

LOST OR DESTROYED CHECK AFFIDAVIT

Social Security Number	Last Name	First Name, Middle Initial
Date of Check	Number of Check	Amount of Check

I declare under penalty of perjury that I am the legal owner of the benefit check drawn in my name on the San Mateo County Employee's Retirement Fund and that the following information is correct:			
Initial, only if true	I have not received the check.		
Initial, only if true	I have received the check but it has been lost or destroyed		
Signature		Date	
Address		Telephone	

Attention: CONTROLLER	Date of Stop Payment:	
Please place a stop payment on this check		
and confirm with:		
Authorized by:	Date:	Telephone Number: