



# NMI SETTLEMENT FUND

POST OFFICE BOX 501247, SAIPAN, MP 96950

## INACTIVE MEMBER'S APPLICATION FOR REFUND OF CONTRIBUTIONS

Name: \_\_\_\_\_ S.S.N.: \_\_\_\_\_

Address: \_\_\_\_\_

Formerly Employed by: \_\_\_\_\_

Date of Employment: \_\_\_\_\_ Date of Separation: \_\_\_\_\_

Contact No.: \_\_\_\_\_ Authorization to disburse refund:  Attach Form SF-6C

<b>MEMBERSHIP CLASS</b>	Class I <input type="checkbox"/>	Class II <input type="checkbox"/>
<b>MEMBER HOME LOAN RECIPIENT</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

*I hereby make this application to the Trustee, NMI Settlement Fund, for a Refund of all my contributions and accrued interest, if any, accruing to my credit in the Fund. Upon receipt of the Refund, I hereby acknowledge that by that fact, my survivors, beneficiaries and I have forfeited, waived, and relinquished all accrued rights and benefits in the system, including all credited and creditable service.*

*In accordance with 1 CMC § 8356, I understand that the Refund will be made within a period not to exceed three months after receipt of my application, provided all required documents are submitted to the Fund*

\_\_\_\_\_  
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 \_\_\_\_\_

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

