

**Pacific Capital Bank, N.A.
Notification of Suspected Identity Theft
Guidelines for Consumer Completion**

Note: Please be certain to provide all the information requested on this form. Failure to do so may cause a delay in our investigation.

1. **Name:** Please provide your *full legal name*.
2. **Name on Account(s) if different than above:** Provide any names on valid accounts that may be different than above. For example, the legal name may be William and the name of the account is Bill.
3. **Social Security Number:** Please provide your Social Security Number.
4. **Date of Birth:** Please provide the month, day and year you were born.
5. **Phone Number(s):** The telephone number(s) where we may contact you.
6. **Identification Information:** Please provide your driver license, passport or identification card information and the issuing state.
7. **Physical Address:** Your current *physical* address. **P.O. Boxes are not acceptable.**
8. **Length of Time at Current Address:** How long have you resided at your current address?
9. **Mailing Address:** List your mailing address if different from your physical address.
10. **Previous Address:** Please provide previous address if less than 2 years at your current address.
11. **Length of Time at Previous Address:** How long did you live at your previous address?
12. **Valid Pacific Capital Bank Accounts:** Please provide the account numbers and account type for accounts that you have with the bank.
13. **Fraudulent Account/Transaction Information:** Please provide as much information as possible on the type of fraudulent account and/or transaction.
- 14-19. **Check all items that apply.**
19. **Law Enforcement Information:** Please provide the police or sheriff's department information.
20. **Required Supporting Documents:** Asterisk (*) indicates copies of documents you must send.
21. **Additional Supporting Documents:** Please indicate any additional supporting documents you are sending.
22. **The affidavit must be signed, dated and notarized.**



Fraud Affidavit

Check all that apply for items 14 - 19

14. 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.

15. My identification documents (for example: credit cards, birth certificate, driver's license, social security card, etc.) were stolen lost on or about _____.
(month/day/year)

16. To the best of my knowledge and belief, the following person(s) used my information (for example; my name, address, date of birth, existing accounts numbers, social security number, mother's maiden name, etc.) and/or identification documents to get money, credit loans, goods, or services without my knowledge or authorization:

Name (if known)

Address (if known)

Phone number (s) (if known)

Name (if known)

Address (if known)

Phone number (s) (if known)

17. 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)

Victim's Law Enforcement Actions

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 identity theft claim form 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)

(Date of report)

(Phone number)

(Officer/ Agency personnel taking report)

(Report number, if any)

(email address, if any)

(Agency #2)

(Date of report)

(Phone number)

(Officer/ Agency personnel taking report)

(Report number, if any)

(Email address, if any)

NOTE: You must provide the Police Case Number assigned to this case. The bank WILL NOT initiate an investigation without a valid case number.



Supporting Documents Checklist

20. You **MUST** send copies of the following documents with your Identity Theft Claim Form:

- *Driver license, Identification Card, Passport or Military ID Card
- *Social Security Card (front & back)
- *Electric, Gas or Water bill
- *Copy of the police report or ***complete item #19***
- *Copy of your credit report

21. Please indicate any additional supporting documents you are sending to substantiate your identity:

- | | |
|---|---|
| <input type="checkbox"/> Vehicle registration | <input type="checkbox"/> Insurance bill |
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Resident rental/lease agreement in your name |
| <input type="checkbox"/> Copy of a bank statement | <input type="checkbox"/> Other |

Please call 888-400-7228 and ask for the Security Department if you have any questions. Send the completed identity theft claim form and all the supporting documents to the following address:

Pacific Capital Bank
 P. O. Box 60839
 Santa Barbara, CA. 93160
 Attn: Security Department

Signature Section

BY SIGNING BELOW, YOU ARE MAKING THE FOLLOWING DECLARATIONS:

- The statement(s) indicated above are true.
 - I did **NOT** receive any benefit, money, goods or services as a result of the events described in this report.
 - I did **NOT** arrange with the person(s) who used my information or identification documents to apply for credit, loans, goods or services only to be reimbursed or compensated later for any portion of the proceeds.
 - I will cooperate in any investigation, promptly disclose any information requested by the bank, and if necessary, prosecute the wrongdoer.
 - I will testify to the truth of these statements in any case that may result from this identity theft claim form.
22. I declare under penalty of perjury that the information I have provided in this affidavit is true and correct to the best of my knowledge.

(Signature)

(Date signed)

Knowingly submitting false information on this form could subject you to criminal prosecution for perjury.

TO BE USED ONLY BY A NOTARY PUBLIC:

State of _____ County of _____

Subscribed and sworn to (or affirmed) before me on this ____ day of _____, _____, by

_____, provided to me on the basis of satisfactory evidence to be the person (s)
Name of Claimant

who appeared before me _____.
Name and Title of Officer (e.g., "Jane Doe, Notary Public")

WITNESS my hand and official seal.

Signature of Notary Public

(Notary Seal)

PLEASE PRINT

TO BE COMPLETED BY BANK PERSONNEL ONLY.

Received by: _____

Branch / Department: _____

Phone Ext: _____

Date Received: _____

Investigated by: _____

Branch / Department: _____

Date completed: _____

Results: _____