

**STOP PAYMENT REQUEST
CLAIMING LOST, DESTROYED, OR STOLEN CHECK**



RETURN TO: Municipal Employees' Retirement System of Michigan
 1134 Municipal Way
 Lansing, MI 48917
 Phone: (800) 767-2308 • Fax: (517) 703-9706

Check No.	Issue Date	Net Amount \$	Check this box if you want MERS to cancel the original check. <input type="checkbox"/>
Payee(s)		Social Security No. (last 4 digits only) -	
Street Address		City	
State	Zip Code	Home Phone No.	Municipality and/or Municipality No.

Read Instructions on Page 2 Before Completing This Form.

I (we) certify the following:

- That I (we) am the payee named in the above check issued by the Municipal Employees' Retirement System of Michigan and that check has not been assigned, transferred or set over by me (us) to anyone and that I (we) am (are) the lawful owner.
- That I (we) have not received, directly or indirectly, the money or any portion of the money in the check.

Based on the above statements, I (we) request that the Municipal Employees' Retirement System of Michigan issue a replacement check.

I (we) agree that if the above check is found I (we) will return it promptly to the Municipal Employees' Retirement System of Michigan to be canceled.

I (we) understand that if any of the statements in this request are false or misleading, the Municipal Employees' Retirement System of Michigan may demand immediate reimbursement for any funds paid out based on my (our) statements.

I (we) further understand that if any of the false or misleading statements were made with intent to defraud the Municipal Employees' Retirement System of Michigan, the Chief Executive Officer may request criminal prosecution to the full extent of the law.

_____ Payee on Check (Sign in Ink)

_____ Payee on Check (Sign in Ink)

Witness _____

Date Witnessed _____

INSTRUCTIONS FOR COMPLETING STOP PAYMENT REQUEST

PLEASE READ CAREFULLY

Please read the request before you sign it. The form is a legal document. You may be prosecuted for deliberately making false statements.

The request must be signed, witnessed and returned before we can issue a check to replace the original Municipal Employees' Retirement System (MERS) check that was lost, destroyed, or stolen.

YOU MUST:

1. Sign the request in the presence of an adult witness. Joint payees must both sign in the presence of the witness. If another person has signed the request for the payee, attach a copy of the power of attorney.
2. Have the witness sign and complete the bottom portion of the request.
3. Review the box at the top of the request to make sure your name(s) and address are correct. Please correct any errors by drawing a single line through the incorrect information and writing the correct information in the same box.

If you find or receive the original check, do not try to cash it. A stop payment has been placed on it. Call MERS immediately and we may be able to release the stop payment.

If you have speech or hearing difficulties and need assistance completing this form, contact the Michigan Relay Center at 1-800-649-3777. If you have other disabilities, contact MERS at 1-800-767-2308 to request special accommodations.