



Stop Pay & Reissue Request Retirement Disbursement Check

Questions? Call us at 1-888-502-2967

Return completed forms as follows:

Mail: Axos Bank
 ATTN: Retirement Services
 PO Box 911039
 San Diego, CA 92191-1039
 Fax: 858-649-2969
 E-mail: RetirementServicesSupport@axosbank.com

Payable To:	Delivery Address (required):
Issued For: (name on acct.)	Please stop payment of the identified check and reissue for the following reason: <ul style="list-style-type: none"> <input type="radio"/> Not Received <input type="radio"/> Lost (location unknown) <input type="radio"/> Destroyed <input type="radio"/> Stolen, and I [have/have not] filed a police report. Police Department Name (if applicable):
Account Number:	
Check Number:	
Issued On:	
Amount:	
Date of Reissue Request:	

Declaration of Lost, Stolen, Destroyed or Unreceived Retirement Disbursement Check

I declare that all information indicated on this form is true and accurate. I request and understand that the original check issued will not be honored if presented for payment and that I have not transferred possession of the check voluntarily or lost possession due to a lawful seizure. Axos Bank™ will be indemnified and held harmless from any expense, liability, loss or damage incurred as a result of the Bank honoring my request to stop payment of the original check issued.

If the original check is received or found I will not attempt to negotiate it and will immediately return the check to Axos Bank at the address above. In the event I attempt to negotiate the original check, I understand that I alone will be responsible for any charges or fees incurred due to the return and nonpayment of the stop payed item. I agree to repay Axos Bank the amount of the original check within 30 days of payment if the original check issued and the replacement check are both paid.

Signature: _____ **Date:** _____

Internal Use Only

Original check paid: Y _____ N _____	Date Paid: _____
Copy of paid item/notice mailed to requestor: Y _____	
Date of reissue (if item not paid): _____	(must be at least 30 days from original issue date)
Completed by: _____	Reviewed by: _____