Walmart / Sam's Club **Identity Theft Victim's Affidavit** Made pursuant to Section 609(e) of the Fair Credit Reporting Act (15 U.S.C. § 1681(g))

I am a victim of identity theft. The thief made a fraudulent transaction or opened a fraudulent account with your company. Pursuant to federal law, I am requesting that you provide me, at no charge, copies of application and business records in your control relating to the fraudulent transaction, as described below.

Please send the information to me at the address below. In addition, I am designating a law enforcement officer (if applicable) to receive the information from you. This officer is investigating my case. The law enforcement officer's name, address and telephone number is included in the law enforcement section below. I understand that the information submitted on this form may be shared with third parties, as necessary to produce records, and law enforcement to aid in investigating the alleged crime.

Contact Information				
Full Name:				
Last First	MI	Suffix		
Date of Birth / /				
mm / dd / yyyy				
Street Address:				
City: State:	Zip Code:			
Daytime Phone Number: _ () -	Email address:			
Evening Phone Number: () -	Fax Number () -		
B. About the Fraud (Required)				
Enter what you know about act of fraud committed (e	ven if you don't have the con	nplete information).		
2. I believe the fraud was committed during the	following time frame:			
Beginning / / to	1 1	_		
mm / dd / yyyy mm / dd / yyyy Additional information about the crime (for example, how you suspect the identity thief gained access to your				
information or which documents or information were used):				
C. Documentation (Required)				
3. I have attached copies of the following docum	nents to verify my identity:			
☐ A valid government-issued photo identification card (e.g. driver's license, state-issued ID, or passport); or				
Proof of residency during the time the disputed chain my name, a utility bill, or an insurance bill).	rges occurred (for example, a	copy of a rental/lease agreement		
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D. About the Information or Accounts (Required)

4. Below are details about the different frauds committed using my personal information:

Note: If there were more than two (2) instances of fraud, copy this page prior to filling in any information, and attach as many additional copies as necessary. Enter any applicable information that you have, even if it is incomplete or an estimate. If the thief committed two types of fraud at one company, list the company twice, giving the information about the two frauds separately.

- * Contact Person: Someone you have dealt with, whom an investigator can call about this fraud
- ** Account Number: The number of the misused bank account do NOT list FULL credit /debit card numbers.
- *** Dates: Indicate when the thief began to misuse your information and when you discovered the problem.
- **** Amount Obtained: For instance, the total amount purchased with the card or withdrawn from the account.

Name of Institution Con	tact Person* Ph	one Extension		
Checking Account Number**	Routing Number	Affected Check Number(s)		
XXXX-XXXX-XXXX				
Last 4 Digits of Credit / Debit Card Nu	mber E	Expiration Date (MM/YYYY)		
Where did you experience fraudule	ent activity (check all that apply):			
☐ Walmart ☐ Sam's Club	☐ Walmart Branded MasterCard	☐ Personal Check		
□ Walmart.com □ SamsClub.com	☐ Walmart Branded Discover			
Select ONE: ☐ This account was of	ppened fraudulently			
☐ This was an existing account that someone tampered with				
	·			
Transaction # / Order #	Cash Register #(if in store)	Date / Time		
Date Opened or Misused (mm/yyyy)	*** Date Discovered (mm/yyyy	/) Total Amount Obtained (\$)****		
Name of Institution Con	tact Person* Ph	one Extension		
Checking Account Number**	Routing Number	Affected Check Number(s)		
XXXX-XXXX-XXXX	- –			
Last 4 Digits of Credit / Debit Card Nu	mber E	Expiration Date (MM/YYYY)		
Where did you experience fraudule	ent activity (check all that annly):			
□ Walmart □ Sam's Club	☐ Walmart Branded MasterCard	☐ Personal Check		
☐ Walmart.com ☐ SamsClub.com		E i cisonal official		
Select ONE: ☐ This account was of	ppened fraudulently			
☐ This was an existing	g account that someone tampered with			
Transaction # / Order #	Cash Register #(if in store)	Date / Time		
	5 (
Date Opened or Misused (mm/yyyy)	*** Date Discovered (mm/yyyy	(\$) Total Amount Obtained (\$)****		

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 F. Your Law Enforcement Report (Recommended, if not complete, you must complete Section G) 5. You can obtain an Identity Theft Report by taking this form to your local Law Enforcement office, along with your supporting documentation. Attach a copy of any confirmation letter or official law enforcement report you receive to this form: 			
Select how you would like to receive copies of application and/or business records in our control relating to the fraudulent transaction			
Select ONE: \square Sent directly to me, at the address p	rovided in section 1.		
☐ Sent directly to law enforcement, as	detailed below.		
□ Both			
Officer's Name	Badge Number		
Law Enforcement Department			
Street Address City, ST	Zip Code		
Report Number Filing Date (mm/dd/yyyy)			
	()		
Officer's Signature	Phone Number		
Did the victim receive a copy of the report from law enforce	ment □ Yes or □ No		
F. Signature (Required)			
6. I certify that, to the best of my knowledge and belief, all of the information on and attached to this complaint is true, correct, and complete and made in good faith. I understand that this complaint, or the information it contains, may be available to federal, state, and/or local law enforcement agencies for such action within their jurisdiction as the deem appropriate.			
Signature	Date Signed (mm/dd/yyyy)		
	(11111) (33/9999)		
 G. Affidavit (Required if Section E was not completed) 7. If you do not choose to file a report with law enforcement, you may use this form as an affidavit to prove to Wal-Mart Stores, Inc., where the thief misused your information, that you are not responsible for the theft. If you choose to utilize this option, the document must be notarized below. 			
Notary Signature	Date Signed (mm/dd/yyyy)		