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## ,/3434/,%. #(%#+ !&&)\$!6)4 !.\$ 2%15%34 &/2 )335!.#% /& ! \$50,)#!4% #(%#+

## **INSTRUCTIONS**

All blank sections on this form must be completed.If assistarThe form must be signed by the check payee.form, pleatThe payeeÕs signature must be notarized.your ager

If assistance is needed in completing this form, please do not hesitate to contact your agent or our Call Center at 8 -777-

1	C	of		
(Your Legal Name)		(Street Address)		
(City)	,,,,	, County (Zip Code) (State)	of	
tate of, being duly sworn depose and say that a check from				
	, check number	, issued on	, in the amount of	
\$	to my knowledge has not been received or negotiated by me, nor do I have any			
knowledge as to its w	hereabouts.In consideration of th	ne issuance and delivery to n	ne of a new or duplicate	
check in the like amo	ount, lhereby agree that I will pro	omptly surrender the check	first issued should such	

check ever come into my possession, custody, or control.

I hereby agree to indemnify and hold harmless the above indicated company from any liability, loss, expense or damage which it may sustain as a result of the issuance of said replacement check and/or the original check described above. I also understand that any willfully false statement or representation lmake may subject me to criminal prosecution.

(Your Signature)

Subscribed and sworn before me on this \_\_\_\_\_\_ day of \_\_\_\_\_\_, \_\_\_\_\_,

(Notary Public)