



NMI SETTLEMENT FUND

POST OFFICE BOX 501247, SAIPAN, MP 96950

CHECK DISBURSEMENT SELECTION

I, _____, an annuitant of the Northern Mariana Islands Retirement Fund, hereby grant authorization for my benefit payment to be issued as follows:

1. *Allot*, net amount due, to my savings or checking account. *Attached is an allotment form and a deposit slip for allotment to my checking account, or a copy of my savings passbook or statement, as applicable.* Please mail my statement to the address below.

2. *Mail* benefit, or quarterly statement if *Option 1* above is selected, to the following address:

3. Change of Address only

I understand that my benefit payment is due on the fifteenth and last day of each month and should a payday fall on a holiday or weekend, payment shall be due on the preceding work day. This designation shall be valid until amended or revoked, in writing, by me.

Dated this _____ day of _____, 20_____.

Annuitant's Signature

U.S. Social Security Number

SUBSCRIBED AND SWORN to before me, a NOTARY PUBLIC, in and for the _____

Notary Public

• • • OR • • •

NMIRF USE ONLY

Witnessed by NMIRF Staff

Effective Date