an employment or consulting contract with the NMI government or its public corporations?</b></p>	<p><input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>*If Yes, Date(s) of Employment and Name(s) of Employer: _____</p> <p>Provide Notices of Personnel Action ("NOPA") or copy of contract(s) <b>if none on file.</b></p>
<p><b>9.b. Have you adopted a minor child?</b></p>	<p><input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>*If yes, provide Adoption Decree <i>certified by the issuing court</i> <b>if none on file.</b></p>
<p><b>9.c. Do you have a minor child who has been diagnosed by two licensed physicians to be permanently physically or mentally disabled before age 18?</b></p>	<p><input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>*If yes, please contact Member Services.</p>
<p><b>9.d. Has there been a change to the name on the account to which your benefits are currently deposited (includes joint/shared account)?</b></p>	<p><input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> Not applicable (only for reemployed retirees who are not currently receiving benefit payments)</p> <p>*If yes, complete Form SF 1-F Application AND Authorization to Commence OR Cease Allotment with new account number in your name.</p>
<p><b>9.e. Are you currently receiving benefits or have you received benefits in the last year from U.S. Social Security, workers' compensation insurance or any other insurance covering disability?</b></p>	<p><input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>*If yes, provide certification of benefits by U.S. Social Security or insurance company, or a statement of benefits from U.S. Social Security or insurance company.</p>

**FOR SURVIVING SPOUSES**

*Answer additional questions and provide documentation as necessary.*

<p><b>10.a. Have you remarried, or do you plan to remarry in the next year?</b></p>	<p><input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>*If yes, provide official marriage record if none on file; or, if you plan to remarry, provide date: _____</p>
<p><b>10.b. Has an executor, administrator, or other official been appointed by the court to settle the estate of the deceased retiree or will one be appointed?</b></p>	<p><input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>*If yes, provide the name of executor, administrator or other court-appointed official, or name of individual who will be appointed, and contact number or email: _____</p> <p>Provide a copy of court order if executor, administrator or other official appointed by court only <b>if none on file.</b></p>
<p><b>10.c. If you are currently receiving surviving child benefits, are you still responsible for the welfare and care of the child for whom you are receiving benefits?</b></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> Not applicable</p> <p>*If no, name and contact information of legal guardian and provide a copy of guardianship order certified by the issuing court within one week of submitting this form.</p>
<p><b>10.d. If your child is receiving disabled child benefits, has your child's condition improved?</b></p>	<p><input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> Not applicable</p> <p>*Date on which child's condition improved: _____</p>

**11. SIGNATURE**

I understand that any person who knowingly makes any false statement, or falsifies any record in an attempt to defraud the Settlement Fund is guilty of a misdemeanor, and shall be punishable under the laws of the Commonwealth of the Northern Mariana Islands. The Settlement Fund shall have the right to recover any payments made under false representations. I affirm that all information I have given on this document is true and correct to the best of my knowledge.

*Only if Member's signature is by mark:*

MEMBER'S SIGNATURE

DATE

WITNESS 1 - PRINT NAME AND SIGNATURE

DATE

WITNESS 2 - PRINT NAME AND SIGNATURE

DATE

**ACKNOWLEDGMENT**

ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_, known to me through valid, government-issued identification to be the person whose name is signed in this instrument, and acknowledged to me that he/she voluntarily executed the same for the purpose set forth herein.

\_\_\_\_\_  
NOTARY PUBLIC

My commission expires: \_\_\_\_\_

**IF YOU ARE CURRENTLY RESIDING IN THE CNMI, YOU MAY HAVE WITNESSED BY FUND STAFF IF FORM IS NOT NOTARIZED:**

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

Staff Name & Signature: \_\_\_\_\_

Settlement Fund Log No.: \_\_\_\_\_

**FOR SETTLEMENT FUND USE ONLY**

SERVICE BENEFIT ANNUITANTS (including reemployed retirees)	Complete	Date Received
Valid ID (required only if none on file)		
W2s (required only if none on file)		
Official Marriage Record (only if none on file)		
Certified Divorce Decree (if marked in question 5)		
NOPA or Employment Contract(s) (if yes to question 9.a.)		
Certified Adoption Decree (if yes to question 9.b.)		
Form SF 1-F Allotment (if yes to question 9.d.)		

SURVIVING SPOUSES	Complete	Date Received
Valid ID (required only if none on file)		
2023 Filed Income Tax Return		
Affidavit of Surviving Spouse and Letter of Justification		
Marriage Certificate (if yes to remarriage in question 10.a.)		
Court Order re Executor, Administrator, or Other Official (if yes to question 10.b.)		
Certified Guardianship Order, if any (if no to question 10.c.)		

DISABILITY BENEFIT ANNUITANTS	Complete	Date Received
Valid ID (required only if none on file)		
2023 Filled Income Tax Return		
Certification/Statement of Current benefits by U.S. Social Security or insurance company (if yes to question 9.e)		

LEGAL GUARDIAN	Complete	Date Received
Valid ID (required only if none on file)		
2023 Filled Income Tax Return		
Certified Guardianship Order, if any (if none on file)		

***(Below only applies if Annuity Recipient Information Update is signed by mark)***

**WITNESS ATTESTATION**

We, the undersigned witnesses, do hereby declare and attest that \_\_\_\_\_ (*Member's Name*) (hereinafter "Member") voluntarily signed by mark the Annuity Recipient Information Update dated \_\_\_\_\_, 20\_\_\_\_, and that to the best of our knowledge, the Member is of sound mind, and under no constraint or undue influence.

\_\_\_\_\_  
WITNESS 1

\_\_\_\_\_  
WITNESS 2

**ACKNOWLEDGMENT OF NOTARY PUBLIC**

**ON THIS** \_\_\_\_\_ **DAY OF** \_\_\_\_\_, **20**\_\_\_\_, before me personally appeared \_\_\_\_\_, the Member, known to me through valid, government-issued identification to be the person whose name is signed by mark on the preceding Annuity Recipient Information Update before \_\_\_\_\_ (Witness 1) and \_\_\_\_\_ (Witness 2), and acknowledged to me that he/she voluntarily executed the same for its stated purpose.

\_\_\_\_\_  
NOTARY PUBLIC

My commission expires: \_\_\_\_\_