



NMI SETTLEMENT FUND

POST OFFICE BOX 501247, SAIPAN, MP 96950

AUTHORIZATION TO DISBURSE REFUND OF CONTRIBUTION AND/OR LUMP SUM DEATH BENEFIT

I, _____, have applied to the NMI Settlement Fund for a refund of my contributions and/or lump sum death benefit. In connection with that application, I hereby authorize the NMI Settlement Fund to disburse my refund as follows:

1. Direct deposit to Account at _____

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 the event that said designee shall abuse his/her authority in the discharge of 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 _____

YOU MAY HAVE WITNESSED BY FUND STAFF INTSEAD OF BEING NOTARIZED:	
Staff Name:	_____
Signature:	_____
Annuitant ID:	_____

SF-5B (01/2015)