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INSTRUCTIONS

All blank sections on this form must be completed.
The form must be signed by the check payee.
The payeeÕs signature must be notarized.

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

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I____of____
(Your Legal Name) (Street Address)

_______________________, _______________, _________________, County of_________________
(City) (Zip Code) (State)

State 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 whereabouts.In consideration of the issuance and delivery to me of a new or duplicate check in the like amount, Ihereby agree that I will promptly 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 Imake may subject me to criminal prosecution.

____
(Your Signature)

Subscribed and sworn before me on this ________________ day of ___________________, _________.

____
(Notary Public)