DECLARATION OF LOSS, CLAIM FOR REFUND, AND INDEMNITY AGREEMENT

MEMBER/PURCHASER NAME			ACCOUNT NUMBER	SUFFIX
PURCHASER'S ADDRESS			HOME PHONE	
CITY	STATE	ZIP	WORK PHONE	

In this agreement, the words "UNDERSIGNED," "PURCHASER," and "PAYEE" refer to each and all of those who sign this Agreement. The words "CREDIT UNION" refer to Northrop Grumman Federal Credit Union. The word "AGREEMENT" refers to the Declaration of Loss, Claim for Refund, and Indemnity Agreement. The word "CHECK" refers to the Cashier's Check noted in the agreement.

This Declaration is made pursuant to the provisions of California Commercial Code section 3312. The undersigned declares under penalty of perjury under the laws of the state in which this document is executed that the following is true and correct.

The undersigned is the ❑ purchaser ❑ payee of the check issued by the Credit Union, dated _____, check number_____, in the amount of $_____ and payable to:_____. The check was: ❑ lost ❑ stolen ❑ destroyed. Date of occurence _____. Police report filed: ❑ yes ❑ no If yes, the agency/city where filed: _____. Case Number: _____

The undersigned cannot reasonably obtain possession of the check because the check was destroyed, its whereabouts cannot be determined, or it is in the wrongful possession of an unknown person or persons that cannot be found or is not admissible to service of process.

The undersigned did not lose possession of the check as a result of a lawful seizure or by transferring the check to someone else. The undersigned requests that the Credit Union place a stop payment and: ❑ issue a replacement check to the same payee as set forth above, or ❑ credit the funds to the above Credit Union account.

The undersigned understand(s) and agree(s) that: In consideration of the Credit Union honoring this request, the undersigned agrees to indemnify and hold the Credit Union harmless from and against any and all claims, demands, losses, damnages, actions, liabilities, costs, other expenses and reasonable attorney fees, which the Credit Union may sustain by reason of the Credit Union having relied upon the representations in this Declaration. The undersigned agree to deliver the original check to the Credit Unio for cancellation if it is found.

If there is more than one undersigned, their liability hereunder and the representations and warranties herein shall be joint and several. The obligation to indemnify the Credit Union is unlimited as to time, and shall benefit the Credit Union and its successors, and be binding upon the undersigned's heirs, administrators, executors, successors and assignees.

THE CLAIM WILL NOT BECOME ENFORCEABLE UNTIL THE LATTER OF: (1) three business days from the date the Credit Union receives the claim, (2) the 90th day following the date of the check. Until then, the claim has no legal effect, and the check may be honored if presented for payment. Under no circumstances will this claim become effective until the Credit Union has had a reasonable time to act on it.

The undersigned's claim may not be effective if the undersigned fails to provide the Credit Union with complete and accurate information. The Credit Union may also refuse to honor the claim if the undersigned fails to show the Credit Union reasonable identification upon request. All information including but not limited to the check number, amount issued, date issued, payee and maker must be correct information for this agreement to be effective.

If the Credit Union honors the claim and the check is later presented to the Credit Union for payment by a person having rights of a holder in due course, the undersigned is obliged to (1) refund the payment to the Credit Union if the check is paid, or (2) pay the amount of the check to the person having rights of a holder in due course if the check is dishonored.

I authorize the Credit Union to charge my ❑ Share ❑ Share Draft account the $10.00 fee for this request. I understand that I may be charged a $10.00 for cancelling this request.

By signing below, I/we agree to the above terms and acknowledge receipt of a copy of this Declaration of Loss, Claim for Refund and Indemnity Agreement executed the _____day of _____, _____ at _____(city), _____(state).

Purchaser/Payee Signature		Purchaser/Payee Signature	
Purchaser Payee Name Printed		Purchaser Payee Name Printed	
Address	Identification	Address	Identification

Signature witnessed by:_____, a Credit Union representative Date:_____

FOR CREDIT UNION USE ONLY

Item / Check Number	PAID on		No Stop Payment placed and no replacement or funds issued. Verified by:		
Received by:	Branch:	Date:	Fee Charged:	Charged by:	Date:
Credit Funds to Account #	Suffix	Replacement check #		Credit on:	
Funds credited by:		Date:	Audited by:		Date: