



CUMIS Insurance Society, Inc.

P.O. Box 1221 • 5910 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 the appropriate box)

- Check  Cash Withdrawal Voucher
- Share Draft  Loan Note (including Co-maker forgery)
- Other (specify) \_\_\_\_\_  
Name of Credit Union or Bank

3. The instrument(s) is/are drawn on \_\_\_\_\_

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)	_____	_____	_____

(If more space is required, use 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?  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 be required to comply with a court order or subpoena to give testimony.

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

Sign your name five times: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_ Notary