



OFFICE OF THE MISSOURI  
STATE TREASURER

UNCLAIMED PROPERTY  
P.O. BOX 1272

JEFFERSON CITY, MISSOURI 65102-1272

BULK RATE  
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OFFICE OF THE MISSOURI  
STATE TREASURER

# Unclaimed Property Report Form



**OFFICE OF THE MISSOURI  
STATE TREASURER**

**Dear Unclaimed Property Holder,**

Unclaimed Property is one of the most important aspects of my job as State Treasurer. We currently hold more than \$600 million in more than 3.5 million accounts. The amount of property and the accounts held, fluctuate based on the amount of property turned over to my office. The information in this booklet and report form are to be utilized by holders when reporting abandoned property pursuant to the Missouri Disposition of Unclaimed Property Act.

All financial institutions, business associations, insurance companies, government agencies, utility companies, and entities as defined in RSMo 447.503 are required to file an annual Unclaimed Property Report. Since becoming Treasurer in January 2017, I have been dedicated to returning more property each year. In fact in fiscal year 2017, we set a record returning \$44.3 million in Unclaimed Property to 166,154 account owners.

In addition, I have implemented a paperless claims process that is allowing more than 50 percent of all claims to be made without paper, ink or stamps. My administration is the fifth in the nation to have a paperless process, and it is ensuring account owners get their money faster than ever before. Each year, I also publish the names of owners in newspapers throughout the state and send direct mail to the addresses provided by the holders. The single most effective tool for returning property is [www.ShowMeMoney.com](http://www.ShowMeMoney.com) and I encourage you to search for yourself, friends, businesses and family regularly.

The information provided by holders is an essential part of my effort to locate property owners and reunite them with their lost and Unclaimed Property. Our success in returning property to its owners is heavily dependent upon your timely filing and the accuracy of the information you submit.

All Unclaimed Property reports are due on November 1, except for life insurance company reports, which are due on May 1.

Anyone requiring assistance in completing this form or who has questions relating to the Unclaimed Property Act or the filing of the Unclaimed Property report, please do not hesitate to contact my staff at the address below:

**Missouri State Treasurer's Office**  
Unclaimed Property Division  
P.O. Box 1272  
Jefferson City, MO 65102-1272  
(573) 751-0123  
[www.treasurer.mo.gov](http://www.treasurer.mo.gov)  
[ucp@treasurer.mo.gov](mailto:ucp@treasurer.mo.gov)

Thank you for your continued support of these efforts.

**Sincerely,**

Office of the Missouri State Treasurer



# Instructions for Preparing Report of Unclaimed Property

If you have any questions, call or email: (573) 751-0123 or [ucp@treasurer.mo.gov](mailto:ucp@treasurer.mo.gov)

## REPORTING METHODS

### Reporting Manually

The following form is provided for manual reporting of Unclaimed Property, accompanied by detailed step-by-step instructions on proper completion of the paper reporting form. All information recorded must be typed or printed clearly and legibly.

If additional forms are needed, you may photocopy the blank forms or request additional forms by contacting Unclaimed Property. An alternative customized reporting format (eg., a spreadsheet) is acceptable as long as all required information is included.

### Electronic Reporting

Electronically reporting Unclaimed Property is strongly encouraged. The standard NAUPA (National Association of Unclaimed Property Administrators) diskette-reporting format is also accepted. For more information on electronic reporting, visit [www.treasurer.mo.gov](http://www.treasurer.mo.gov).

## WHO MUST REPORT

The State of Missouri Uniform Disposition of Unclaimed Property Act (RSMo 447.500-595) requires that all financial institutions, business associations, insurance companies, governmental units, utility companies, nonprofit organizations and persons as further defined in the statute, report assets that have been presumed abandoned for five years (15 years in the case of travelers checks, seven years for money orders) to the Missouri State Treasurer's office.

All Holders are responsible for filing reports on behalf of their branches, divisions, or affiliated entities as applicable.

Holders may be allowed to report and remit property prior to the expiration of the applicable abandonment period. Please contact Unclaimed Property prior to submitting an early remittance.

## WHEN TO REPORT

The Report of Unclaimed Property must be completed annually and must be postmarked no later than November 1 for period ending June 30 preceding. Life insurers shall file by May 1 for preceding period ending December 31. A Holder may send a written request for an extension of 30 days in exceptional circumstances. The State Treasurer's office must approve all extensions.

**Payment must accompany the report.** Checks should be made payable to the Missouri State Treasurer's Office. If securities are reported, the underlying shares must be delivered via mail or DTC transfer to the Missouri State Treasurer's office at the time of remittance. Contact the Missouri State Treasurer's office for information on DTC transfers. Certificates should be registered as follows:

Missouri State Treasurer's Office  
Unclaimed Property  
PO Box 1272  
Jefferson City MO 65102-1272

Federal ID: 43-1645862

## WHAT TO REPORT

Any debt or obligation which has gone unpaid or security that has remained undelivered for the aforementioned abandonment period must be reported and remitted. Please refer to Property Type Codes for examples of reportable property types.

All such property that is held for a Missouri resident or business entity must be reported. If your organization is registered in Missouri, you must also report owners for which you have no last known address or the last known address is in a foreign country. Property for owners with a last known address in a state other than Missouri must be reported to Unclaimed Property of the state of last known address.

### Reciprocity Agreements

In an effort to make the reporting process less burdensome for their Holders, some states have entered into mutual agreements for the acceptance of property belonging to owners in other states. Please contact the Missouri State Treasurer's office for a current list of states that have entered into reciprocity agreements with us.

Negative Reports are not required. Please do not submit if you do not have any Unclaimed Property to report.

### Due Diligence

Holders are required to exercise such reasonable and necessary diligence as is consistent with good business practice to locate owners of property valued at \$50 or more within one year prior to reporting the property to the Missouri State Treasurer's office.

The Holder shall retain such records as necessary to verify the relationship of the owner to the Holder for a period of not less than five years subsequent to reporting the property. The Missouri State Treasurer's office may contact the Holder to verify previously reported information or to ask for any additional information that is available regarding the property.

# HOW TO COMPLETE THIS REPORT



OFFICE OF THE MISSOURI  
STATE TREASURER

## Section A: Holder Reporting Information

### PART I REPORT INFORMATION

- **DATE PREPARED** - The date the Report is completed.
- **REPORT PERIOD ENDING** - Period ending date covered by this report. Example, the report for the period ending June 30 is due November 1. For life insurers, the reporting period ending December 31 is due on May 1.
- **FEDERAL I.D.** - Provide your federal identification number or taxpayer identification number.
- **HOLDER NUMBER** - Enter your Holder Number, which is the seven-digit number on the front of the postcard. Leave this space blank if your Holder Number is unknown or unavailable.
- **TOTAL NO. ITEMS/SHARES/SAFE DEPOSIT BOXES** - Enter the total number of owners, shares, and safe deposit boxes included in Section B of the Report.
- **CHECK NUMBER** - The number of the check accompanying this Report.
- **CHECK AMOUNT** - Amount of payment being remitted, which is the Grand Total of all property items as recorded on the last page of Section B of the report (less Expenses, if applicable). Checks are to be made payable to the Missouri State Treasurer's office. Please submit one check for the Grand Total. Remittance must accompany the Report.

### PART II HOLDER INFORMATION

- **NAME OF HOLDER** - Name of the company remitting the Report. If there is a label on the cover of this booklet, it should be peeled off and affixed to the area labeled HOLDER INFORMATION. This label includes the seven-digit holder number. Make corrections as necessary.
- **MAILING ADDRESS, CITY, STATE, ZIP, COUNTY** - Address used by the Holder to receive mail, to include the county.
- **STATE OF INCORPORATION** - State in which company is incorporated.
- **DATE OF INCORPORATION** - Date company was incorporated.
- **PRIMARY PLACE OF BUSINESS IN MISSOURI** - Location of main business activity within this state. Please be as specific as possible. If reporting for a single branch, please provide the physical address of the branch location.

### PART III PREVIOUS HOLDER INFORMATION

This section is to be used by a Holder that has had a name change or merger, or if the Holder is a successor to other entities who previously held the property for the owner. List previous holder numbers, names and/or addresses under which you have previously filed Unclaimed Property reports with the Missouri State Treasurer's office.

### PART IV PRIMARY BUSINESS ACTIVITY

Please provide a brief summary that best describes your organization's primary business activity.

### PART V CONTACT PERSON

The contact person listed on the report is the name of the individual who prepared the report or whom the Missouri State Treasurer's office can contact in the event there are any questions relating to the report.

### PART VI AUTHORIZATION

The individual authorized to submit the Report of Unclaimed Property on behalf of the Holder.

## Section B: Summary of Unclaimed Property

- **HOLDER NUMBER and HOLDER NAME** - Enter your Holder Number and Holder Name as they appear in Section A of this Report. Leave the Holder Number space blank if it is unknown or unavailable.
- **REPORT PERIOD ENDING** - Enter the period ending date for which this report is being filed. Date should correspond with the reporting period listed in Section A of this report.
- **ORIGINAL OWNER NAME** - Last name, first name and middle name or initial, as available. Be sure to include any information that would aid in the identification of the owner, to include Jr., Sr., Dr., etc. (for example, Smith Jane Ann MD). Company names or corporate titles should be entered exactly as adopted, except the word "the" should be omitted when it is the first word of the title. If a single item has two or more owners, the names and addresses of each must be listed. When reporting certified checks or cashiers checks, list the names and addresses of both remitter and payee if available, specifying each. If no owner name is available, report the property as "Unknown" (include any other identifying information that may be available in the respective columns). Items that are \$50 or less may be reported in Aggregate totals by property type at the end of the report rather than individually. However, since our goal is to return as much property as possible to the rightful owners, we encourage the reporting of detailed owner information whenever it is available.
- **OWNER RELATIONSHIP** - Relationship of each owner listed (e.g. OWNER, JT TEN, CUSTODIAN, MINOR, PAYEE, REMITTER). Refer to Owner Relationship Codes table.
- **OWNER ADDRESS** - Include street, city, state, zip and county, if available, of the last known address of the original owner. If no address is available, write the word "Unknown" in the address column.
- **SS NUMBER/DATE OF BIRTH** - Provide original owner's social security number or taxpayer id number and date of birth if available.
- **ACCOUNT/CHECK NUMBER** - Enter any identification number(s) available regarding the property item, such as account number, policy number, check number, stock certificate number, etc.
- **PROPERTY DESCRIPTION** - Enter the property description of each item (e.g., Payroll checks, Savings Accounts, Safe Deposit Box Contents, etc.). Refer to Property Type Codes for listing of categories and descriptions.
- In the case of safe deposit boxes, attach separate inventory sheets identifying contents, including a description of the

# HOW TO COMPLETE THIS REPORT



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contents (e.g., "4 insurance policies, 1 goldtone ring, and 2 letters"). Indicate in Section B "Safe Deposit Box information attached."

For securities, please include the issuing company name and number of shares remitted for each owner.

- **PROPERTY CODE** - Enter the appropriate property code for each type of unclaimed property according to Property Type Codes. Items that are \$50 or less may be reported in Aggregate within the appropriate category (e.g., "Aggregate of 5 items less than \$50, Vendor Checks, Code 56, total \$156.00").
- **DATE OF LAST TRANSACTION/DATE PROPERTY BECAME PAYABLE, REDEEMABLE OR RETURNABLE** - Indicate date of last owner-initiated activity on account, date of check, or date of maturity.
- **CHECK IF INTEREST-BEARING** - Check box if account was accruing interest at the time of remittance, or if the owner would have been entitled to interest had the property not been presumed abandoned.
- **AMOUNT DUE OWNER** - Enter the total amount of cash value due the owner, including any interest earned on deposits.
- **PAGE TOTAL** - Enter the sum of the Amount Due Owner column for each page.
- **GRAND TOTAL** - To be entered on the last page of the report. The Grand Total is the sum of the Page Totals from each page of Section B of the report.
- **DEDUCTED EXPENSES SUMMARY** - This space may be used by the Holder pursuant to the Missouri Unclaimed Property Statute (RSMo 447.543). Expenses deducted must

be itemized (expense description and amount). All expenses must be approved by the Missouri State Treasurer's office. If expenses are reported, deduct the expense total from the Grand Total to obtain the total amount of remittance. Please contact the Missouri State Treasurer's office for an explanation of allowable expense deductions.

## HOLDER REIMBURSEMENTS AND REFUNDS

Periodically an owner will contact the Holder after their property has already been reported and remitted to the Missouri State Treasurer's office. If the owner is then paid or the account reinstated by the Holder, the Holder may submit a request for reimbursement to the Missouri State Treasurer's office. Proof of payment or account reinstatement is required for reimbursement.

Refunds will be issued to Holders who have overpaid their unclaimed property report because of an accounting error or other mistake made during the preparation of the report. To request a refund, make a written request to the Missouri State Treasurer's office and explain the nature of the mistake. Include documentation with your request that supports your explanation of the error.

If the amount remitted is less than the amount reported and no explanation is provided, a request for additional remittance will be submitted by the Missouri State Treasurer's office to the holder. The additional payment must be remitted to the Missouri State Treasurer's office within 30 days of the request to the Missouri State Treasurer's office and explain the nature of the mistake. Include documentation with your request that supports your explanation of the error.

## Property Type Codes

### ACCOUNT BALANCES DUE

|      |                                |
|------|--------------------------------|
| AC01 | CHECKING ACCOUNTS              |
| AC02 | SAVINGS ACCOUNTS               |
| AC03 | MATURED CD OR SAV CERT.        |
| AC04 | CHRISTMAS CLUB FUNDS           |
| AC05 | MONEY ON DEP TO SECURE FUND    |
| AC06 | SECURITY DEPOSITS              |
| AC07 | UNIDENTIFIED DEPOSITS          |
| AC08 | SUSPENSE ACCOUNTS              |
| AC09 | MONEY MARKET                   |
| AC99 | AGG. ACCT. BALANCES UNDER \$50 |

### UNCASHED CHECKS

|      |                              |
|------|------------------------------|
| CK01 | CASHIERS CHECKS              |
| CK02 | CERTIFIED CHECKS             |
| CK03 | REGISTERED CHECKS            |
| CK04 | TREASURERS CHECKS            |
| CK05 | DRAFTS                       |
| CK06 | WARRANTS                     |
| CK07 | MONEY ORDERS                 |
| CK08 | TRAVELERS CHECKS             |
| CK09 | FOREIGN EXCHANGE CHECKS      |
| CK10 | EXPENSE CHECKS               |
| CK11 | PENSION CHECKS               |
| CK12 | CREDIT CHECKS OR MEMOS       |
| CK13 | VENDOR CHECKS                |
| CK14 | CHECKS WRITTEN OFF TO INCOME |

|      |                                |
|------|--------------------------------|
| CK15 | OTH. OUTSTANDING OFFICIAL CKS. |
| CK16 | CD INTEREST CHECKS             |
| CK99 | AGG. UNCASHED CKS. UNDER \$50  |

### COURT DEPOSITS

|      |                                |
|------|--------------------------------|
| CT01 | ESCROW FUNDS                   |
| CT02 | CONDEMNATION AWARDS            |
| CT03 | MISSING HEIRS FUND             |
| CT04 | SUSPENSE ACCTS.                |
| CT05 | OTHER COURT DEPOSITS           |
| CT06 | PUBLIC AID CHILD SUPPORT CKS.  |
| CT99 | AGG. COURT DEPOSITS UNDER \$50 |

### INSURANCE

|      |  |
|------|--|
| IN01 | IND. POLICY BENEFITS/CLM. PAYMENTS                       |
| IN02 | GRP. POLICY BENEFITS/CLM. PAYMENTS                       |
| IN03 | PROCEEDS DUE BENEFICIARIES                               |
| IN04 | PROCEEDS FROM MATURED POLICIES, ENDOWMENTS, OR ANNUITIES |
| IN05 | PREMIUM REFUNDS  |
| IN06 | UNIDENTIFIED REMITTANCES                                 |
| IN07 | OTHER AMTS. DUE UNDER POLICY TERMS                       |
| IN08 | AGENT CREDIT BALANCES                                    |
| IN99 | AGG. INSURANCE PROPERTY UNDER \$50                       |

CONTINUED...



#### MINERAL PROCEEDS & MINERAL INTERESTS

|             |                                   |
|-------------|-----------------------------------|
| <b>MI01</b> | NET REVENUE INTEREST              |
| <b>MI02</b> | ROYALTIES                         |
| <b>MI03</b> | OVERRIDING ROYALTIES              |
| <b>MI04</b> | PRODUCTION PAYMENTS               |
| <b>MI05</b> | WORKING INTEREST                  |
| <b>MI06</b> | BONUSES                           |
| <b>MI07</b> | DELAY RENTALS                     |
| <b>MI08</b> | SHUT-IN ROYALTIES                 |
| <b>MI09</b> | MINIMUM ROYALTIES                 |
| <b>MI99</b> | AGG. MINERAL INTERESTS UNDER \$50 |

#### MISC. CHECKS & INTANGIBLE PERSONAL PROP.

|             |                                   |
|-------------|-----------------------------------|
| <b>MS01</b> | WAGES, PAYROLL, SALARY            |
| <b>MS02</b> | COMMISSIONS                       |
| <b>MS03</b> | WORKERS' COMP. BENEFITS           |
| <b>MS04</b> | PAYMENT FOR GOODS & SERVICES      |
| <b>MS05</b> | CUSTOMER OVERPAYMENTS             |
| <b>MS06</b> | UNIDENTIFIED REMITTANCES          |
| <b>MS07</b> | UNREFUNDED OVERCHARGES            |
| <b>MS08</b> | ACCOUNTS PAYABLE                  |
| <b>MS09</b> | CREDIT BALANCES- ACCTS RECEIVABLE |
| <b>MS10</b> | DISCOUNTS DUE                     |
| <b>MS11</b> | REFUNDS DUE                       |
| <b>MS12</b> | UNREDEEMED GIFT CERTIFICATES      |
| <b>MS13</b> | UNCLAIMED LOAN COLLATERAL         |
| <b>MS14</b> | PENSION & PROFIT SHARING PLANS    |
| <b>MS15</b> | DISSOLUTION OR LIQUIDATION        |
| <b>MS16</b> | MISC OUTSTANDING CHECKS           |
| <b>MS17</b> | MISC INTANGIBLE PROPERTY          |
| <b>MS18</b> | SUSPENSE LIABILITIES              |
| <b>MS99</b> | AGG. MISC. PROPERTY UNDER \$50    |

#### SECURITIES

|             |                                   |
|-------------|-----------------------------------|
| <b>SC01</b> | DIVIDENDS                         |
| <b>SC02</b> | INTEREST (BOND COUPONS)           |
| <b>SC03</b> | PRINCIPAL PAYMENTS                |
| <b>SC04</b> | EQUITY PAYMENTS                   |
| <b>SC05</b> | PROFITS                           |
| <b>SC06</b> | FUNDS PD TO PURCHASE SHARES       |
| <b>SC07</b> | FUNDS FOR STOCKS & BONDS          |
| <b>SC08</b> | SHARES OF STOCK (RETURNED BY P.O) |

|             |  |
|-------------|--|
| <b>SC09</b> | CASH FOR FRACTIONAL SHARES                                 |
| <b>SC10</b> | UNEXCHANGED STOCK/SUCCESSOR CO.                            |
| <b>SC11</b> | OTHER CERT. OF OWNERSHIP                                   |
| <b>SC12</b> | UNDERLYING SHARES OR OTHER OUTSTANDING CERTS.              |
| <b>SC13</b> | FUNDS FOR LIQ./REDEMPTION OF UNSURRENDERED STOCKS OR BONDS |
| <b>SC14</b> | DEBENTURES   |
| <b>SC15</b> | US GOVT SECURITIES   |
| <b>SC16</b> | MUTUAL FUND SHARES   |
| <b>SC17</b> | WARRANTS (RIGHTS)  |
| <b>SC18</b> | MATURED BOND PRINCIPAL                                     |
| <b>SC19</b> | DIVIDEND REINVESTMENT PLANS                                |
| <b>SC20</b> | CREDIT BALANCES  |
| <b>SC21</b> | SUM OF VAR. STOCK RELATED CASH ITEMS                       |
| <b>SC22</b> | CASH IN LIEU   |
| <b>SC23</b> | SUM OF VAR. STOCK RELATED STOCK ITEMS                      |
| <b>SC24</b> | MONEY MARKET   |
| <b>SC99</b> | AGG. SECURITY RELATED CASH UNDER \$50                      |

#### SAFE DEPOSIT BOXES & SAFEKEEPING

|             |                             |
|-------------|-----------------------------|
| <b>SD01</b> | SAFETY DEPOSIT BOX CONTENTS |
| <b>SD02</b> | OTHER SAFEKEEPING           |
| <b>SD03</b> | OTHER TANGIBLE PROPERTY     |

#### TRUST, INVESTMENT AND ESCROW ACCOUNTS

|             |                                  |
|-------------|----------------------------------|
| <b>TR01</b> | PAYING AGENT ACCTS.              |
| <b>TR02</b> | UNDELIVERED OR UNCASHED ITEMS    |
| <b>TR03</b> | FUNDS HELD IN FIDUCIARY CAPACITY |
| <b>TR04</b> | ESCROW ACCTS.                    |
| <b>TR05</b> | TRUST VOUCHERS                   |
| <b>TR06</b> | PRE-NEED FUNERAL PLANS           |
| <b>TR99</b> | AGG. TRUST PROP. UNDER \$50      |

#### UTILITIES

|             |                                  |
|-------------|----------------------------------|
| <b>UT01</b> | UTILITY DEPOSITS                 |
| <b>UT02</b> | MEMBERSHIP FEES                  |
| <b>UT03</b> | REFUNDS OR REBATES               |
| <b>UT04</b> | CAPITAL CREDIT DISTRIBUTIONS     |
| <b>UT99</b> | AGG. UTILITY PROPERTY UNDER \$50 |

**ZZZZ** PROPERTIES NOT IDENTIFIED ABOVE  
(WRITTEN DESCRIPTION MUST ACCOMPANY)

## Owner Relationship Codes

| OWNER RELATIONSHIP CODES |                |    |                         |    |                            |
|--------------------------|----------------|----|-------------------------|----|----------------------------|
| AT                       | Attorney       | IN | Insured                 | RE | Remitter                   |
| BE                       | Beneficiary    | JT | Joint Tenant            | SL | Seller                     |
| BY                       | Buyer          | MN | Minor                   | SU | Surety                     |
| CU                       | Custodian      | OR | OR                      | TC | Tenants in Common          |
| DE                       | Dependent      | OW | Owner                   | TD | Transfer on Death          |
| ES                       | Estate of      | PA | Power of Attorney       | TR | Trustee of                 |
| EX                       | Executor       | PD | Pay on Death            | TT | Trustee                    |
| FB                       | For Benefit of | PR | Personal Representative | UG | Uniform Gifts to Minor Act |
| GU                       | Guardian       | PY | Payee                   |    |                            |



**MAIL COMPLETED REPORT AND REMITTANCE TO:**  
MISSOURI STATE TREASURER'S OFFICE  
UNCLAIMED PROPERTY  
P.O. BOX 1272  
JEFFERSON CITY, MISSOURI 65102-1272

OFFICE OF THE MISSOURI  
STATE TREASURER  
REPORT OF UNCLAIMED PROPERTY

## SECTION A HOLDER REPORTING INFORMATION

### PART I REPORT INFORMATION

|                    |                     |                                 |              |                     |               |
|--------------------|---------------------|---------------------------------|--------------|---------------------|---------------|
| DATE PREPARED      |                     | REPORT PERIOD ENDING            |              | FEDERAL I.D. NUMBER | HOLDER NUMBER |
| TOTAL NO. OF ITEMS | TOTAL NO. OF SHARES | TOTAL NO. OF SAFE DEPOSIT BOXES | CHECK NUMBER | CHECK AMOUNT        |               |

### PART II HOLDER INFORMATION

THIS REPORT INCLUDES:

☐ ALL BRANCHES AND DIVISIONS      ☐ ALL SUBSIDIARIES      ☐ ONLY THIS COMPANY/BRANCH/DIVISION

|             |                       |  |  |  |                        |
|-------------|-----------------------|--|--|--|------------------------|
| AFFIX LABEL | NAME OF HOLDER        |  |  |  | STATE OF INCORPORATION |
|             | MAILING ADDRESS       |  |  |  | DATE OF INCORPORATION  |
|             | CITY STATE ZIP COUNTY |  |  |  |                        |

PRIMARY PLACE OF BUSINESS IN **MISSOURI** (CITY, COUNTY, ZIP)

PROVIDE PREVIOUS HOLDER INFORMATION IF YOU ARE A SUCCESSOR TO PREVIOUS HOLDERS OF THE PROPERTY. IF YOU HAVE CHANGED YOUR NAME OR ADDRESS DURING THE TIME PERIOD THAT YOU HAVE HELD THE PROPERTY, LIST THE PRIOR NAME(S) AND ADDRESS(ES) YOU HAVE REPORTED UNDER.

### PART III PREVIOUS HOLDER INFORMATION

|                           |                  |               |                |
|---------------------------|------------------|---------------|----------------|
| PREVIOUS NAME OF BUSINESS | FEDERAL I.D. NO. | HOLDER NUMBER | DATE OF CHANGE |
|---------------------------|------------------|---------------|----------------|

PREVIOUS ADDRESS (STREET, CITY, STATE, ZIP)

### PART IV PRIMARY BUSINESS ACTIVITY INFORMATION

PLEASE PROVIDE A BRIEF BUSINESS DESCRIPTION

### PART V CONTACT PERSON

|                        |            |
|------------------------|------------|
| CONTACT PERSON         | TITLE      |
| PHONE NUMBER EXTENSION | FAX NUMBER |

### PART VI AUTHORIZATION

I, \_\_\_\_\_ being first duly sworn under oath, state that I have examined this report of property presumed abandoned under the Missouri Unclaimed Property Act, and that I am duly authorized by the Holder herein to execute this report; and I declare by penalty of perjury that this report is true, correct, and complete, as of said date.

|           |       |
|-----------|-------|
| SIGNATURE | TITLE |
|-----------|-------|

**NOTE:** This verification, if made by a partnership, shall be executed by a partner; if made by an unincorporated association or private corporation, by an officer; and if made by a public corporation, by its chief fiscal officer.



# Unclaimed Property Report Checklist



OFFICE OF THE MISSOURI  
STATE TREASURER

1. Have you completed sections A and B of this report?
2. Have you verified that the total of the individual properties equals the total amount of your check?
3. Are you deducting expenses? If so, please complete the expense summary in Section B and adjust your totals accordingly.
4. Have you checked the box for interest bearing accounts as applicable?
5. Is your check made payable to Office of the Missouri State Treasurer and attached to your report?
6. Are the following included in your report:
  - ☐ STOCK CERTIFICATES
  - ☐ SAFE DEPOSIT BOX CONTENTS
  - ☐ OWNER DETAIL LISTING (HARDCOPY AND/OR DISKETTE)
7. Did you include all names, addresses, zip codes and social security numbers that are available for owner accounts?