



WALLET CONTENTS TRACKER & RESOLUTION

The Wallet Contents Tracker and Resolution is both a tool and a service that you can use to keep record of the important items in your wallet and to more easily replace them when an incident occurs. A missing wallet can not only create a major problem for you, but it also may lead to extensive damage to your financial accounts, insurance information and identification cards if they find themselves in the hands of an identity thief. Therefore, we urge you to be proactive about protecting your personal information and minimizing the damage that can result from a lost wallet and identity theft.

To take advantage of the benefits provided, please select one or both of the following:

Option 1: Fill out this sheet and store it in a safe location (not your wallet!). You may also want to give a copy to a trusted friend or family member. If your wallet is ever lost or stolen, call us and this sheet will help reduce the time and frustration of replacing important items in your wallet, many of which are needed on a daily basis.

Option 2: Fill out this sheet, sign the accompanying authorization form, and fax them to us at **1-925-296-2606** for your safekeeping and easy reference. Please note that for bank account information, you do not need to provide your full account number. Upon your call to us, we will verify your identity and proceed with the details needed to cancel your accounts, replace your cards and related information documents.

NOTE

The Wallet Contents Tracker tool may contain sensitive information. Please store it in a secure location and/or send it to us with only partial financial account information.

IDENTIFICATION CARDS (i.e. Driver's Licenses, Employee ID, Military ID, etc.):

Number: _____

Number: _____

State/Type: _____

State/Type: _____

INSURANCE CARDS:

Type: _____

Type: _____

Insurer: _____

Insurer: _____

Policy #: _____

Policy #: _____

Contact #: _____

Contact #: _____

*Please Note: Certain state laws may require that any correspondence with issues regarding your account and/or document replacement must be conducted solely by you. It is our goal to make the process of replacing your documents as pain-free as possible for you; therefore, we will assist you to the greatest extent legally permissible. In addition, you are responsible to pay any fees that may exist and be charged by the document issuing company or institution to replace the missing documents and these fees are not included herein. Our service does not provide reimbursement for any lost funds, monies or other items of value.

Type: _____
Insurer: _____
Policy #: _____
Contact #: _____

Type: _____
Insurer: _____
Policy #: _____
Contact #: _____

Note – For Financial Account Information Please only provide partial account information. Example: xxxx-xxxx-xxxx-1234

DEBIT/CREDIT CARDS, OTHER:

Bank/Issuer: (example) USA Community Bank
Card #: (example) xxxx-xxxx-xxxx-1234
Bank/Issuer Contact #: (example) 1-800-111-1111

Bank/Issuer: _____
Card #: xxxx-xxxx-xxxx-
Bank/Issuer Contact #: _____

Bank/Issuer: _____
Card #: xxxx-xxxx-xxxx-
Bank/Issuer Contact #: _____

Bank/Issuer: _____
Card #: xxxx-xxxx-xxxx-
Bank/Issuer Contact #: _____

Bank/Issuer: _____
Card #: xxxx-xxxx-xxxx-
Bank/Issuer Contact #: _____

Bank/Issuer: _____
Card #: xxxx-xxxx-xxxx-
Bank/Issuer Contact #: _____

Bank/Issuer: _____
Card #: xxxx-xxxx-xxxx-
Bank/Issuer Contact #: _____

Bank/Issuer: _____
Card #: xxxx-xxxx-xxxx-
Bank/Issuer Contact #: _____

(Please create and attach additional pages as necessary)

Contact Us:

Call Toll-Free:
If outside the USA, call:
Facsimile:

1-866-443-3728
1-925-296-2600
1-925-296-2606

Main Address:

1700 N. Broadway
Walnut Creek, CA 94596

Date: _____

To: Ms. Reanna Getty
Identity Fraud, Inc.
1700 N. Broadway
Walnut Creek, CA 94596-4194

RE: LIMITED POWER OF ATTORNEY

Dear Ms. Getty:

I, _____, the "principal," and a primary resident of

provide full address

hereby appoint Ms. Reanna Getty and/or authorized Resolution Specialists of Identity Fraud, Inc., as attorney in fact, to act in the place and stead and with the same authority as Principal would have, to engage the following acts:

To conduct any and all business necessary to investigate, examine, cancel, reissue, advance funds, order copies of records, rectify and/or otherwise correct inaccuracies and/or other fraudulent information regarding my personal identity and identification documents, including my driver's license, passport, military identification, healthcare, financial credit and debit accounts and related accounts and documents that have been attached to and/or associated with my personally identifiable information and/or property and/or other, arising from lost or stolen information, identity theft and/or the illegal and fraudulent use of my personal information, including, but not limited to, my name, address, social security number, and birth date.

This power of attorney shall be in effect from the date of this notification and shall cease upon termination of the program benefits as provided to Principal by Identity Fraud, Inc. or upon the written rescission of this authority by the Principal indicated herein.

Signature of Principal

Principal Name (Print)

STATE OF: _____

COUNTY OF: _____

_____ personally appeared before me and acknowledged the execution of this limited power of attorney for the purposes set forth therein.

Dated

Notary Public

SEAL