

Declaration of Loss

| l, | , was the drawer/payee (circle one of these | |
|---|---|--|
| choices if the item wa | as a certified check) of the above described certified check OR the | |
| | above described cashier's check or the teller's check (circle one o | |
| | tem was a cashier's check or teller's check). I lost possession of | |
| | of possession was NOT the result of a transfer of the check or a | |
| lawful seizure and I d | annot obtain possession of the check because | |
| The check wa | as destroyed; | |
| The check is in the wrongful possession of an unknown person; | | |
| The whereab | outs of the check cannot be determined; or | |
| | in the wrongful possession of a person that cannot be found or is e to service of process | |
| | ef description of the circumstances surrounding the loss, if the cashier's check, teller's check, or certified check: | |
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| | | |
| be true and correct. | e herein are made under penalty of perjury and I warrant them to | |
| | is claim is paid and the check is later presented for payment by a hts of a holder in due course, I am obliged to either refund the | |
| | t Union if the check is paid, or pay the amount of the check to the | |
| person having the rig | hts of a holder in due course if the check is dishonored. | |
| | | |
| Dated this | day of | |
| Signature of Claiman | t | |
| Signature of Claimar | · | |



Claim for a Lost, Stolen, or Destroyed Cashier's Check, Teller's Check, or Certified Check

| I, descri | , hereby assert a claim to the cashier's check, teller's check, or certified check. | ne following |
|-----------------|--|------------------------|
| | Remitter: | |
| | Payee: | |
| | Date: | |
| | Amount: | |
| | Check number: | |
| | Account number: | |
| | (a copy of the remitter's copy may be attached) | |
| hereto | equest payment of the amount of the check. My Declaration of b. I understand that the claim has no legal effect until it is enforcent enforceable at the LATER of | |
| | The time the claim is asserted; or The 90 th day following the date of the check, in the case of a celler's check or the 90 th day following the date of acceptance certified check. | |
| to me to rea | er understand that my claim may be unenforceable if the Decla et the requirements of Section 3-312 of the Uniform Commercia ch the Credit Union at a time and in a manner which affords the nable time to act on it before the check is paid. | al Code or if it fails |
| I agre | e to provide reasonable identification if so requested by the Cre | edit Union. |
| Signa | ture of Claimant Date: _ | |