Ś	CUNA MUTUAL GROUP		CLAIM NO.	
	CUMIS Insurance Society, Inc. P.O. Box 1221 = 5910 Mineral Point Road Madison, WI 53701-1221 Phone: 800/637-2676 = Fax: 608/231-7900 www.cunamutual.com		STATE & CONTRACT NO.	
AF	FIDAVIT OF FORGERY		Important: The person alleging forgery must complete this form in longhand.	
1.	I am first duly sworn and state I am:			
	Name			
	Mailing Address			
	City, State, Zip			
	Phone Number Home ()		'k ()	
2.		 Cash Withdrawal Voucher Loan Note (including Co-maker forgery) 		
3.	The instrument(s) is/are drawn on			
4.	On the instrument(s) I am named as the: (Check the appropriate box) Payee/Endorser (on back of check/share draft or bottom of withdrawal voucher) Maker (on note or face of share draft/check) Co-maker (on a loan) Other (specify)			
5.	This signature for each instrument(s) lister is a forgery:		avit is not written nor authorized by me and	
	Date	Instrument Number	Dollar Amount	
	a)			
	b)			
	c)(If more	space is required, use a separat		
6.	I did not receive any part of the proceeds of the instrument(s) listed above. This affidavit is made voluntarily for the purpose of establishing the fact that my signature is a forgery.			
7.	Do you know who forged your signatures?			
8.	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.			
9.	I understand making a false sworn stateme and/or by imprisonment.	ent is subject to federal and/or sta	te statutes and may be punishable by fines	
	.			
Sta	te of	County of		
2.0		_ 000my or		
Sub	escribed and sworn to before me this	day of		
		Notary		