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STATE OF NEW YORK OFFICE OF THE STATE COMPTROLLER OFFICE OF UNCLAIMED FUNDS

OFFICIAL CHECK / MONEY ORDER AFFIDAVIT FOR ESTATES

certify that the estate is the owner of and solely entitled to the proceeds of check/draft or money order number which was: (check number) Received byonon	
certify that the estate is the owner of and solely entitled to the proceeds of check/draft or money order number which was: (check number) Received byonon	
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(check number) Received by on Purchased by on	
Received by on on	
Purchased by on	
The instance of the second burble	
The instrument was issued by by, and the proceeds have been turned over (reporting organization name)	to the
Comptroller of the State of New York by that institution.	
CHECK ONE OF THE FOLLOWING AND PROVIDE ANY INFORMATION REQUESTED.	
A. The instrument is enclosed and made a part of the affidavit.	
B. The instrument was received, but has been lost or misplaced. The instrument has not been s assigned, transferred or given away.	old,
C. The instrument was purchased, but has been lost or misplaced. The instrument has not been for the purpose intended, and it has not been sold, assigned, transferred or given away.	used
A diligent search has been made for the instrument. It is not known who has possession of the instrument, o of where it could be found. I realize the instrument may be in the possession of another who may make claim	
In consideration of the payment of this claim, I / We will reimburse to the Office of the State Comptroller and the New York the amount due to any additional persons who are entitled to these funds. Under penalty of perjury that the information on this affidavit is true and correct and that the number shown on this affidavit is the correct Identification Number.	e State of , I certify
Sworn to before me this Signature of estate representative	
day of, 20	
() Notary: DAYTIME TELEPHONE NUMBER	
Return this form by mail: Office of Unclaimed Funds 110 State Street Albany, NY 12236 Contact us: <u>nysouf@osc.ny.gov</u> or 800-221-9311. Visit our webpage at <u>https://www.osc.ny.gov/unclaimed-funds</u> .	

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NYS Personal Privacy Protection Law Notification: The NYS Comptroller's Office of Unclaimed Funds (OUF) is requesting you to provide your Tax Payer Identification Number and/or Date of Birth on this form in order to verify your identity and that you're entitled to claim the funds. OUF is authorized to collect this information under Section 1406 of the NYS Abandoned Property Law. Disclosing this information is voluntary and we will process your claim without it. However, in certain cases OUF is required to report the transaction to the Internal Revenue Service and/or other taxing authorities. If your claim is subject to such a requirement, and you don't provide the requested information at this time, we'll require that you provide such information prior to payment. The information provided will be maintained in the Unclaimed Funds Processing System which is under the direction of the Assistant Director of Services of OUF, 110 State Street, Albany, NY 12236