



Deferred Compensation Plan/ NYCE\IRA Lost Check Claim Affidavit

See Submission Instructions Below:
(212)306-7760
(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.

LAST NAME															FIRST NAME															MI	
CURRENT ADDRESS (STREET AND NUMBER)															APT																
CITY															STATE		ZIP CODE					PLUS FOUR									
SIGNATURE															DATE																

Sign in presence of notary

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 _____)

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.

Return to:

Mail	Express Mail	Email
New York City Deferred Compensation Plan Bowling Green Station, P.O. Box 93 New York, New York 10274-0093	New York City Deferred Compensation Plan 22 Cortlandt Street, 28 th Floor New York, NY 10007	Deferred Compensation Plan NEWYRK@VOYAPLANS.com.

DO NOT WRITE BELOW THIS LINE

☐ APPROVED

Deferred Compensation Plan/NYCE IRA Administrative Office

OLR Financial Management