NIMI

NMI SETTLEMENT FUND

POST OFFICE BOX 501247, SAIPAN, MP 96950

ANNUITY RECIPIENT INFORMATION UPDATE 2023

INSTRUCTIONS: 1) PLEASE TYPE OR PRINT LEGIBLY. Answer all questions. 2) Sign this form before a Notary Public or a NMI Settlement Fund s 3) Provide a copy of the applicable items below, and additional item 4) Submit by email to info@nmisf.com, mail, or fax, or at the Fund of Submit by email to info@nmisf.com, mail, or fax, or at the Fund of Set Vice BENEFIT ANNUITANTS: Valid Driver's License, Passport, or other ID issued within the past 5 years (required only if no valid ID on file) W-2 for all periods of reemployment (required only for those currently reemployed by the NMI Government, if none on file) DEADLINE FOR SU September 25	as based on answers to questions in this form. office. If sent by fax, send original to the address above. ANNUITANTS RECEIVING DISABILITY OR SURVIVING SPOUSE BENEFITS: 2022 Filed Income Tax Return (required) Valid Driver's License, Passport, or other ID issued within past 5 years (required only if no valid ID on file) BMISSION: 0, 2023				
1. NAME OF ANNUITANT/RETIREE (LAST NAME, FIRST NAME, MIDDLE INITIAL)	2. U.S. SOCIAL SECURITY NUMBER / /				
3. TYPE OF ANNUITY	4. MARITAL STATUS				
Retirement Disability Survivor* Not applicable, currently reemployed by the NMI Government. *If survivor, name of deceased Retiree:	Married* Single Divorced** Widowed *If Married, Name of Spouse: Provide copy of official marriage record if none on file. **If Divorced, provide Divorce Decree and Final Judgment certified by the issuing court if none on file. If in the process of divorce, provide Divorce				
	Decree and Final Judgment certified by the issuing court upon issuance.				
5.a. CURRENT MAILING ADDRESS	6. E-MAIL ADDRESS (By providing an email address, you consent to service of documents, including, but not limited to, forms, certifications, 1099-R, and correspondence, by email.)				
5.b. RESIDENTIAL ADDRESS <i>(Only if you live in the CNMI)</i> Street Name Village					
	Mark if you would also like documents sent by mail.				
7. CONTACT NUMBERS Home: Mobile:	Work:				
8. CHILDREN Age(s) 17 and	Under				
NAME	DOB				
	/ /				
	/ /				
	1 1				
	1 1				
	/ /				

SF-200 (REV. 6/2023)

FOR SERVICE BENEFIT ANNUITANTS					
(including reemployed retirees) Answer additional questions and provide documentation as necessary.					
9.a. Have you returned to government service in the last year or are you currently under an employment or consulting contract with the NMI government or its public corporations?	☐ Yes* ☐ No *If Yes, Date(s) of Employment and Name(s) of Employer: Provide Notices of Personnel Action ("NOPA") or copy of contract(s) if none on file.				
9.b. Have you adopted a minor child?	Provide Notices of Personnel Action (NOPA) or copy of contract(s) if none on file. ☐ Yes*				
	□ No *If Yes, provide Adoption Decree <i>certified by the issuing court</i> if none on file.				
9.c. Do you have a minor child who has been diagnosed by two licensed physicians to be permanently physically or mentally disabled before age 18?	☐ Yes ☐ No				
9.d. Has there been a change to the name on the account to which your benefits are currently deposited (includes joint/shared account)?	 Yes* No Not applicable (only for reemployed retirees who are not currently receiving benefit payments) *If Yes, complete Form SF 1-F Application AND Authorization to Commence OR Cease 				
	Allotment with new account number in your name.				
FOR SURVIVING SPOUSES Answer additional questions and provide documentation as necessary.					
10.a. Have you remarried, or do you plan to remarry in the next year?	☐ Yes* ☐ No *If Yes, provide official marriage record if none on file; or if you plan to remarry, provide date:				
10.b. Has an executor, administrator or other official been appointed by the court to settle the estate of the deceased retiree, or will one be appointed?	☐ Yes* ☐ No *If Yes, name of executor, administrator or other court-appointed official, or name of individual who will be appointed, and contact number or email: Provide a copy of court order if executor, administrator or other official appointed by court.				
10.c. If you are currently receiving surviving child benefits, are you still responsible for the welfare and care of the child for whom you are receiving benefits?	☐ Yes ☐ No* ☐ Not applicable *If No, name and contact information of legal guardian and provide a copy of guardianship order certified by the issuing court within a week of submission of this form:				
10.d. If your child is receiving disabled child benefits, has your child's condition improved?	☐ Yes Date on which child's condition improved: ☐ No ☐ Not applicable				
FOR DISABILITY BENEFIT ANNUITANTS Answer additional questions and provide documentation as necessary.					
11. Are you currently receiving benefits or have you received benefits in the last year from U.S. Social Security, workers' compensation insurance or any other insurance covering disability?	☐ Yes* ☐ No *If Yes, provide certification of benefits by U.S. Social Security or insurance company, or a statement of benefits from U.S. Social Security or insurance company.				

2. SIGNATURE								
und is guilty of a misdemeanor, an	d shall be pur any payment	nishable under the law	e statement, or falsifies any record in an atter ws of the Commonwealth of the Northern Ma epresentations. I affirm that all information	ariana Island	s. The Settlemen			
,			Only if Member's signature is by mark:					
MEMBER'S SIGNATURE		DATE	WITNESS 1 - PRINT NAME AND SIGNATU	RE DATE				
			WITNESS 2 - PRINT NAME AND SIGNATU	DATE				
		ACKNO	WLEDGMENT					
ON THIS	DAY OF		, 20 , before , known to me through valid, gove					
be the person whose name	is signed in	this instrument, a	nd acknowledged to me that he/she ve	oluntarily 6	executed the sa			
or the purpose set forth herei	n.							
			NOTARY PUBLIC					
My commission expires:								
viy commission expires.		-						
IF VOLUME CURRENTLY DECID	INC IN THE	CNIMI VOLLBANVII	AVE WITNESSED BY FLIND STAFF IF FORM	A IS NOT N	OTABIZED.			
Date:			AVE WITNESSED BY FUND STAFF IF FORM	/ IS NOT NO	JIAKIZED:			
Staff Name & Signature:								
Settlement Fund Log No.:								
		FOR SETTLEM	ENT FUND USE ONLY					
SERVICE BENEFIT ANNUITANTS (including reemployed retirees)	Complete	Date Received	SURVIVING SPOUSES	Complete	Date Received			
Valid ID (required only if none on file)			Valid ID (required only if none on file)					
W2s (required only if none on file) Official Marriage Record (only if none			2022 Filed Income Tax Return					
on file)			Affidavit of Surviving Spouse and Letter of Justification					
Certified Divorce Decree (if marked in question 4)			Marriage Certificate (if Yes to remarriage in question 10.a.)					
NOPA or Employment Contract(s) (if			Court Order re Executor, Administrator,					
Yes to question 9.a.) Certified Adoption Decree (if Yes to			or Other Official (if Yes to question 10.b.) Certified Guardianship Order, if any (if					
question 9.b.)			No to question 10.c.)					
Form SF 1-F Allotment (if Yes to question 9.d.)								
			DISABILITY BENEFIT ANNUITANTS	Complete	Date Received			
			Valid ID (required only if none on file)					
			2022 Filed Income Tax Return Certification/Statement of current					
			benefits by U.S. Social Security or					

insurance company (if Yes to question 11)

(Below only applies if Annuity Recipient Information Update is signed by mark)

WITNESS ATTESTATION

We,	the	undersigned	witnesses,	do	hereby	declare	and	attest	that
			(Me	ember's 1	<i>lame)</i> (herei	nafter "Mem	ıber") volu	untarily sig	ned by
mark the Annu	uity Recip	ient Information U	Jpdate dated _			, 20	, and t	hat to the	best of
our knowledge	e, the Mer	mber is of sound m	nind, and under	no const	raint or undu	e influence.			
					WITNE	SS 1			
					WITNE	SS 2			
		AC	KNOWLEDGME	NT OF N	OTARY PUBL	ıc			
ON T	HIS						me pers	onally ap	peared
identification t	to be the	person whose nar	ne is signed by	mark on	the precedin	g Annuity Re	cipient Inf	ormation l	Jpdate
before						(Witness	1	L)	and
			(Witnes	s 2), and	acknowledge	d to me that	he/she vol	untarily ex	ecuted
the same for it	s stated p	ourpose.							
					NOTAR	Y PUBLIC			
	_								
My commissio	n expires:								