



NYCERS USE ONLY	F399

Affidavit Concerning Lost Check

This form is for members and pensioners who wish to report the loss of a check. In order to report such a loss you must fill out this form and return it to NYCERS. Tier 3, Tier 4 and Tier 6 Basic and Special Plan members should take note of pages 3 and 4, which outline an option for direct deposit of their replacement check. Please be sure to read the instructions below and complete the requested information. Should you have any questions regarding this form, please contact our Call Center at 347-643-3000.

				SSN	Home Phone N	umber Work Phone Num
					()	()
First Name			M.I.	Last Na	ne	
Address			-			Apt. Number
City					State	Zip Code
VHAT TYPE OF CHECK	K WAS LOST	: (please check	cone)			
Tier 1/Tier 2	Loan			Sur	vivor Benefit (A	ctive Member)
Tier 3/Tier 4/	Tier 6 Basic an	d Special Plan				D
	See Pages 3 and			Pen	sioner Survivor	Benefit
Refund	mation)			Ret	irement Allowar	nce/Pension
TATEMENT:						
Although I have been inform	ned by NYCEF	RS that the type	of check de	sionated al	ove in the amou	int of
attrough I have been infor	ī p	MM/DD/YYYY]				
	and dated	1 1	was	issued to 1	ne and mailed to	o the following:
Address						Apt. Number
City					State	Zip Code
hereby inform NYCERS th	nat I have not r	eceived the abo	ve-mentione	ed check.		
further state that I do not k	cnow where thi	s check may be	at the prese	nt time ar	d that I am filin	o this form to have a
eplacement check issued to						g this form to have a
		riefly: (Evample	e: Check was	s received	out stolen or lost	t after receipt)
f other circumstances exist,	, please state br	icity. (Example	o. Chicon was	0 1 0 0 0 1 1 0 0 0		· ··-·
f other circumstances exist,	, please state br	ieny. (Example	o. Chook was			

Sign this form and have it notarized, Page 2

NYCERS to deduct the amount of the check from any future payments.



	NWCED	o Lige	OM V	F200
	NYCER	SUSE	ONLY	F399
k and	l all futu	re ch	necks mailed.	
			Apt. Number	
Sta	te		Zip Code	
			1	
		Date		
ents s		d of c	nts or false inform containing false	nation
Com	mission	er of	Deeds	
		2 0	, personally app	peared
	, to	me kı	nown, and known	to
			ged to me that he fficial seal, affix i	

Member Number	Pension Number	Last 4 Digits of SSN		
The address bel	ow is a new address t	o which I want the replace	ment check and all futu	re checks mailed.
In Care of (if Applicable)				
Address				Apt. Number
11441455				11001
City			State	Zip Code
Signature of Member			'	Date
constitutes a felony puni statements will be referi	shable by a maximum red to The New York	ew York, offering a docume of 4 years imprisonment. City Department of Investi nowledged before a Notary	All documents suspected gation for investigation	
-	ed,escribed in and who exe at the statements contact	ecuted the foregoing instrum	nent, and he or she ackno If you have	me known, and known to wledged to me that he or she an official seal, affix it
Official Title				
Expiration Date of Comm	nission			

THIS AREA FOR NYCERS USE ONLY

THIS THERT ONLY COLOR OF DI						
	[MM/DD/YYYY]		[MM/DD/YYYY]	1		
Month of	1 1	LCA sent to C.O.	1 1			
			[MM/DD/YYYY]	[MM/DD/YYYY]		
Amount \$		Stop Payment on	1 1	Paid / /		
MICR #		Serial # or	/			
Amount \$		Stop Payment on	MM/DD/YYYY]	Paid / /		



For Tier 3, Tier 4 and Tier 6 Basic and Special Plan Members Only

Has your loan check been lost?

Do you know the best way to receive your replacement check?

The answer:

Electronic Fund Transfer (EFT), which is an Easy, Fast, Trouble-free way of having your loan deposited directly into your checking or savings account

Why EFT?

- It is SAFE: eliminates the risk of your loan check being lost or stolen
- It is FAST: no waiting for the check to clear the funds are immediately available
- It is EASY: no more trips to the bank no more waiting in line to deposit a check

Choosing EFT for your replacement check:

- Complete the first two pages of this form, Affidavit Concerning Lost Check, to report your lost check
- Fill out the form on the back of this flyer to choose EFT as the way you would like to receive **vour replacement check**
- Mail or bring this completed form to NYCERS

EFT....an Extremely Fast Transaction

(347) 643-3000

www.nycers.org

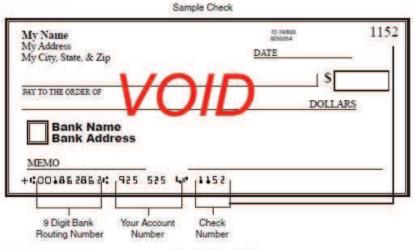


NYCERS USE ONLY	F399

Member Number	Pension Number	Last 4 Digits of SSN	

Read and complete the information in this section ONLY if you are a Tier 3, Tier 4 or Tier 6 Basic or Special Plan member who chooses to have your replacement loan check deposited directly into your account by Electronic Fund Transfer (EFT):

- Make sure you have filled out the first two pages of this form, Affidavit Concerning Lost Check.
- Attach one of your preprinted personal checks or preprinted savings deposit slips in the space provided below.
 If your bank no longer provides personal checks or preprinted savings deposit slips, attach a copy of the top portion of your Checking or Savings Account Bank Statement.
- If submitting a preprinted check or deposit slip write VOID (in large letters) across the face, as indicated in the sample below.
- Do NOT sign the check that you are attaching to this page.
- Write in your **Bank Name**, **Account Number**, the **Bank Routing Number** and select which account you want your funds directly deposited into under "Banking Information."
- Mail this completed form (including complete Affidavit Concerning Lost Check) to NYCERS. You can also bring both forms to NYCERS' Customer Service Center.



DEPOSIT TICKET	CASH	1 1 1 1
My Name		
My Address		
My City, State, & Zip		
1 10	10	
DATE	THE CONTRACTOR OF THE CONTRACT	
SIGN VANCE OF CASH RECEIVED. SERVICES	AL SUBTOTAL	
Account routing number 001862898	LESS CASH	
	LESS CASHID	
Account routing number 001862898 Bank Name Bank Address	LESS CASHIN	
Bank Name	Page 1	
Bank Name	GERMANT \$	
Bank Name Bank Address	GERMANT \$	

BANKING INFORMATION

Deposit to my	Checking	Savings			
Bank Name					
Account #					
Bank Routing Number					