

FORGERY AFFIDAVIT

Instructions: Please print or type in black ink. See enclosure for additional information.

MEMBER/BENEFIT RECIPIENT INFORMATION

SOCIAL SECURITY NUMBER					
NAME	FIRST		MI		LAST
ADDRESS				HOME TELEPHONE NO	
ADDRESS				BUSINESS TELEPHONE NO	
ADDRESS					
CITY			STATE	ZIP	

AFFIDAVIT

I, _____, (Member/Retiree) being first duly sworn do hereby say that I am the person named as the payee of the attached check with description of said check listed below and that the signature of the endorser on said check was not written or authorized by me and is a forgery.

Check Information

Check Date: _____ Bank: _____

Check Number: _____ Executive Director: _____

Check Amount: \$ _____

And I being still sworn declare that no proceeds of said check or any part thereof was received by me and that said amount is justly due and that this affidavit is made voluntarily for the purpose of obtaining the proceeds of said check and establishing the fact that the endorsed signature is a forgery.

MEMBER/BENEFIT RECIPIENT CERTIFICATION

SIGNATURE	DATE OF SIGNATURE (mm/dd/ccyy) / /
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NOTARIZATION OF SIGNATURE

State of _____ County of _____

Subscribed and sworn to (or affirmed) before me on this the _____ day of _____, _____

(SEAL) _____

Date of Commission Expiration Notary Public