

Citi® Identity Theft Solutions

Name: «Rep_Name»

Phone Number: «Rep_Phone_Ext_Str»

Case #: «Case_ID»

SECURITY AFFIDAVIT

Your Correct Information (1) My full legal name_ (Middle) (Last) (Jr.,Sr.,III) (2) Other names I have used: (Middle) (Jr., Sr., III) (First) (Last) (3) My date of birth is _____(day/month/year) (4) My social security number is _____ (5) My driver's license or identification card state and number are (6) My current address is _____ City_____State____Zip Code_____ (7) I have lived at this address since _____(Month/Year) (8) List your former addresses involved in the alleged fraud: Street address City_____State____Zip Code_____ (9) I lived at the address in #8 from _____until ____ (10) My daytime telephone number is (____)____ My evening telephone number is (____)____

How the Fraud Occurred

Victim InformationCheck all that apply for items 11 –16:

(11) did not authorize anyone to use my name or personal information to seek the money, credit, loans, goods, or services described in this report. (12) did not receive any benefit, money, goods, or services as a result of the events described in this report. (13) My identification documents (for example, credit cards; birth certificate; driver's license; social security card; etc) were	CHOOK C	in that apply for items if for					
described in this report. (13) My identification documents (for example, credit cards; birth certificate; driver's license; social security card; etc) were stolen							
icense; social security card; etc) were stolen							
(day/month/year) (14) To the best of my knowledge and belief, the following person(s) used my information (for example, my name, address, date of birth, existing account numbers, social security number, mother's maiden name, etc.) or identification documents to get money, credit, loans, goods or services without my knowledge or authorization: Name (if known)							
(for example, my name, address, date of birth, existing account numbers, social security number, mother's maiden name, etc.) or identification documents to get money, credit, loans, goods or services without my knowledge or authorization: Name (if known)		□ stolen □ lost on or about	(day/month/year)				
Address (if known) Phone number(s) (if known) Additional information (if known) Additional information (if known) Additional information (if known) Compared to the second to the fraud, which documents or information were used or how the identity thief gained access to your information.)		(for example, my name, address, date of birth, existing account numbers, social security number, mother's maiden name, etc.) or identification documents to get money, credit,					
Phone number(s) (if known) Additional information (if known) Additional information (if known) Additional information (if known) Additional information (if known) (15) I do NOT know who used my information or identification documents to get money, credit, loans, goods or services without my knowledge or authorization. (16) Additional comments: (For example, description of the fraud, which documents or information were used or how the identity thief gained access to your information.)		Name (if known)	Name (if known)				
Additional information (if known) Additional information (if known) (15) I do NOT know who used my information or identification documents to get money, credit, loans, goods or services without my knowledge or authorization. (16) Additional comments: (For example, description of the fraud, which documents or information were used or how the identity thief gained access to your information.)		Address (if known)	Address (if known)				
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information were used or how the identity thief gained access to your information.)							
Attach additional pages as necessary							
Attach additional pages as necessary							
Attach additional pages as necessary							
Attach additional pages as necessary							
Attach additional pages as necessary							
	Attach	additional pages as necessary					

Transactions to be Disputed on My Identity Theft Claim

Account Number:	
Company:	
Items to Dispute:	
\$ Amount:	
Notes:	
Account Number:	_
Company:	_
Items to Dispute:	_
\$ Amount:	_
Notes:	
Account Number:	
Account Number:	
Company:	
Items to Dispute:	
\$ Amount:	
Notes:	
Account Number:	_
Company:	_
Items to Dispute:	_
\$ Amount:	
Notes:	

Make copies of this page as necessary.

Documentation Checklist

Please indicate the supporting documentation you are able to provide to Citi or to the companies you plan to notify. Attach **copies** (**NOT** originals) to the affidavit before sending it to the companies.

- A copy of a valid government-issued photo-identification card (for example, your driver's license, state-issued ID card or your passport). If you are under 16 and don't have a photo-ID you may submit a copy of your birth certificate of a copy of your official school records showing your enrollment and place of residence.
- □ Proof of residency during the time the disputed bill occurred, the loan was made or the other event took place (for example, a rental/lease agreement in your name, a copy of a utility bill or a copy of an insurance bill).
- A copy of the report you filed with the police or the sheriff's department. If you are unable to obtain a report or report number from the police, please indicate that in Item 19. Some companies only need the report number, not a copy of the report. You may want to check with each company.

In the event you have contacted the police or law enforcement agency, please complete the following:

(Agency#1)	(Officer/Agency taking report)		
(Date of report)	(Report Number, if any)		
(Phone number)	(E-mail address, if any)		
(Agency #2)	(Officer/Agency taking report)		
(Date of report)	(Report number, if any)		
(Phone number)	(E-mail address, if any)		

Signature

I declare under penalty of perjury that the information I have provided in this affidavit is true and correct to the best of my knowledge. I understand that Citibank investigates alleged fraudulent or unauthorized credit card usage and may refer the same to the appropriate law enforcement agency. I agree to cooperate in any prosecution of individuals charged with fraudulent or unauthorized credit card use.

Primary Cardholder Signature	Date signed
State of	
County of	
Subscribed and sworn before me on this	day of
Notary Public	
Stamp or Seal	
My Commission Expires:	_
A FALSE DECLARATION TO A FEDERALLY FEDERAL AND/OR STATE LAW.	INSURED INSTITUTION MAY BE A VIOLATION OF
Witness:	
(Signature)	(Printed Name)
(Date)	(Telephone Number)

Fraudulent Account Statement

Instructions

- Make as many copies of this page as you need. Complete a separate Fraudulent
 Account Statement for each company you're notifying and only send it to that
 company. Include a copy of your signed affidavit.
- List only the account(s) you're disputing with the company receiving this form. See the example below.
- If a collection agency sent you a statement, letter or notice about the fraudulent account, attach a copy of that document (**NOT** the original).

I declare (check all that apply):

Creditor Name/Address	Account Number	Type of unauthorized credit/goods/services provided by creditor (if known)	Date issued or opened (if known)	Amount/Value provided (the amount charged or the cost of the goods/services)
Example: Example National Bank 22 Main Street Columbus, Ohio 22722	01234567-89	Auto loan	01/05/2000	\$25, 500.00

☐ During the time of the accounts described above, I had the following account open with your company:
Billing Name_
Billing Address_
Account Number_