

LIQUIDATED CREDIT UNION MEMBER VERIFICATION

(Only submit form if your credit union has been closed and liquidated)

In order to quickly verify your information, we ask you provide as much of the below information as you can. It will also help us if you provide any additional information that may help us locate your credit union and accounts, such as a previous address the credit union may

have had on record. Send the completed form to:

NCUA-AMAC, 10910 Domain Drive, Suite 200, Austin, TX 78758

MEMBER INFORMATION – PLEASE PRINT

(1) Member Name (*First, Middle Initial, Last*)

(2) Credit Union Name and Address

(3) Member Account Number

(4) Member Birthdate (*MM/DD/YYYY*)

(5) Member Social Security Number

(6) Member Current Mailing Address

(7) City

(8) State

(9) ZIP Code

(10) Phone Home Mobile

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(11) Other Phone Mobile Work

() -

(12) Email:

(13) Nature of Request, Additional Information or Comments:

JOINT MEMBER INFORMATION (IF APPLICABLE)

(14) Name (*First, Middle Initial, Last*):

(15) Birthdate (*MM/DD/YYYY*):

(16) Social Security Number:

SIGNATURE(S)

(17) Signature of member

(18) Date

(19) Signature of joint member, if for joint account

(20) Date

CRIMINAL PENALTY FOR PRESENTING A FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS: Claimant may be fined not more \$250,000 or imprisoned for not more than 5 years or both. See 18 U.S.C § 287.

CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM: Claimant may be liable to the U.S. Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages the Government sustains because of claimant's acts. Claimant may also be liable for the costs of a civil action brought to recover such penalty or damages. See 31 U.S.C. § 3729.

The Federal Credit Union Act authorizes the collection of this information. We will use the information to assist in the determination of your claim(s) against the credit union. We may routinely disclose this information as described in the NCUA Asset Management and Assistance Center's system of records notice (SORN) and in Appendix A of our Privacy Act SORN. This information is available on our website at www.NCUA.gov. You do not have to submit this information to the NCUA. Submitting this information to the NCUA is voluntary. If you omit information, however, you could delay or preclude our ability to determine the validity of your claim(s).

**GENERAL INFORMATION AND INSTRUCTIONS FOR COMPLETING
THE MEMBER VERIFICATION FORM**

Purpose of this Form. Use this form if your name is on our list of Unclaimed Deposits of Liquidated Credit Unions on NCUA.gov. Please print all the information requested. If you are filling this information out for someone else, please use the information of the account owner. The account owner must sign the form.

- (1) **Member Name.** Your name as it would have appeared on the credit union's records.
- (2) **Credit Union Name and Address.** The name and address of your liquidated credit union.
- (3) **Member Account Number.** The account number for your accounts at the credit union named above.
- (4) **Member Birthdate.** Your birthdate. We use this to confirm your identity matches the credit union records.
- (5) **Member Social Security Number.** Your Social Security number or Tax ID number. We use this to confirm your identity matches the credit union records.
- (6) – (9) **Member Current Mailing Address.** Your mailing address, including city, state and ZIP Code.
- (10) **Phone.** Your telephone number, in case we need to contact you for more information.
- (11) **Other Phone (optional).** Any other telephone contact number we can use to contact you.
- (12) **Email (optional).** Your email address, in case we need to contact you for more information.
- (13) **Nature of Request, Additional Information or Comments.** Describe what you are requesting and include any information that may help verify your identity or your account, including any previous name or address the credit union may have had on record for you.
- (14) **Name (if applicable).** The joint owner's printed name.
- (15) **Birthdate (if applicable).** The joint owner's birthdate.
- (16) **Social Security Number (if applicable).** The joint account owner's Social Security number or Tax ID number.
- (17) **Signature.** Signature of the account owner.
- (18) **Date.** Date the account owner signed the form.
- (19) **Signature (if applicable).** Signature of the joint account owner.
- (20) **Date (if applicable).** Date the joint account owner signed the form.

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