DECLARATION OF LOSS

DECLARATION OF LOST, DESTROYED, OR STOLEN CERTIFIED, CASHIER'S, OR TELLER CHECK (AND) REQUEST FOR PAYMENT OF LOST, DESTROYED, OR STOLEN CERTIFIED, CASHIER'S, OR TELLER CHECK.

CHECK AND CLAIMANT INFORMATION:

Name of Claimant:_____

Account Number that provided funds #_____ (or primary share account number if purchased with cash)

Date of Check: _____ Check Number: _____

Name of Payee: _____ (if different than claimant, if different payee must acknowledge loss) Amount of Check: $_____

DECLARATION OF LOSS

By my signature below, I certify and declare under penalty of perjury that I am the Claimant named above; that I am making this request and claim, and that I lost possession of the check, and the loss of possession was not the result of a transfer by me or a lawful seizure of the check; and that I cannot reasonably obtain possession of the check because (check applicable box):

- ☐ 1. The check is lost.
- ☐ 2. The check was destroyed*
- ☐ 3. The check was stolen from my possession
- ☐ 4. The check is otherwise in the wrongful possession of an unknown person
- ☐ 5. The check is in the wrongful possession of the following person who cannot be found: _____
- ☐ 6. Other: _____

*If the check has been damaged or mutilated, Kaiperm CU, at its option, may require presentation of the damaged or mutilated item.

REQUEST FOR PAYMENT

I request payment of the amount of the check by Kaiperm CU in the form of (check one):

☐ Replacement Check ☐ Deposit into primary shares, account # _____

I acknowledge and agree that the DECLARATION OF LOSS set forth above constitutes a warranty of the truth of statements made in that declaration.

I acknowledge that if the check is presented for payment, Kaiperm CU is no longer obligated to pay the check. I also agree that if the check is presented for payment by a person having the rights of a holder and is subsequently paid, I am obligated to refund the payment to Kaiperm CU or pay the amount of the check to the person having the rights of a holder if the check is dishonored.

By signing this declaration and request, I agree to defend, indemnify, and hold harmless from any claim, damage or costs made or incurred as a result of its refusal to pay the check described above.

X _____ _____ _____

CLAIMANT'S SIGNATURE **DATE** **PRINTED NAME**

(A fee of $25.00 is assessed for each claim request presented less than ten calendar days from date of issuance)

Check # _____ has a stop payment placed on it. If you receive this check, write "void" on it and return it to us.

Email is not a secure communication. Please take appropriate cautions if emailing this form.

For Financial Institution Use Only

Stop payment placed _____ Funds returned to account _____

Replacement issued, if applicable _____ (write n/a if not applicable)

EQUAL HOUSING LENDER NCUA