

P.O. Box 349 Augusta, ME 04332-0349 Telephone: (207) 512-3100 Toll-free: 1-800-451-9800 Fax: (207) 512-3101 Maine Relay: 711

Please complete this form and return it to the Maine Public Employees Retirement System, P.O. Box 349, Augusta, Maine 04332-0349.

I am informed that Maine Public Employees Retirement System issued:

Check #:	Dated:	In the amount of:
То:		SS#:
Please check one:		
I hereby represent that this ch	eck has:	
Not been received		
Been lost		
Been destroyed		

and has not been negotiated by the payee or by anyone on behalf of the payee. I agree to surrender this check to the Maine Public Retirement System (MainePERS) promptly for cancellation if it should at any time come into my possession or under my control.

I hereby agree to indemnify MainePERS against any losses and expenses by my failure to surrender the check in the event it comes into my possession or under my control. By signing this document, I attest that the information I am providing is accurate.

Signature	Date	
Address (if different than above)	FOR MAINEPERS USE ONLY	
	Benefits Payroll	
Address (if different than above)	Refund	Form#: AC-1002 Rev. 9/19