



NMI SETTLEMENT FUND

POST OFFICE BOX 501247, SAIPAN, MP 96950

AFFIDAVIT FOR SINGLE SUM DEATH BENEFIT AND/OR REFUND OF CONTRIBUTIONS

I, _____, Social Security No. _____,
being first duly sworn under oath, depose and say:

1. That I am a/the _____ of _____ deceased
(Relationship to Deceased) (Name of deceased Member)

Member of the NMI Settlement Fund. My address is as follows:

Present Address: _____

Permanent Address: _____

2. That said member died intestate and left contributions in the Fund in the amount of \$ _____.
3. That provisions of 1 CMC Division 8, as amended, have been met which entitles me, as the beneficiary of said decedent, to the sum payment of \$1,000.00, partial or in its entirety.
4. That I, being a beneficiary of the decedent am submitting this affidavit for the purpose of obtaining said payment and/or refund, if any, due on behalf of the deceased member.

DATED THIS _____ DAY OF _____, 20____.

SIGNATURE

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 _____

YOU MAY HAVE WITNESSED BY FUND STAFF INTSEAD OF BEING NOTARIZED:

Staff Name: _____

Signature: _____

Annuitant ID: _____

SF-5A (REV. 01/2015)