



PART 1: Claimant Infor	mation			
I am first duly sworn and state I am:				
Customer Name				
Customer Address				
City	State Cou	 Intry	Zip	_
Home Phone	Work Phone	Mobile Phone		_
Address shown above is my primary r	esidence: No	Yes		
PART 2: Check or Draf	t Information			
Date Check Was Written (mm/dd/yyyy)	Issued By (maker of the ite	m)		Date Check Was Drawn (mm/dd/yyyy)
Payable to the Order of		Check Number		Amount
Date Check Was Written (mm/dd/yyyy)	Issued By (maker of the ite			Date Check Was Drawn (mm/dd/yyyy)
Payable to the Order of		Check Number		Amount
Date Check Was Written (mm/dd/yyyy)	Issued By (maker of the ite			Date Check Was Drawn (mm/dd/yyyy)
Payable to the Order of		Check Number		Amount

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PART 3: Claim of Forgery or Alterations

Please sign your init	tials next to each appropriate claim of forgery or alteration.
On the check or dra	aft, I am named as the PAYEE (the person or entity to whom the check is made payable):
Signed Initials	Forged Endorsement: The endorsement on the back of this item is a forgery. It is not written or authorized by me.
Signed Initials	Missing Endorsement: My endorsement is not on the back of this item nor did I authorize the transaction of the item.
Signed Initials	Other: Please explainExplanation
On the check or dra	aft, I am named as the MAKER (the person whose signature appears on the bottom right corner of the check):
Signed Initials	Forged Maker's Signature: The maker's signature on the front of this check is a forgery. It is not written by me and it is not authorized by me.
Signed Initials	Amount Altered: The amount of the check was altered from its original amount of
Signed Initials	Payee Altered: The name of the payee(s) was altered from its original to and I did not authorize this change. Name of Payee(s) Name of Payee(s)
	Other: Please explain.
Signed Initials	Explanation
Do you know who fo	orged your signature(s)?
No Y	es If yes, provide details below
 Details	

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PART 4: Signature Samples

Please sign your name 5 times.				
Signature 1				
Signature 2				
Signature 3				
Signature 4				
Signature 5				

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PART 5: Signature and Affidavit

I hereby certify that I did not receive any part of the proceeds of the check or draft(s) listed in this affidavit. This affidavit is made voluntarily for the purpose of establishing the fact that my signature is a forgery and/or the check was altered from its original state.

I understand this forgery/alteration is subject to investigation by local, state and/or federal law enforcement agencies, in addition to the investigation that will be initiated by the bank. I understand that I may be required to comply with a court order or subpoena to give testimony.

I understand making a false sworn statement is subject to federal and/or state statutes and may be punishable by fines and/or imprisonment.

Claimant (print name)		Signature of Claimant
PART 6: Notary		
State of	County of County	·
Subscribed and sworn to before me, a No	otary Public, this	day of , Month Year
by		,who proved to me on the basis of satisfactory evidence to be the person
whose name is subscribed to the within ir his/her signature on the instrument the p	nstrument, and acknowledged erson or entity upon which the	ed to me that he/she executed the same in his/ her authorized capacity, and that by he person acted, executed the instrument.
WITNESS my hand and official seal:		Seal:
Signature of Notary Public		
Print Name of Notary Public		
My commission expires:	_	

Instructions to the Claimant:

- 1. A copy of the check(s) or draft(s) in question must accompany this form.
- 2. If the checks or drafts are drawn on a financial institution other than Advisor Bank, those copies must be bank-certified by the paying bank.
- 3. Send completed, notarized affidavit to:

Advisor Bank Attn: Exceptions Dept. 409 Silverside Road, Suite 105, Wilmington, DE 19809

4. Questions? Call 800.650.5904.