



CUMIS Insurance Society, Inc.

P.O. Box 1221 **5**910 Mineral Point Road Madison, WI 53701-1221 Phone: 800/637-2676 **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.	I am first duly sworn and state I am:					
	Name					
	Mailing Address					
	City, State, Zip					
	Phone Number Home (Work ()		
2.	The instrument(s) forged is/are a: Check Share Draft Other (specify)	Cash Withdrawal Voucher Loan Note (including Co-maker for	orgery)			
3.	The instrument(s) is/are drawn on	Name of Credit Union of Bank	· · · · · · · · · · · · · · · · · · ·			
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) listed below and attached to this affidavit is not written nor authorized by me and is a forcer.					
	is a forgery: Date	Instrument Nu	mber	Dollar Amount		
	a)					
	b)					
	c)					
		(If more space is required, use a	a separate sheet			
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? \square Yes \square No If yes, provide details on a separate page or the back o this page.					
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 sworr and/or by imprisonment.	n statement is subject to federal a	and/or state statu	tes and may be punishable by fines		
	Sign your name five times:					
	_					
Sta	te of	County of				
Sub	oscribed and sworn to before me this	s day of		,		
		Notary				