AFFIDAVIT OF FRAUD

| State | of | - :SS | | | |
|-------|--|-------------------------|-------------------|-------------------|--|
| Coun | ty of | | | | |
| | | _ being duly sworn, dep | ooses and says: | | |
| 1. | My mailing address is | | | | |
| | My telephone number at home is (|) and | at work is (|) | |
| 2. | My Visa credit/debit card ("Card") was issued by Members 1st Credit Union and the account number is | | | | |
| 3. | I was issued | Card(s) | in my name. | | |
| 4. | The following other persons were issuas my Card: | ued cards in their nam | es with the same | account number | |
| 5. | To the best of my knowledge, my Card was: (check one of the following) [] Lost [] Stolen on or about | | | | |
| | [] Never Received | Month | Day | Year | |
| | [] In my possession at all times when the fraud on or about | | sactions occurred | , and I learned o | |
| | Month | Day | Year | | |
| 6. | I reported my Card lost/stolen on | Month | | | |
| 7. | Month Day Year The transactions ("Transactions") listed on the back side of this form were not made of authorized by me or made by any person who was authorized to use my Card or, to the best of the knowledge, made by any person listed in Section 4 above. (Please list all unauthorized transactions on the reverse side.) | | | | |
| 8. | I did not receive any benefit from the Transactions listed in Section 7 above. | | | | |
| 9. | I [] have [] have no knowledge of the identity or characteristics of the person(s) illegall using my name, account number, or Card. (If you have such knowledge, please provid information on the reverse side. | | | | |
| 10. | I give my consent to the Credit Union to release any information regarding my Card and/o Card Account to any federal, state, or local law enforcement agency so that the information can, if necessary, be used in the investigation and/or prosecution of any person(s) who may be responsible for fraud involving my Card and/or Card Account. | | | | |
| | SE SIGN BELOW AND PROVIDE ADDITION. | | | | |
| Subso | ture: cribed and sworn to before me on this | dav of | | . 20 | |
| | | uu, o | (seal) | Notary Public | |
| My C | ommission Expires | | | , | |

| List of All Unautho | rized Transactions: | |
|---------------------|------------------------|---|
| Posting Date | Amount | Merchant Description |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Please provide five | e (5) examples of your | signature below: |
| | | |
| | | |
| | | |
| | | |
| In the space belo | | rmation you have about the person who illegally used your |
| | | |
| | | |
| | | |
| | | |
| | | |