

**NMI Settlement Fund
Document Checklist-Surviving Benefits
(Forms provided by Survivor)**

Member Name: _____

Initial

- | | |
|---|--------------------------|
| 1 Application for Survivor Annuity (SF-4A) | <input type="checkbox"/> |
| 2 Application for Identification Card (SF-1G) | <input type="checkbox"/> |
| 3 Application & Authorization to Commence or Cease Allotment (SF-1F) | <input type="checkbox"/> |
| 4 W-4P Tax Withholding Certification | <input type="checkbox"/> |
| 5 Health Insurance Enrollment Form | <input type="checkbox"/> |
| 6 Application for Request & Authorization to Release Information (SF-1D) | <input type="checkbox"/> |
| 7 Affidavit for Single Sum Death Benefit and/or Refund of Contribution (SF-5A) | <input type="checkbox"/> |
| 8 Authorization to Disburse Refund of Contribution and/or LumpSum Death Benefit (SF-5B) | <input type="checkbox"/> |

NMISF Employee: _____

Date: _____