

Declaration of Loss & Claim for Reimbursement Cashier's Check

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|--|---|
| Account Holder Name <i>(Purchaser of Cashier Check)</i> | Account Number <i>(Including Share ID)</i> |
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| | | | | | |
|---------------------|--|----------------------|--|----------------------|--|
| Check Number | | Date of Check | | Dollar Amount | |
|---------------------|--|----------------------|--|----------------------|--|

| | |
|-----------------------|--|
| Payee on Check | |
|-----------------------|--|

| | | | |
|--|------|--------|-----------|
| Reason <i>(Select only one of the reasons noted)</i> | Lost | Stolen | Destroyed |
|--|------|--------|-----------|

I, the undersigned member of FedChoice Federal Credit Union, hereby declare that I don't have possession of the above referenced check, and that this loss of possession was not a result of a transfer by me or a lawful seizure. I cannot reasonably obtain possession of the check because it was destroyed, its whereabouts cannot be determined, or it is in the wrongful possession of an unknown person or a person who cannot be found or is not amenable to service of process.

Based upon the foregoing, I hereby request payment in the amount of the check made by FedChoice Federal Credit Union to me.

Until this Declaration of Loss & Claim for Reimbursement becomes enforceable, which I acknowledge and understand will be sixty (60) days after the date of the cashier's check, I understand and agree that FedChoice Federal Credit Union will pay and authorize the payment of the check and that any such payment to a person entitled to enforce the cashier's check discharges FedChoice Federal Credit Union from all liability with respect to the cashier's check.

If this Declaration of Loss & Claim for Reimbursement becomes enforceable, I understand and agree that FedChoice Federal Credit Union will pay the amount to me, subject to the claims of any holder in due course and provisions of the Uniform Commercial Code, and that any such payment discharges FedChoice Federal Credit Union from all liability with respect to the check. If payment is made to me and FedChoice Federal Credit Union must make subsequent payment on the check to a holder in due course, I agree promptly to refund to FedChoice Federal Credit Union the entire payment made to me.

I acknowledge receipt of a copy of this Declaration of Loss & Claim for Reimbursement and accept and agree to the terms thereof. I declare under penalty of perjury that the foregoing is true and correct.

I hereby certify that I am the remitter or payee of the above referenced credit union cashier's check. I also agree to comply with the terms and conditions of the above Declaration of Loss & Claim for Reimbursement.

Signature

Date

CREDIT UNION USE ONLY

Date Received: _____ By: _____

Date Approved: _____ By: _____