

IDENTITY THEFT AFFIDAVIT

About You (the victim)

Enter your full legal name below.

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX
DATE OF BIRTH	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE (state and number)	
STREET ADDRESS			APARTMENT/SUITE
CITY	STATE	ZIP CODE	COUNTRY
PHONE NUMBER	EMAIL		

Declarations

- I **did** or **did not** authorize anyone to use my name or personal information to obtain money, credit, loans, goods, or services – or for any other purpose – as described in this report.
- I **did** or **did not** receive any money, goods, services, or other benefit as a result of the events described in this report.
- I **am** or **am not** willing to work with law enforcement if charges are brought against the person(s) who committed the fraud.

About the Suspect

I **do** or **do not** believe I know who the suspect is.

If you selected **do**, then complete the section below.

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX
STREET ADDRESS			APARTMENT/SUITE
CITY	STATE	ZIP CODE	COUNTRY
PHONE NUMBER(1)		PHONE NUMBER(2)	

Additional information about this person:

About the Fraud

Additional information about the crime (for example, how the suspect gained access to your information or which documents or information were used):

Documentation

It is required to validate your identity with a copy of a government-issued photo identification card, options below:

I can verify my identity with these documents:

- A valid government-issued photo identification card (for example, my driver's license, state-issued ID card, or my passport).
If you are under 16 and don't have a photo-ID, a copy of your birth certificate or a copy of your official school record showing your enrollment and legal address is acceptable.

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Your Law Enforcement Report

Attach a copy of any confirmation letter or official law enforcement report if you have filed with an agency.

Select one:

- I have not filed a law enforcement report.
- I was unable to file any law enforcement report.
- I filed an automated report with the law enforcement agency listed below.
- I filed my report in person with the law enforcement officer and agency listed below.

Fill out as much information as possible below.

LAW ENFORCEMENT DEPARTMENT

STATE	REPORT NUMBER	FILING DATE	PHONE NUMBER
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OFFICER NAME

Attestation Signature

I attest to the best of my knowledge the information provided in and submitted with this form is true and correct.

SIGNATURE	DATE SIGNED
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If form is not submitted electronically, please return completed and signed form to:
BECU, Financial Crimes M/S 1062-1 PO Box 97050 Seattle, WA 98124-9750, fax to 206-805-2259, or email to FinancialCrimes@becu.org