



Declaration of Loss

I (including any and all of the undersigned, jointly and severally) declare under penalty of perjury, under the laws of the State of California, that the following information is true and correct:

- 1. I am the [] payee [] remitter of check number _____ dated _____ in the amount of _____ made payable to: _____ issued by SCE Federal Credit Union.
2. The check was:
[] Destroyed - I cannot reasonably obtain possession of the check and the item is no longer negotiable.
[] Lost - The check was lost on or about _____. I did not willfully give the check to anyone.
[] Stolen - It was stolen and it is not in the possession of the lawful owner.
[] I have completed a police report filed on _____ with the City of _____ Police Department.
[] I have not completed a police report.
3. I request that you pay the amount of the check when this claim becomes enforceable in the form of:
[] A credit to my account number _____
[] A check made payable to the undersigned _____
4. I understand that this claim may not be immediately enforced. The claim will be enforceable on the date of this claim or 90 days from the date of the check.
5. I understand that the Credit Union must have a reasonable time to respond to this claim before the claim will be enforceable.
6. I understand that until the claim becomes enforceable, the Credit Union may pay the person who is entitled to enforce the check. If the Credit Union pays the person who is entitled to enforce the check, I understand that the Credit Union will be relieved of liability to me and that I cannot enforce this claim.
7. I understand that if the Credit Union reimburses me as a result of this claim, the Credit Union will be relieved of liability on the check. If the Credit Union has paid me and a holder in due course presents the check for payment, I agree to (a) refund to the Credit Union the amount of the check immediately upon receipt of written notice from the Credit Union, and (b) pay the amount of the check to the holder in due course.
8. If I do not refund to the Credit Union the amount of the check upon request, I understand that the Credit Union may enforce its rights in a court of law.
9. I agree to indemnify and hold the Credit Union harmless of any and all loss or damage, including expenses due to the Credit Union refusing to pay the item.
10. I understand that the Credit Union will rely upon the statements contained in this Declaration of Loss.

Signature _____

Print _____

Date _____

Signature _____

Print _____

Date _____