



Mail completed form to:
30-30 47th Avenue, 10th Fl
Long Island City, NY 11101



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.

NOTE: If the address you provide on this form is different from your address in our system, the new address will become your official address in our records. Should you have any questions regarding this form, please contact our Call Center at 347-643-3000.

Member Number	OR	Pension Number	Last 4 Digits of SSN	Home Phone Number	Work Phone Number
				()	()
First Name		M.I.	Last Name		
Address					Apt. Number
City			State	Zip Code	

WHAT TYPE OF CHECK WAS LOST: (please check one)

- | | |
|--|---|
| <input type="checkbox"/> Tier 1/Tier 2 Loan | <input type="checkbox"/> Survivor Benefit (Active Member) |
| <input type="checkbox"/> Tier 3/Tier 4/Tier 6 Basic and Special Plan Loan (Note: See Pages 3 and 4 for Direct Deposit Information) | <input type="checkbox"/> Pensioner Survivor Benefit |
| <input type="checkbox"/> Refund | <input type="checkbox"/> Retirement Allowance/Pension |

STATEMENT:

Although I have been informed by NYCERS that the type of check designated above in the amount of

\$ and dated [MM/DD/YYYY] / / was issued to me and mailed to the following:

Address	Apt. Number
City	State
Zip Code	

I hereby inform NYCERS that I have not received the above-mentioned check.

I further state that I do not know where this check may be at the present time, and that I am filing this form to have a replacement check issued to me in the same amount as the original check issued by NYCERS.

If other circumstances exist, please state briefly: (Example: Check was received but stolen or lost after receipt)

In the event that the original missing check comes into my possession at any time, I promise to return it immediately to NYCERS at the above address. If at any time it is found that the original check has been cashed by me, I hereby authorize NYCERS to deduct the amount of the check from any future payments.

Sign this form and have it notarized, Page 2



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Member Number	Pension Number	Last 4 Digits of SSN

The address below is a new address to which I want the replacement check and all future checks mailed.

In Care of (if Applicable)

Address	Apt. Number

City	State	Zip Code

Signature of Member	Date

Pursuant to The Penal Code of the State of New York, offering a document containing false statements or false information constitutes a felony punishable by a maximum of 4 years imprisonment. All documents suspected of containing false statements will be referred to The New York City Department of Investigation for investigation.

This form must be acknowledged before a Notary Public or Commissioner of Deeds

State of _____ County of _____ On this ____ day of _____ 20____, personally appeared before me the above named, _____, to me known, and known to me to be the individual described in and who executed the foregoing instrument, and he or she acknowledged to me that he or she executed the same, and that the statements contained therein are true.

If you have an official seal, affix it

Signature of Notary Public or Commissioner of Deeds _____
 Official Title _____
 Expiration Date of Commission _____

THIS AREA FOR NYCERS USE ONLY

Month of	[MM/DD/YYYY] / /	LCA sent to C.O.	[MM/DD/YYYY] / /
Amount \$		Stop Payment on	[MM/DD/YYYY] / /
MICR #		Serial # or	[] / [] - []
			Paid [MM/DD/YYYY] / /



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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

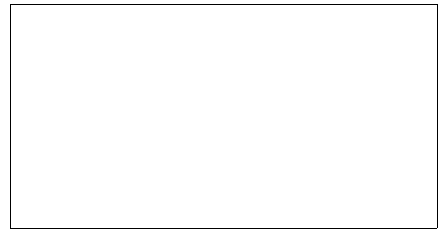
Choosing EFT for your replacement check:

- **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 your replacement check**
- **Mail or bring this completed form to NYCERS**

EFT....an Extremely Fast Transaction



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Member Number	Pension Number	Last 4 Digits of SSN
<input type="text"/>	<input type="text"/>	<input type="text"/>

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 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.

BANKING INFORMATION

Deposit to my Checking Savings

Bank Name _____

Account # _____

Bank Routing Number _____

Sample Check

My Name _____ 72-74893 1152
My Address _____ 9255254
My City, State, & Zip _____ DATE _____

PAY TO THE ORDER OF **VOID** \$ _____
DOLLARS

Bank Name _____
Bank Address _____

MEMO _____

+ 00186 286 2: 925 525 4: 1152

9 Digit Bank Routing Number Your Account Number Check Number

Sample Deposit Slip

DEPOSIT TICKET

My Name _____ CASH →
My Address _____
My City, State, & Zip _____

DATE _____ DEPOSITS MAY NOT BE AVAILABLE TO CASH WITHDRAWAL

Bank Name _____ SUBTOTAL →
Bank Address _____ LESS CASH →
NET DEPOSIT \$ _____

Account routing number 001862898

+ 00186 286 2: 925 525 4:

9 Digit Bank Routing Number Your Account Number

Note: Your bank may use different routing numbers for deposits. If your deposit slip has this notation, use this routing number for your direct deposit.