Michigan Conference of Teamsters Welfare Fund

Affidavit for Replacement Check (to be completed by Member)

Check number _____ issued on _____ in the amount of $_____ was either lost ☐, stolen ☐, or destroyed ☐ (check one). **Without this information this form will be returned to you.**

If the lost or stolen check is found or received after this form is completed, immediately call Member Services at (313) 964-2400 or toll free at (800) 572-7687. **DO NOT CASH THE ORIGINAL CHECK.** There are criminal penalties for cashing a check that is lost or stolen.

All requested information must be completed to process your claim for a replacement check. This affidavit will be investigated thoroughly. A police report is required for all stolen checks. Use a separate affidavit for each check being reported as lost or stolen.

It is against State law to intentionally make false statements or conceal material information in this affidavit. You may be subject to civil and criminal penalties for providing false information or participating in cashing the original check once reported as lost or stolen. If you have questions, contact Member Services at (313) 964-2400 or toll free at (800) 572-7687.

Return the completed form to: Email: financegm@mctwf.org or Fax: (313) 748-4331 or US Mail: Michigan Conference of Teamsters Welfare Fund, Finance Department, 2700 Trumbull Avenue, Detroit Michigan 48216

Complete this form using an ink pen.

Enter your <u>current mailing address:</u>

First and last name: _____

Telephone number: _____Email address: _____

Mailing street address: _____

Mailing City/State/Zip Code: _____

Declaration by Check Payee

I _____
First and last name

declare that the information given by me is true to the best of my knowledge and belief and that I am competent to testify to the following facts:

I am the person named as the payee or responsible party for the check referenced above. If the lost or stolen check was, or is subsequently cashed, it was done fraudulently and not by me or anyone with my permission to do so. I further understand that the law provides penalties for any false statement.

Signed: _____ Print name: _____

Date: _____