



NMI SETTLEMENT FUND

POST OFFICE BOX 501247, SAIPAN, MP 96950

APPLICATION FOR SURVIVOR'S ANNUITY VALID DRIVER'S LICENSE, ID CARD, OR PASSPORT REQUIRED

1. NAME OF APPLICANT (First, Middle, Last)		2. U.S. SOCIAL SECURITY NUMBER	
3. MAILING ADDRESS		4. DATE OF BIRTH	
5. CONTACT NUMBERS:			
HOME PHONE:	WORK PHONE:	CELL PHONE:	E-MAIL ADDRESS:
6. NAME OF DECEASED MEMBER		7. U.S. SOCIAL SECURITY NUMBER	8. RELATIONSHIP OF APPLICANT TO DECEASED MEMBER <input type="checkbox"/> Wife <input type="checkbox"/> Husband <input type="checkbox"/> Child(ren)
9. MEMBER'S DATE OF BIRTH	10. MEMBER'S DATE OF DEATH	11. MEMBER'S PLACE OF DEATH	
12. LIST THE DECEASED'S UNMARRIED CHILD(REN) , AGES 17 YEARS AND UNDER ON MEMBER'S DATE OF DEATH. START WITH OLDEST CHILD.			IS CHILD DISABLED? DATE DISABLED
NAME OF CHILD	DATE OF BIRTH	NAME OF SCHOOL	
13. IF THE CHILD(REN), NAMED ABOVE IS/ARE NOT LIVING WITH YOU, PLEASE COMPLETE THE FOLLOWING:			
NAME OF CHILD	NAME AND ADDRESS OF GUARDIAN		RELATIONSHIP
14. IN CONSIDERATION OF ANY BENEFITS THAT I AND/OR MY CHILD(REN) MAY BE ENTITLED, I PROMISE TO NOTIFY THE SETTLEMENT FUND PROMPTLY IF ANY OF THE FOLLOWING OCCURS:			
A. I remarry.			
B. I change my address and/or address of my children.			
C. I no longer have responsibility for the welfare and care of any child for whom I am receiving annuity payments.			
D. Any child marries or dies.			
E. Any child, ages 18 to 22, is no longer a full-time student.			
F. If condition of any child, disabled before age 18, improves.			
15. IN SUPPORT OF THIS APPLICATION, I HEREBY SUBMIT ALL APPLICABLE DOCUMENTS AS REQUIRED:			
A. IF DECEASED WAS A RETIREEE:		B. IF DECEASED WAS NOT A RETIREEE:	
Birth Certificate for me & my child(ren) named		Service computation data from Personnel Office	
Marriage Certificate		Earnings record from Div. of Revenue & Taxation, Form W-2	
Death Certificate		Birth Certificate for deceased, spouse & child(ren) named herein	
Adoption papers, if any child(ren) named above are adopted		Death Certificate	
Court-appointed guardian papers		Marriage Certificate	
Physician's Report supporting disability of child over age 18 incapable, either mentally or physically, of self-support		Adoption papers, if any child(ren) named above are adopted	
		Court-appointed guardian papers	

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.

SIGNATURE

DATE