



# New York City Police Pension Fund

233 Broadway  
New York, NY 10279  
212-693-5100  
866-692-7733  
www.nyc.gov/nycppf

Office use only

## Lost Check Claim and Affidavit

Time and date

NYC Police Pension Fund (NYCPPF) retired members and their beneficiaries or other legal claimants may use this form to report a lost check issued by the NYCPPF. When you have completed the form, **notarize it and mail it to the NYCPPF at the above address. Please print all information.** If you have questions, call our Pension Payroll Unit at (212) 693-6888.

### 1. Claimant information

[Please print]

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

First name: \_\_\_\_\_ M.I.: \_\_\_\_ Last name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt./Fl.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Email: \_\_\_\_\_ Daytime phone: (\_\_\_\_) \_\_\_\_\_

Tax ID #: \_\_\_\_\_ Pension #: \_\_\_\_\_ SSN, last 4 digits: \_\_\_\_\_

### 2. Lost check information

Check type (check one box) ▶▶  Pension check  Variable Supplement check (Superior Officer)  
 QDRO check  Variable Supplement check (Police Officer)

Check date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd/ yyyy

### 3. Affidavit

- I do not know where the lost check cited in section 2 above may be at the present time.
- I have not assigned the lost check to any other party, and I have not received cash or other consideration for said check. I am the check's sole owner, and I am entitled to receive the full face amount thereof.
- I make this affidavit truthfully in order to to obtain a replacement check payable to me in the full amount of the lost check.
- I will immediately advise NYCPPF if the lost check ever comes into my possession, and I will promptly return the recovered lost check to the NYCPPF should that occur.
- If the lost check is ever negotiated, I understand that the NYCPPF reserves all rights and remedies, including the right to offset the amount of the lost check from any financial account on which I am a named owner.

Member or claimant signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### 4. Notarization

[Notarization is required if you mail this form to the NYCPPF]

Before me, the undersigned authority, on this day personally appeared  
(print full name) \_\_\_\_\_, known to me  
to be the person whose name is signed above, and who, upon his or her oath, acknowledges  
to me that he or she executes this instrument for the purposes herein expressed.

Sworn and executed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature of Notary Public or Commissioner of Deeds:

x \_\_\_\_\_ Commission expiry date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Registration #: \_\_\_\_\_ Qualified county: \_\_\_\_\_ Affix stamp or seal if available

### Office use only

Check amount: \$ \_\_\_\_\_ Stop pmt. #: \_\_\_\_\_