



New York City Police Pension Fund

233 Broadway, 25th fl.
New York, NY 10279
212-693-6888
866-692-7733 (outside NYS)

Office use only

Lost Check Affidavit

Retiree / beneficiary / payee

Time and date

- NYCPPF retirees, beneficiaries and payees may use this form to request replacement of a lost check.
- Section 1:** Print all applicable claimant information. **Section 2:** Identify lost check type and date. **Section 4: Notarize this form (required).** Mail/deliver to: NYC Police Pension Fund, Pension Payroll, 233 Broadway, 25th fl., New York, NY 10279. Call Pension Payroll at (212) 693-6888 or Death Benefits at (212) 693-5723 with any questions.

1) Claimant information: [print applicable information]

Tax ID #: _____ Pension #: _____ SSN, last 4 digits: _____

First name: _____ MI: _____ Last name: _____

Street address: _____ Apt./Fl.: _____

City: _____ State: _____ Zip code: _____

Contact phone #: (____) _____ Claimant type (check one): Retiree Beneficiary/payee

2) Lost check description: [Check one lost check type box and provide the date of the lost check]

- Lost check type: check ONE box ▶
- Pension
 - Annual Variable Supplement
 - DRO*
 - Variable Supplement – DROP
 - Death benefit
 - * Domestic Relations Order

Lost check date: _____

____ / ____ / ____

mm dd yyyy

3) Claimant statement:

- I do not know where the check cited in Section 2 may be at the present time.
- I have not assigned the lost check to another party and I have not received cash or other consideration for said check. I am the check's sole payee, and I am entitled to receive the full face amount thereof.
- I make this statement in order to obtain a replacement check payable to me in the full amount of the lost check.
- I will immediately advise the NYCPPF if the lost check herein cited 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 of which I am a named owner.
- I hereby declare that all information provided in this form is true to the best of my knowledge.

Claimant signature: _____ Date: ____ / ____ / ____

4) Notarization: [This form must be notarized.]

State of _____ County of _____

On this ____ day of _____, 20 ____ before me

personally appeared _____

to me known and known to me to be the same person described herein and who executed the foregoing instrument, and (s)he duly acknowledged to me that (s)he executed the same.

Signature of Notary Public: _____ [Please affix stamp or seal]

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Check #: _____ Stop payment #: _____

Processed by: _____ Date: ____ / ____ / ____