Mirastar
FEDERAL CREDIT UNION

IDENTITY THEFT AFFIDAVIT AND CLAIM FORM

(For FCRA Identity Theft Report and California Penal Code § 530.8 Request)

SECTION 1 — CONSUMER INFORMATION

Full Legal Name:

Date of Birth:

Social Security Number (last 4 digits only):

Current Address:

City: State: ZIP:

Phone Number:

Email Address:

SECTION 2 — AFFIDAVIT OF IDENTITY THEFT

I, the undersigned, declare under penalty of perjury under the laws of the State of California that:

1. I am a victim of identity theft, as defined under applicable federal and state law.
2. I did not authorize, participate in, or benefit from the account(s), transaction(s), or activity identified below.
3. Any information, accounts, or obligations identified in this affidavit that are disputed were incurred or initiated without my knowledge, authorization, or consent.
4. The information provided in this affidavit is true, correct, and complete to the best of my knowledge.

SECTION 3 — DISPUTED ACCOUNT / TRANSACTION INFORMATION

Financial Institution / Creditor Name:

Account Number (full or partial):

Date(s) of suspected fraud:

Description of fraudulent activity:

Dollar amount(s) involved (if known):

(Attach additional sheets if necessary)

SECTION 4 — IDENTITY THEFT REPORT INFORMATION

To support this claim under the Fair Credit Reporting Act (FCRA), please provide the following:

☐ **FTC Identity Theft Report** (IdentityTheft.gov report or equivalent affidavit)

☐ **Police Report** (if available)

Police Department:

Report Number:

Date Filed:

Note: Submission of a police report is encouraged but may not be required in all cases. The Credit Union reserves the right to request additional documentation reasonably necessary to validate the claim.

SECTION 5 — IDENTIFICATION VERIFICATION

To verify your identity in accordance with applicable law, please provide:

☐ Copy of government-issued photo identification (e.g., driver's license, passport)

☐ Proof of current address (e.g., utility bill, lease agreement)

Sensitive information may be redacted except for name, address, and identifying details necessary for verification.

SECTION 6 — ADDITIONAL ACTION TAKEN (OPTIONAL)

Have you:

☐ Placed a fraud alert on your credit file

☐ Placed a security freeze

☐ Notified other financial institutions

☐ Filed a report with the FTC

SECTION 7 — CERTIFICATION AND SIGNATURE

I understand that:

- This affidavit may be used to support an Identity Theft Report under the Fair Credit Reporting Act (15 U.S.C. § 1681 et seq.).
- This request may be used to facilitate the production of records under California Penal Code § 530.8.
- Knowingly making false statements in this affidavit may subject me to civil and/or criminal penalties under applicable law.
- The Credit Union may rely on the information provided herein and may share this information with law enforcement, regulatory agencies, or other financial institutions, as permitted by law.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature:

Printed Name:

Date:

SECTION 8 -CALIFORNIA PENAL CODE § 530.8 REQUEST AND AUTHORIZATION (OPTIONAL)

Pursuant to California Penal Code Section 530.8, I request that the Credit Union provide copies of application and transaction records related to the account(s) or activity identified in this affidavit, as they pertain to the alleged identity theft.

I understand that:

- A business is required, upon receipt of a valid request, to provide records related to identity theft to the victim or to a law enforcement agency investigating the claim.
- This request must be accompanied by appropriate documentation, which may include this affidavit, proof of identity, and a police report or FTC Identity Theft Report.

Authorization:

I authorize the Credit Union to:

- Release relevant records and information concerning the disputed account(s) or transaction(s) to:
    - Me (the undersigned victim), and/or
    - Any law enforcement agency or authorized investigative entity
- Use the information provided in this affidavit to investigate my claim and comply with applicable legal obligations

Law Enforcement Agency:

Officer / Contact Name:

SECTION 9 — INTERNAL USE (CREDIT UNION ONLY)

Date Received:

Reviewed By:

Case / Reference Number:

Documentation Received:

☐ ID Verified

☐ FTC Report

☐ Police Report

☐ Additional Documents

☐ Balance resources provided

Action Taken: