B|E|C|U Identity Theft Affidavit

Step 1: About you (the victim)

Enter your full legal name below. First Name Middle Name **Last Name** Date of Birth Suffix **Social Security Number Driver's License (state and number)** Street Address **Apartment / Suite ZIP Code** City State Country **Phone Number Email** Step 2. Declarations did () did not authorize anyone to use my name or personal or information to obtain money, credit, loans, goods, or services – or for any other purpose – as described in this report. () did not () did receive any money, goods, services, or other benefit as or a result of the events described in this report. willing to work with law enforcement if charges are am not am or brought against the person(s) who committed the fraud. Step 3. About the Suspect () do () 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

Step 3. About the Suspect (continued)			
Phone Number (1)	Phone Number (2)		
Additional information about this person:			
Step 4. About the fraud			
Additional information about the crime (for exa information or which documents or information we			
Step 5. Documentation			
It is required to validate your identity with a identification card; options below:	copy of a government-issued photo		
issued ID card, or my passport).	n card (for example, my driver's license, state-		
official school record showing your enrollmen			
Step 6. Your law enforcement repor	t		
Attach a copy of any confirmation letter or o filed with an agency.	fficial law enforcement report if you have		
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 report. I filed my report in person with the law enforcement.	cement agency listed below.		

Step 6. Your law enforcement report (continued)

Fill out as much information as possible below.

Law Enforcement Department					
State	Report Number	Filing Date	Phone Number		
Officer Name					

Step 7: 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	

If form is not submitted electronically, please return completed and signed form to:

BECU, Fraud Operations M/S 1062-1 PO Box 97050 Seattle, WA 98124-9750

Alternately, email to BECUFraudOperations@becu.org