





### Acknowledgments and Indemnification

"I" and "me" refers to the payee or remitter identified in "Claimant Information" section above signing this form. "Ameriprise Bank" refers to Ameriprise Bank, FSB.

By signing below, I certify that:

1. All information provided by me in this form is complete and accurate.
2. I am the lawful payee or remitter of the cashier's check referenced in "Declaration of Loss Request Details" section above ("Cashier's Check").
3. I have lost possession of this Cashier's Check. This loss of possession was not the result of a transfer by me or a lawful seizure. I cannot reasonably obtain possession of this Cashier's Check because the check was destroyed, its whereabouts cannot be determined, or it is in the wrongful possession of an unknown person or a person that cannot be found or is not amenable to service of process.
4. I hereby request to issue the replacement cashier's check to the same payee and mail to me at my address in the "Claimant Information" section above.
5. I understand that if this claim is paid by Ameriprise Bank and the Cashier's Check is presented for payment within 90 days of its issuance date, Ameriprise Bank is obliged to honor the Cashier's Check and I am obliged to refund the payment to Ameriprise Bank. I agree to immediately reimburse Ameriprise Bank, FSB for the amount of this Cashier's Check, including, but not limited to, by withdrawal from my accounts with Ameriprise Bank and its affiliates.
6. I understand that if Ameriprise Bank issues a replacement cashier's check to me after 90 days from the date of this Cashier's Check and the Cashier's Check is later presented for payment by a person having the rights of a holder in due course, then I am obliged to (a) refund the payment to the Ameriprise Bank if the Cashier's Check is paid by the Ameriprise Bank, or (b) pay the amount of the Cashier's Check to the person having the rights of a holder in due course if the check is dishonored by the Ameriprise Bank.
7. I hereby agree to indemnify, defend and hold the Bank harmless from and against any and all claims, damages, demands, losses, liabilities, costs and expenses (including reasonable attorney's fees) incurred as a result of the Cashier's Check, actions taken by a holder in due course or this Declaration of Loss Cashier's Check Form including, but not limited to, complying with my request, attempt to refuse the payment on the Cashier's Check, cancelling payment of Cashier's Check or the issuance of a replacement of Cashier's Check. I grant Ameriprise Bank the right to set-off any such expenses and costs against my accounts with Ameriprise Bank and its affiliates.
8. If I later find or recover possession of this Cashier's Check, I will not negotiate or transfer it. Instead, I will immediately return it to the Ameriprise Bank.

I DECLARE UNDER THE PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND ACCURATE.

### Required Signatures

Claimant Name	
Claimant Signature	Date (MMDDYYYY)
<b>X</b>	

### Required Notary Acknowledgement (required if the claimant is the payee)

State of \_\_\_\_\_  
 County of \_\_\_\_\_

Before me, \_\_\_\_\_, on this day personally appeared \_\_\_\_\_  
 to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that (he/she/they) executed the same for the  
 purposes and consideration therein expressed.

(Seal)	<div style="border-bottom: 1px solid black; padding-bottom: 5px; text-align: center;"><b>X</b></div> Notary Public Signature
	Date (MMDDYYYY)
	My Commission Expires: _____