

Holder Request For Reimbursement

Important: Before paying a claimant, it is recommended that your company contact our office to ensure that the missing owner reported has not been paid by the state treasurer's office.

***Required Fields** - Any required field left blank will result in the form being returned.

Part I Holder Information		Part II Claim Information	
Holder Name: *		Reported Owner Name: *	
FEIN: *		Claimant Name: * (If holder, write 'Same As Holder')	
Address (street, city, state, zip code): *		Address (street, city, state, zip code): *	
Holder Representative:		C/O or Attention:	
Holder Representative Telephone Number: *		Claimant SSN/FEIN: *	
Part III Reported Property Information		Treasurer's Office Use Only	
Year Reported: *	Report Total: * \$ _____	Reported in Aggregate? * YES _____ NO _____	Property ID Number:
Requested Reimbursement: * Cash: \$ _____ Shares: _____		Claim ID Number:	
Part IIII Reimbursement Information (check one)			
<input type="checkbox"/> Reimburse the Claimant. Holder has identified the owner. Claimant's <u>current information</u> must be provided. <input type="checkbox"/> Reimburse the Holder. Proof of payment is required. Choose <u>one</u> of the following: <ul style="list-style-type: none"> a) Photocopy of the front and back of the cancelled check. b) A statement signed by the claimant acknowledging payment along with a copy of claimant ID or driver's license. c) An internal transaction took place. Proof of internal reimbursement must be on company letterhead with a letter of explanation and signed by two company officers. d) A gift card was redeemed at place of business. Include amount escheated, value of card at time of redemption and gift card number. e) Error with reported property. A letter on company letterhead with detailed explanation regarding error in report/property must be submitted. Letter must be signed by two company officers. 			
Part V Holder Certification			
<p>I, _____ a duly authorized representative of the holder listed above, do hereby certify that the above listed funds, or other property which was listed in the Report filed by the holder, have been paid to the State and hold it harmless from all claims and loss, demands, costs, and other expenses which the State may sustain by reason returning property to the holder and by reason further of its refusal to pay the property to any other person or person:</p>			
Name and Title of Holder Representative (type or print)		Signature of Holder Representative	
Sworn and subscribed before me this _____ day of _____, 20_____.			
Notary Public in and for the state of _____		Notary Stamp/Seal:	
Signature of Notary Public			
My commission expires: _____, 20_____			