NYS COMPTROLLER THOMAS P. DINAPOLI

NOTARY SIGNATURE

| FIRST NAME | M.I. | LAST NAME | | |
|--|---|-----------------------------|-------------------|--------------------------------|
| ADDRESS 1 | | | СІТҮ | |
| ADDRESS 2 | | | STATE | ZIP CODE |
| HOME PHONE NUMBER | CELL PHONE NUMBER * | CELL CARR | RIER | |
| EMAIL ADDRESS * | | | | |
| roviding your email address and/or mobile num plan with your mobile phone carrier. | ber you agree that we may correspond with you | using these methods. Standa | ard data fees and | text messaging rates may apply |
| OWNER INFORMATION: | Provide information about the person o | company for which you | want us to do | an unclaimed funds search |
| OWNER'S LAST NAME (OR COM | PANY NAME) | FIRST NAME | | M.I |
| I | 1 | | | |
| OWNER'S BIRTHDATE (IF KNOW | /N) | OWNER'S TAXPAYER | IDENTIFICA | TION NUMBER (SSN/FEI |
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Office of Unclaimed Funds 110 State Street Albany, NY 12236

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

SECTION 1

Enter your current contact information in the spaces provided. This information will be used to mail your check or to request additional information from you.

If your mailing address has an apartment or suite number, please be sure to include it on the Address 2 line.

SECTION 2

Use this section to provide information about yourself as the owner or provide the name and address or addresses of the person or company on whose behalf you are making claim. If you are claiming for a deceased person, indicate your relationship to that person and attach a copy of their death certificate and documentation supporting your authority to claim funds in their name. If you are claiming for a company, provide documentation supporting your authority to claim on behalf of the company.

If you have already completed a search of our database online and have the OUF code (shown in the Item Details section), enter that code in the fields provided.

SECTION 3

Be sure to read and understand the Claimant Certification information presented before moving forward. If you are not entitled to claim on behalf of the person or company named in Section 2 (Owner Information), you should not submit this claim form.

If you choose to proceed, be sure to sign your claim form in the presence of a licensed Notary Public and then mail your paperwork to the address provided. Make copies of all the paperwork submitted to keep for your own records.

Please visit the Office of Unclaimed Funds website at <u>www.osc.state.ny.us</u> for more information about what documentation is required.

| Return this form by mail: | Contact us through the online contact form at <u>https://www.osc.ny.gov/</u> unclaimed-funds/claimants/contact-us#form |
|---|---|
| Office of Unclaimed Funds 110 State Street Albany, NY 12236 | Visit our webpage at https://www.osc.ny.gov/unclaimed-funds |
| | We invite you to like us on Facebook.com/nyscomptroller |
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