

424 Route 8
Maite, Guam 96910
Tel: (671) 475-8900
Fax: (671) 475-8922



AFFIDAVIT OF CLAIMANT: ENDORSEMENT FORGED

DATE: _____

I, _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____

Social Security Number: _____ Driver's License Number: _____

Being duly sworn depose(s) and say(s):

That I am the owner and holder of the Government of Guam Retirement Fund Check No: _____ dated _____ in the amount of \$ _____ issued by Government of Guam Retirement Fund, Mailing address 424 Route 8, Maite, Guam 96910, and which said check purports to be endorsed by affiant, and was paid by _____ at its _____ branch on the ____ day of _____ that the said endorsement purporting to be the endorsement of affiant was not authorized or written by the affiant nor written at the direction of affiant and that said endorsement of said check is forged, that affiant has never ratified the said endorsement, and it is affiant's belief that said endorsement was made by _____ who resides at _____ under the following circumstances: _____

and further, that affiant received no benefit or value from proceeds of said check, and than no part thereof was applied to any use or purpose in the affiant's behalf.

Affiant further deposes and says that affiant will testify, declare, depose or certify to the truth of any or all of the foregoing before any competent tribunal, officer, or person in any case now pending or that may be hereafter instituted in connection with the matter contained in this affidavit.

Signature

§8169. Penalties. Any person who knowingly makes any false statement or falsifies or permits to be falsified, any record or records of this system, in any attempt to defraud the system, if guilty of a misdemeanor and shall be punishable therefor under the laws of the government of Guam, and the system shall have the right to recover any payments made under false representations.

Under the laws of perjury, I hereby certify that the information I have provided is true and correct.

Signature

Witnessed by Retirement Fund Representative or Notary Public:

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Maite, Guam 96910
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FIVE SPECIMEN / SAMPLE SIGNATURE

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

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