



Declaration of Loss Statement and Claim

Complete this form if your Discover, a division of Capital One, N.A. (Discover), official/cashier's check was lost, destroyed or stolen and you are requesting (i) the amount of the check be deposited to your account or (ii) a replacement check.

IMPORTANT: We must receive this completed form before we are able to issue a replacement check to you. We reserve the right to wait up to 90 days after receipt of this form to issue a replacement check.

Once completed, return this form to us in one of the following ways:

Upload		Log into your account, select the applicable account, click on the "Help" tab at the top of the screen and choose "Secure Document Upload" from the drop down menu
Fax	Non-IRA	1-224-813-5189, Attn: Account Documentation Specialist
	IRA	1-224-813-5227
Regular Mail	Non-IRA	Discover, PO Box 30417, Salt Lake City, UT 84130
	IRA	Discover, PO Box 30418, Salt Lake City, UT 84130
Overnight Mail	Non-IRA	5420 West 1730 South, Salt Lake City, UT 84104
	IRA	Same as above

I, _____ (print full name), state under penalty of perjury the following:

1. I do not have possession of the following official/cashier's check issued by Discover ("Check"):

Check Number: _____ Amount: _____

Date Issued: _____ Payable To: _____

2. The following most accurately describes my circumstance (check one):

- The Check was never received by me or any other authorized party on my behalf
- The Check was received, but I lost the item
- The Check was received, but it was destroyed
- The Check was received, but it was stolen from my possession

3. The following is a brief description of the circumstances surrounding the loss, destruction or theft of the Check (attach additional paper if necessary):

4. I am entitled to payment of the Check and request (check one):

The amount of the Check be deposited into my Discover account

Discover account number: _____

A replacement check be mailed to:

_____ Street Address

_____ City, State ZIP

5. The loss of possession of the Check was not the result of a transfer by myself or a lawful seizure. I cannot reasonably obtain possession of the Check because it was destroyed, its whereabouts are unknown, or it is in the wrongful possession of an unknown person or a person that cannot be found.

6. I will provide reasonable identification if requested by Discover.
7. I understand that my claim may be unenforceable if the Declaration of Loss Statement and Claim fails to reach Discover at a time and in a manner which affords Discover reasonable time to act on it before the Check is paid.
8. If, at any time, I obtain possession of the Check, I will immediately turn over possession to Discover. I hereby forfeit all rights with respect to the Check, except the right to receive a replacement of the Check under this Declaration of Loss.
9. I understand that this claim does not become enforceable until the LATER of: (i) the time this form is validly executed and submitted, or (ii) the 90th day following the issue date of the Check.
10. I understand that this claim has no legal effect until it becomes enforceable and that if the Check is presented by a person entitled to enforce the Check before this claim becomes enforceable and Discover pays the Check, Discover is discharged of any and all liability with respect to the Check.
11. I understand that if this claim becomes enforceable before the Check is presented for payment, Discover is not obligated to pay it.
12. I understand that once this claim becomes enforceable, Discover will only then be obligated to pay the amount of the Check to me or issue a replacement check, but only if it has not already paid the Check to a person entitled to enforce the Check.
13. I understand that if Discover issues a replacement check, once the claim becomes enforceable and the Check is presented for payment by a person having rights of a holder in due course, I shall immediately (i) refund the payment to Discover if it pays the Check or (ii) pay the amount of the Check to the person having rights of a holder in due course if Discover refuses to pay it.
14. I agree to reimburse Discover for all expenses and costs it incurs as a result of not honoring the Check or as a result of my lack of prompt reimbursement of the payment to Discover if the Check is honored. This shall include, but not be limited to, court costs and reasonable attorneys' fees. I grant Discover the right to set-off any such expenses and costs against my Discover account(s).

I HAVE READ AND HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE STATEMENTS ARE TRUE AND ACCURATE. I HEREBY MAKE THE ABOVE STATEMENTS AND AGREEMENTS ACKNOWLEDGING MY INTENT TO HAVE DISCOVER RELY ON THE SAME.

Signature

Date

Printed Name

Discover Account Number

Street Address

Phone Number

City, State ZIP