



NEW YORK CITY FIRE PENSION FUND

ONE BATTERY PARK PLAZA, 9TH FLOOR

NEW YORK, NY 10004

(929) 436-0099

Patrick M. Dunn
Executive Director

LOST CHECK AFFIDAVIT

State Of _____

County Of _____

Name: _____

SS# _____

Tel. No. _____

I _____ being duly sworn, depose and say that I reside at _____; I am a recipient of the New York City Fire Dept. Article 1B Pension Fund under Pension No. _____; that I am due from the said retirement system the net amount of \$ _____ dollars for my retirement allowance for the month of _____ 20____. I never received the amount so due.

I further state that I do not know where or in whose hands said check may be at the present time, and I make this affidavit to induce the issuance to me of a duplicate check. In the event the said original missing check at any time comes into my hands, I promise to return it immediately to the retirement system, at the address above. If at any time it is found that said, original missing check has been cashed by me, I hereby authorize the retirement system to deduct the amount of said check from any further payments due me.

SWORN TO BEFORE ME, THIS

_____ Day Of _____ 20____

Signature of Deponent

Notary Public / Commissioner of Deeds

For Office Use Only:

Month/Yr . _____

Check No. _____