

11. State all circumstances surrounding the theft, loss, or unauthorized use of your item(s): _____

12. Do you know or suspect any person(s) who may have committed the theft / unauthorized use? _____

If yes, who? _____

Provide that person's address _____

Has this person previously signed your name on any checks or other items? Yes / No

If yes, describe the circumstance and when: _____

13. Have you ever employed the suspected forger / unauthorized signer? Yes / No

14. Are you aware of any other pertinent information not included in this document? Yes / No

15. Has this or a similar situation happened to you before? Yes / No

16. Have you received reimbursement from any source? Yes / No

If yes, please provide details _____

17. I understand this forgery is subject to investigation by local, state, and / or federal law enforcement agencies. I may be required to comply with a court order or subpoena to give testimony.

18. I understand that making a false sworn statement is subject to federal and / or state statutes and may be punishable by fines and / or by imprisonment.

Sign your name five times: _____

I swear under penalty of perjury under the laws of this state that the foregoing is true and correct. This declaration has been sworn before a Notary Public as certified below.

Claimant's Signature _____ Date _____

Member Service Representative _____ Date _____

State of _____ County of _____

Subscribed and sworn to before me this _____ day of _____, 20____.

_____ Notary