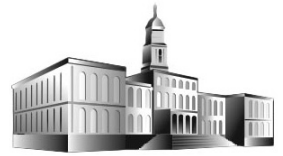




# Management Benefits Fund Lost Check Claim Affidavit

See Submission Instructions Below:

(212)306-7290  
(888)400-0623 (Outside NYC)  
nyc.gov/mbf



I, \_\_\_\_\_, being duly sworn do hereby say that the following check was never received or was received and subsequently lost or destroyed.

Issued: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Amount: \$ \_\_\_\_\_

I have not sold, assigned or transferred said check, or amount due thereon, to any person or party whatsoever. I have not received cash or other consideration for said check and I am still the sole owner of and entitled to receive the full amount thereof.

I make this affidavit to induce the issuance to me of a duplicate check to take place of, and in the same amount as, the missing one; should said missing check, at any time, come into my hands, I will not present it for payment; I will return it to the Management Benefits Fund for immediate cancellation. I understand that if I present the original check for payment, and it is paid, the Management Benefits Fund reserves all of its rights and remedies, including the right to offset the amount from any account I may have with any financial institution, or with the Management Benefits Fund itself, or from my pension funds.

LAST NAME															FIRST NAME															MI
CURRENT ADDRESS (STREET AND NUMBER)															APT															
CITY															STATE	ZIP CODE					PLUS FOUR									
SIGNATURE															DATE															
Sign in presence of notary															/					/										

## Statement of Notary

**Important:** If this form is being notarized outside of the United States, notarization must be performed by the U.S. Consulate.

State of \_\_\_\_\_ )  
:SS.:  
County \_\_\_\_\_ )

On \_\_\_\_\_ \* before me, the undersigned, personally appeared \_\_\_\_\_  
personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

(Signature and office of individual taking acknowledgment)

\* The date you sign the form must match the date on which the signature is notarized.

## Return to:

Mail	Express Mail	Electronically
New York City Management Benefits Fund P.O. Box 707 Bowling Green Station New York, NY 10274	New York City Management Benefits Fund 22 Cortlandt Street, 28 <sup>th</sup> Floor New York, NY 10007	Management Benefits Fund (MBF) <a href="https://nyc-mbf.leapfile.net">https://nyc-mbf.leapfile.net</a>

DO NOT WRITE BELOW THIS LINE

☐ APPROVED

Management Benefits Fund Administrative Office

OLR Financial Management