



Fraud Affidavit Form

Dear Valued Customer:

Thank you for letting us know about the TIAA Direct account activity that you do not recognize. Please take a few moments to complete this affidavit and return it to us at the address below. Doing so will allow us to thoroughly investigate and resolve your claim in a timely fashion. If you do not confirm your claim in writing within ten (10) business days of our first conversation regarding this matter, it may impact our reimbursement decision regarding your claim.

Please return the completed form to:

TIAA Direct
ATTN: Fraud Operations
P.O. Box 1308
Charlotte, NC 28201-1308

We may contact you to discuss details of your claim if we believe that there is additional information that may assist us in concluding this matter.

We value your business and look forward to getting this matter resolved and continuing to serve your needs. If you have any questions, please contact our customer service team at 855-842-2372 weekdays 8 a.m. to 8 p.m. ET and weekends 9 a.m. to 6 p.m. ET.

Sincerely,

Fraud Operations, TIAA Direct

Instructions

Please complete this form as accurately and as thoroughly as possible. Failure to answer all questions clearly may result in a delay in resolving your claim or a delay in crediting your account. If you have questions, please contact us at 855-842-2372. We are available Monday through Friday 8am to 8pm ET, Saturday 9am – 6pm ET, and Sunday 9am – 6pm ET. Thank you for your cooperation in this matter.

Please complete all requested information

Bank Account Number:	Case Number
<input type="text"/>	<input type="text"/>
Accountholder Name	
<input type="text"/>	
Accountholder Address	
<input type="text"/>	
Daytime Phone Number (Including Area Code)	Evening Phone Number (Including Area Code)
<input type="text"/>	<input type="text"/>

Please Specify the Type of Transaction You Are Reporting:

I hereby state that:

☐ **Forged Signature:** I am an authorized signer on the above account, and I never signed nor authorized any person to sign my name or debit my account on said check/withdrawal/draft. The signature/authorization appearing thereon was made without my knowledge or consent. I never received any of the proceeds thereof or benefited in any way directly or indirectly from the proceeds.

☐ **Counterfeit Item:** I am an authorized signer on the above account, and I never signed nor authorized any person to sign my name on said check(s). The check(s) are a counterfeit of checks drawn on my account. The signature appearing thereon was made without my knowledge or consent. I never received any of the proceeds thereof or benefited in any way directly or indirectly from the proceeds.

☐ **Alteration:** The AMOUNT / DATE / PAYEE (circle all that apply) on the item has been altered.
From: _____ To: _____

☐ **Forged/Missing Endorsement:** I am an authorized signer on the above account, and because of a forged or missing endorsement on the said check/withdrawal/draft, it was, without my knowledge paid to a person or entity other than the payee. I never received any of the proceeds thereof or benefited in any way directly or indirectly from the proceeds.

☐ **Unauthorized Account Access:** I never provided authorization for any other person to access my accounts online or via the phone. The transactions listed on this form were created without my knowledge or consent.

☐ **Unauthorized Transfer:** I did not request, nor have I ever provided authorization for any other person to transfer funds into or out of an account with TIAA Direct (a division of TIAA, FSB). The transfers were requested without my knowledge or consent.

☐ **Other** (i.e. Identity theft, unauthorized account opening). Please explain: _____

List the Transactions You are Reporting Below (use a separate sheet if more lines are needed):

Date:	Check No:	Account Number (for transfers only)	Amount:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

There are alleged unauthorized transactions on my account that I did not make or authorize anyone to make, totaling an estimated amount of : \$ _____.

Who do you suspect of making the transactions? Include all relevant information, including names, address and physical description.

I. the Claimant Affirm:

That I have fully disclosed my knowledge of the facts and circumstances surrounding this claim of fraudulent activity,

- that the information provided on this form is true is correct to the best of my knowledge,
- that I did not benefit from the proceeds of unauthorized transactions and understand that the filing of a false claim against TIAA, FSB, a federally insured financial institution, is in violation of state and federal criminal law and could result in criminal prosecution, and
- that I give my consent to TIAA, FSB to release any information regarding these transactions to any local, state and/or federal law enforcement agency so that the information can, if necessary, be used in the investigation and/or prosecution of any person(s) who may be responsible for fraudulent activity.

Accountholder/Claimant Signature

Date

Please Print Name of Accountholder/Claimant

FOR CLAIMS GREATER THAN \$1,000.00, please sign this form in the presence of a notary and have the notary seal the following attestation:

The foregoing instrument was acknowledged before me this _____ day of

_____, _____, by

(Provide Seal Above)

Personally known (Initial) _____

Or Produced Identification (Initial) _____

Type of Identification Produced: _____

Identification Number, State of Issuance, and Expiration Date: _____