



IDENTITY THEFT VICTIM KIT

California ranks among the highest in the nation related to identity theft ("ID Theft") cases. What this means is that nearly all California residents may become or have become a victim of ID Theft. Here at Golden 1 Credit Union we do our best to protect our members and help them during these difficult situations.

Although we may not be able to prevent something from happening to you, we will do our best to help you through the process. This kit was designed with you, our members, in mind.

IMPORTANT THINGS TO KNOW

No one person or company can guarantee that you will not become a victim of ID Theft. It is important for everyone to know the risks and how to reduce their exposure.

1. Never give out your account information.
2. Do not give personal information, including social security numbers, to anyone contacting you (including phone calls, emails or text messages).
3. Keep all personal information secure.
4. Personal information should not be written down and carried with you. This includes SSN, DOB, PIN (for ATM and debit cards) or even your account numbers.
5. If you can, you may want to have statements delivered electronically.
6. Use a unique User ID and password combination for your online banking account, and do not re-use passwords across your various online accounts.
7. If you write checks, it is recommended that you send them out through a secure mail system such as the post office, or even your place of employment (if it is allowed).
8. Always be aware of your surroundings and people around you.

WHAT TO DO IF YOU ARE A VICTIM

If you become aware that you are a victim of ID Theft there are many things that you can and should do. We recommend the following actions. The order in which you complete them is up to you.

1. Obtain a credit report to review all activity annually.
 - a. Go to www.annualcreditreport.com and obtain a report from each of the credit reporting agencies.
 - b. You can also access and monitor your credit report using the Credit Sense service available to you through online and mobile banking.
2. To protect against credit being taken in your name, contact each of the credit reporting agencies and request a fraud alert be placed on your report. You may also want to consider a freeze, which prohibits any applications for credit, including from you. If you decide you want credit down the road you would have to request the freeze be lifted.

Equifax: 1-800-525-6285; www.equifax.com
Experian: 1-888-397-3742; www.experian.com
TransUnion: 1-800-680-7289; www.transunion.com
3. Contact the company(ies) where the fraud has occurred as well as any company with which you do business. This will make them aware that they may need to pay extra attention to information submitted in your name.

OTHER THINGS YOU MAY WANT OR NEED TO DO:

Depending on the extent and type of ID theft you experience, there are additional steps that you may want to consider.

Stolen checks and fraudulent bank accounts

If someone has obtained your checks or set up an account in your name, notify your financial institution immediately so that you can place a stop payment on the checks and close accounts opened without your knowledge.

Contact check verification companies to place a security freeze so additional accounts cannot be opened in your name without your knowledge.

ATM Cards

If you have lost your ATM card or if it has been stolen, report it immediately. Review all transaction activity on your

Social Security Number Misuse

Contact the Social Security Administration's fraud hotline at 800-269-0271 to report that your number has been misused. Order a copy of your Personal Earnings and Benefit Estimate Statement (PEBES) and review it for accuracy. This information can be requested from your local Social Security office or online at www.ssa.gov.

Fraudulent change of address

If you suspect someone has requested a change of address or has used the mail for credit or bank fraud, notify the U.S. Postal Inspection Service.

Passports

If you have a passport, notify the passport office in writing and ask that they place an alert for anyone ordering a new passport in your name. For more information call 202-647-0518. Send the request to:

Washington Passport Agency
1111 19th Street, NW
Washington DC, 205254

ID THEFT AFFIDAVIT:

By completing the enclosed affidavit you acknowledge that the account and activity described in the affidavit was not initiated or performed by you. This information may also be used in legal proceedings. You should complete this document and have it notarized in a secure location to protect your personal information. Only give a completed copy of the document to the financial institution you are working with and keep any copies of the document secure.

GOLDEN 1 CREDIT UNION ACTIONS:

While Golden 1 Credit Union is in the process of completing the Identity Theft review and account closure you may receive additional notifications related to the status of the account. Closure of an account is completed after all pending charges have been processed on the account. In some cases the charges may result in a negative balance. System generated notifications may be generated and sent to you during this process. After receipt of the affidavit and pending charges posting, the account will be closed. We will not report negative activity related to a victim of Identity Theft.

ID THEFT AFFIDAVIT

Victim Information

(1) My full legal name is _____
(First) (Middle) (Last) (Jr., Sr., III)

(2) (If different from above) When the events described in this affidavit took place, I was known as _____
(First) (Middle) (Last) (Jr., Sr., III)

(3) My date of birth is _____
(day/month/year)

(4) My Social Security number is _____

(5) My driver's license or identification card state and number are _____

(6) My current address is _____

City State Zip Code

(7) I have lived at this address since _____
(month/year)

(8) (If different from above) When the events described in this affidavit took place, my address was _____

City State Zip Code

(9) I lived at the address in Item 8 from _____ until _____
(month/year) (month/year)

(10) My daytime telephone number is (_____) _____

My evening telephone number is (_____) _____

How the Fraud Occurred

Check all that apply for items 11 - 16:

- (11) I did not authorize anyone to use my name or personal information to seek the money, credit, loans, goods or services described in this report.
- (12) I did not receive any benefit, money, goods or services as a result of the events described in this report.
- (13) My identification documents (for example, credit cards; birth certificate; driver's license; Social Security card; etc.) were stolen lost on or about _____ .
(day/month/year)
- (14) To the best of my knowledge and belief, the following person(s) used my information (for example, my name, address, date of birth, existing account numbers, Social Security number, mother's maiden name, etc.) or identification documents to get money, credit, loans, goods or services without my knowledge or authorization:

Name (if known)

Name (if known)

Address (if known)

Address (if known)

Phone number(s) (if known)

Phone number(s) (if known)

Additional information (if known)

Additional information (if known)

- (15) I do NOT know who used my information or identification documents to get money, credit, loans, goods or services without my knowledge or authorization.
- (16) Additional comments: (For example, description of the fraud, which documents or information were used or how the identity thief gained access to your information.)

(Attach additional pages as necessary)

Fraudulent Account Information

As a result of the event(s) described in the ID Theft Affidavit, the following account(s) was/were opened in my name without my knowledge, permission or authorization using my personal information or identifying documents:

Account Number	Type of Account	Date Opened	Loan Amount

Victim’s Law Enforcement Actions

(17) (check one) I am am not willing to assist in the prosecution of the person(s) who committed this fraud.

(18) (check one) I am am not authorizing the release of this information to law enforcement for the purpose of assisting them in the investigation and prosecution of the person(s) who committed this fraud.

(19) (check all that apply) I have have not reported the events described in this affidavit to the police or other law enforcement agency. The police did did not write a report. In the event you have contacted the police or other law enforcement agency, please complete the following:

(Agency #1)

(Officer/Agency personnel taking report)

(Date of report)

(Report number, if any)

(Phone number)

(email address, if any)

Documentation

- (20) A copy of a valid government-issued photo-identification card (for example, your driver’s license, state-issued ID card or your passport). If you are under 16 and don’t have a Photo-ID, you may submit a copy of your birth certificate or a copy of your official school records showing your enrollment and place of residence.
- (21) Proof of residency during the time the disputed bill occurred, the loan was made or the other event took place (for example, a rental/lease agreement in your name, a copy of a utility bill or a copy of an insurance bill).
- (22) A copy of the report you filed with the police or sheriff’s department. If you are unable to obtain a report or report number from the police, please indicate that in Item 19. Some companies only need the report number, not a copy of the report. You may want to check with each company.

Victim's Signature

I certify that, to the best of my knowledge and belief, all the information contained in and attached to this affidavit is true, correct, complete and provided in good faith. I also understand that this affidavit or the information it contains may be made available to federal, state, and/or local law enforcement agencies for such action within their jurisdiction as they deem appropriate. I understand that knowingly making any false or fraudulent statement or representation to the government may constitute a violation of 18 U.S.C. section 1001 or other federal, state or local criminal statutes, and may result in imposition of a fine or imprisonment or both.

Signature: _____ Date: _____

CALIFORNIA CERTIFICATE OF ACKNOWLEDGEMENT

CIVIL CODE § 1189

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of _____)

On _____ before me, _____
(insert name and title of the officer)

personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____ Document Date: _____

Number of Pages: _____ Signer(s) Other Than Named Above: _____