



# NMI SETTLEMENT FUND

POST OFFICE BOX 501247, SAIPAN, MP 96950

## AUTHORIZATION TO DISBURSE REFUND OF CONTRIBUTIONS

I, \_\_\_\_\_, have applied to the NMI Settlement Fund for a refund of my contributions. In connection with that application, I hereby authorize the NMI Settlement Fund to disburse my refund as follows:

1. Direct deposit to Account at \_\_\_\_\_

Bank Account No.: \_\_\_\_\_

Bank Routing No. : \_\_\_\_\_

- Savings Account – attach copy of savings statement or passbook
- Checking Account – attach pre-printed deposit ticket or copy of check

This authorization releases the Settlement Fund and staff from any obligation or responsibility in case said designee shall abuse his/her authority in the discharge or his/her duty and responsibility to me. This designation is valid only for the disbursement of this Refund.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### ACKNOWLEDGMENT

ON THIS \_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_, before me personally appeared \_\_\_\_\_, known to me to be the person whose signature appears on this instrument and acknowledge that he/she executed the same for the purpose set forth herein.

NOTARY PUBLIC  
My Commission expires on \_\_\_\_\_

<p>YOU MAY HAVE WITNESSED BY FUND STAFF INTSEAD OF BEING NOTARIZED:</p> <p>Staff Name: _____</p> <p>Signature: _____</p> <p>Annuitant ID: _____</p>
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SF-6C (02/2015)