
Please respond to: NCUA-AMAC, 4807 Spicewood Springs Road, Suite 5100, Austin, TX
78759

MEMBER VERIFICATION

I may be the person you are looking for. Please compare this to your records and see if you are holding any money for me!

Name: _____

Address: _____

City, ST, ZIP: _____

Telephone (____) ____ - _____

Social Security Number _____

Name of Credit Union _____

Signature _____

The bottom half of this form requires notarization. If you would like us to check your name, address and social security against our records, please fill out the above information. We will contact you if we need a notarized form.

AFFIDAVIT OF CLAIMANT

State of _____ }

County of _____ }

I, _____, do hereby solemnly swear (or affirm) that I had shares in a credit union that was liquidated by the National Credit Union Administration as indicated above.

I understand that presenting a false or fraudulent claim, in whole or in part, to the National Credit Union Administration for share insurance may subject me to criminal and/or civil penalties as provided for in 18 U.S.C. §287 and 31 U.S.C. §3729, respectively.

AFFIANT (Signature)

Signed and sworn to (affirmed) before me

_____, this _____ day of _____, 20____, by
(Notary Public)

_____.
(Affiant Name)

_____ My commission expires _____
NOTARY PUBLIC