

CUMIS Insurance Society, Inc.

P.O. Box 1221 **5**910 Mineral Point Road Madison, WI 53701-1221 Phone: 800/637-2676 **F** Fax: 608/231-7900 www.cunamutual.com

| CLAIM NO. | |
|----------------------|--|
| STATE & CONTRACT NO. | |

Important: The person alleging forgery **must** complete this form in longhand.

AFFIDAVIT OF FORGERY

| 1. | am first duly sworn and state I am: Name | | | | |
|-----|--|---|---|--|--|
| | | | | | |
| | | | | | |
| | • | | ork () | | |
| 2. | The instrument(s) forged is/are a: (C Check Share Draft Other (specify) | theck the appropriate box) sh Withdrawal Voucher an Note (including Co-maker forgery) | | | |
| 3. | The instrument(s) is/are drawn on | Name of Credit Union or Bank | | | |
| 4. | | | | | |
| 5. | ` , | listed below and attached to this affi | davit is not written nor authorized by me and | | |
| | is a forgery: Date | Instrument Number | Dollar Amount | | |
| | a) b) | | | | |
| | c) | more space is required, use a separ | ate sheet) | | |
| 6. | | ceeds of the instrument(s) listed abo | ove. This affidavit is made voluntarily for the | | |
| 7. | | | | | |
| 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 st and/or by imprisonment. | atement is subject to federal and/or s | tate statutes and may be punishable by fines | | |
| | Sign your name five times: | | | | |
| | | | | | |
| | | | | | |
| Sta | te of | County of | | | |
| Sub | oscribed and sworn to before me this _ | day of | ,, | | |
| | | Notary | | | |