CUNA MUTUAL GROUP			CLAIM NO.		
	CUMIS Insurance Society, Inc. CUMIS Specialty Insurance Company, Inc.		STATE AND CON	TRACT NO.	
	P.O. Box 1221 • 5910 Mineral Point Road Madison, WI 53701-1221 Phone: 800.637.2676 • Fax: 608.231.7900 http://www.cunamutual.com			e person alleging forgery e this form in longhand.	
AFFIDAVIT OF FORGERY					
1.	I am first duly sworn and state I a	m:			
	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)				
т.		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 a forgery:				
	Date	Instrument Nu	mber	Dollar Amount	
	a)				
	b)				
	c)				
6.	(If more space is required, use a separate sheet) 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.					
	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 fines and/or by imprisonment.				
	Sign your name five times:				
State of		County of			
Su	bscribed and sworn to before me th	nis day of			
		Notary			