



# AFFIDAVIT REQUEST FOR A REPLACEMENT CHEQUE

PENSIONS ADMINISTRATION DIVISION  
Department of Finance, P.O. Box 8700, St. John's, NL, Canada A1B 4J6  
Fax (709) 729-6790

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I, \_\_\_\_\_, SOCIAL INSURANCE NUMBER \_\_\_\_\_

MAKE OATH AND SAY AS FOLLOWS:

- (1) THAT MY CHEQUE ISSUED BY THE POOLED PENSION FUND FOR THE PERIOD ENDING \_\_\_\_\_, 20\_\_\_\_ WAS NOT RECEIVED BY ME.
  - (2) THAT I HEREBY AGREE TO REIMBURSE THE POOLED PENSION FUND AGAINST ANY LOSS WHICH MAY BE INCURRED AS A RESULT OF A REPLACEMENT CHEQUE ISSUED TO MYSELF.
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DECLARED BEFORE ME AT \_\_\_\_\_

IN THE PROVINCE OF \_\_\_\_\_

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_,

\_\_\_\_\_  
SIGNATURE OF DECLARANT (TO BE SIGNED IN THE PRESENCE OF AN AUTHORIZED OFFICIAL)



THE PERSON SIGNING IS THE ONE WHO IS AUTHORIZED TO ADMINISTER AN OATH (COMMISSIONER OF OATHS, NOTARY PUBLIC, JUSTICE IF THE PEACE) AND IS REQUIRED TO SHOW THE NATURE OF THEIR AUTHORIZATION AND THE EXPIRY DATE OF THAT AUTHORIZATION WHERE APPLICABLE.

RETURN TO:	THE PENSIONS ADMINISTRATION DIVISION DEPARTMENT OF FINANCE P.O. Box 8700 ST. JOHN'S, NL, CANADA A1B 4J6
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**OR FAX TO: 1 (709) 729-6790**

The personal information collected or provided as part of the application process will only be used for purposes relating to the operation of the relevant pension programs and for statistical reports. All information will be kept confidential and will not be disclosed to third parties without your consent unless required or authorized by law. If you have any questions or concerns please contact the Pensions Administration Division.