

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.	I am first duly sworn and state			oonpool and form mongrand.			
	Mailing Address						
	City, State, Zip						
)			
2.	☐ Check☐ Share Draft ☐	Ire a: (Check the appropriate box) Cash Withdrawal Voucher Loan Note (including Co-maker forgery) Name of Credit Union or Bank vn on					
3.	The instrument(s) is/are drawn	Name o	f Credit Union or 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 forgery: Date		Instrument Number	Dollar Amount			
	a)						
	b)						
	c)						
	-,		required, use a separate shee				
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? Yes No If yes, provide details on a separate page or the back of this page.						
8.	I understand this forgery is subject to investigation by local, state and/or federal law enforcement agencies. I may b required to comply with a court order or subpoena to give testimony.						
9.	I understand making a false sw and/or by imprisonment.	orn statement is subj	ect to federal and/or state state	utes and may be punishable by fines			
	Sign your name five times:						
Sta	te of	County	of				
Sub	oscribed and sworn to before me	this dav	of	,			
		Nota	ary				