



**Deferred Compensation Plan/
NYCE IRA
Lost Check Claim Affidavit**

Mail (do not fax) completed form to:
New York City Deferred Compensation Plan
Bowling Green Station, P.O. Box 93
New York, New York 10274-0093
(212)306-7760
1(888)DCP-3110 (Outside NYC)
nyc.gov/deferredcomp



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

Issued: ___/___/___ Amount: \$ _____

Plan/Account (Select one per request): 457 Plan 401(k)Plan 401(k) Plan Special Rollover Account 401(a) Plan
 Traditional NYCE IRA Account Roth NYCE IRA Account

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 Deferred Compensation Plan for immediate cancellation. I understand that if I present the original check for payment, and it is paid, the Deferred Compensation Plan 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 Deferred Compensation Plan itself, or from my pension funds.

PRINT NAME

CURRENT ADDRESS (STREET AND NUMBER)

CITY	STATE	ZIP CODE
SIGNATURE	DATE / /	

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 of _____)

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.