

MEMBER VERIFICATION

Please provide your Social Security, the credit union name and your account number. Please provide as much additional information as possible, such as a previous address the credit union may have had on record. This will help us quickly verify your information.

Send the completed form to:
NCUA-AMAC, 4807 Spicewood Springs Road, Suite 5100, Austin, TX 78759

MEMBER INFORMATION – PLEASE PRINT

(1) Name (*First, Middle Initial, Last*)

(2) Credit Union Name and Address

(3) Account Number

(4) Birthdate (*MM/DD/YYYY*)

(5) Social Security Number

(6) Member Current Mailing Address:

(7) City

(8) State

(9) ZIP Code

(10) Phone Home Mobile
() -

(11) Other Phone Mobile Work
() -

(12) Email:

(13) Nature of Request, Additional Information or Comments:

JOINT MEMBER INFORMATION (IF APPLICABLE)

(14) Name (*First, Middle Initial, Last*):

(15) Birthdate (*MM/DD/YYYY*):

(16) Social Security Number:

SIGNATURE(S)

(17) Signature of member

(18) Date

(19) Signature of joint member, if for joint account

(20) Date

CRIMINAL PENALTY FOR PRESENTING A FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS: claimant may be fined not more \$250,000 or imprisoned for not more than 5 years or both. See 18 U.S.C §287.

CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM: claimant may be liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages which the Government sustains because of claimant's acts. The claimant may also be liable for the costs of a civil action brought to recover such penalty or damages. See 31 U.S.C. §3729.

The FEDERAL CREDIT UNION ACT authorizes the collection of this information. We will use the information to assist in the determination of your claim(s) against the credit union. We may routinely disclose this information as described in our Asset Management and Assistance Center's system of records notice (SORN) and in Appendix A of our Privacy Act SORN. This information is available on our website at www.NCUA.gov. You do not have to submit this information to the NCUA. Submitting this information to the NCUA is voluntary. If you omit information, however, you could delay or preclude our ability to determine the validity of your claim(s).

GENERAL INFORMATION AND INSTRUCTIONS FOR COMPLETING THE MEMBER VERIFICATION FORM

Purpose of this Form. Use this form if your name is on our list of Unclaimed Deposits on NCUA.gov. Please print all the information requested. If you are filling this information out for someone else, please use the information of the account owner. The account owner must sign the form.

- (1) **Name.** Your name as it would have appeared on the credit union's records.
- (2) **Credit Union Name and Address.** The name and address of the credit union you belonged to.
- (3) **Account Number.** The account number for your accounts at the credit union named above.
- (4) **Birthdate.** Your birthdate. We use this to confirm your identity matches the credit union records.
- (5) **Social Security Number.** Your Social Security number or Tax ID number. We use this to confirm your identity matches the credit union records.
- (6) – (9) **Member Current Mailing Address.** Your mailing address including City, State and Zip code.
- (10) **Phone.** Your telephone number in case we need to contact you for more information.
- (11) **Other Phone (optional).** Other telephone contact number.
- (12) **Email (optional).** Your email address in case we need to contact you for more information.
- (13) **Nature of Request, Additional Information or Comments.** Describe what you are requesting and include additional information which may help verify your identity or your account.
- (14) **Name (if applicable).** The joint owner's printed name.
- (15) **Birthdate (if applicable).** The joint owner's birthdate.
- (16) **Social Security Number (if applicable).** The joint account owner's Social Security number or Tax ID number.
- (17) **Signature.** Signature of the account owner.
- (18) **Date.** Date the account owner signed the form.
- (19) **Signature (if applicable).** Signature of the joint account owner.
- (20) **Date (if applicable).** Date the joint account owner signed the form.

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