

Check Reissue Request
Berdon Claims Administration LLC
P.O. Box 9014
Jericho, NY 11753-8914

Tel: (800) 766-3330
Fax: (516) 931-0810
Website: www.berdonclaims.com

Instructions

1. Complete all applicable sections on this form.
2. If the original check is in your possession, attach it to this form.
3. Mail your request to the above address. Your request can only be sent by fax if the check you wish to be reissued is not in your possession.

CHECK REISSUE REQUEST FORM
(Please Print)

Date (Month/Day/Year):	
Name of Litigation:	
Name of Class Member:	

Check No.:	Claim No.:
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Name or Registration

1. Please reissue the check with the same name / registration: []
2. Please reissue the check with this **new** name / registration:

If you chose to change the name / registration of the check (option 2 above), you will have to furnish us with supporting documentation, such as **copies** of relevant Court documents.

Address: _____ **Telephone Number:** _____

Same address: []

New address: _____

I / We declare that the information contained herein and in the supporting documents attached hereto, if any, is true, correct and complete to the best of my / our knowledge.

Signature of Claimant

Signature of person signing on behalf of Claimant

Signature of Joint Claimant, if any

Capacity of person signing on behalf of Claimant

Should you have any questions about this form, please contact us at (800) 766-3330.