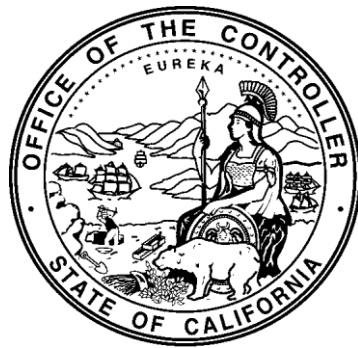


# **Guidelines for Claiming Unclaimed Property**



**Malia M. Cohen**  
California State Controller

January 2022

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# Claims Process

A claim for unclaimed property can be initiated through the Internet, by telephone, or by mail. The State Controller's Office updates the unclaimed property records monthly, and account information can be accessed at any time. Instructions for filing a claim are described in this guide.

## Internet

The State Controller's Office has developed an unclaimed property database that provides convenient, 24-hour access to individual or business accounts. Search parameters include name(s) and last known city. If an account is located, a claim form and instructions for filing a claim can be generated immediately.

The Internet database does not contain all unclaimed property accounts. The State Controller's Office receives reports throughout the year and accounts are posted to the Internet periodically. If you feel you may have other accounts that did not appear in your search, return to this site at a later date.

The database and search instructions can be accessed on the State Controller's web site, at <http://www.sco.ca.gov>. Click on "Unclaimed Property."

## Telephone

To access the unclaimed property database by telephone, contact the State Controller's Customer Service Unit. California residents can call toll-free, at 800-992-4647 between the hours of 8:00 AM and 5:00 PM, Monday through Friday (except holidays). Those outside California may call (916) 323-2827. The customer service representative (CSR) will request the name to be researched and the applicable social security number, if available.

In order to locate all funds that a claimant may be owed, the CSR may ask for additional information concerning prior addresses. This information will help locate funds in the event that there are similar names on the database. The CSR generally conducts the search while the caller is on the line. If an account is located, a claim form and instructions for filing the claim are sent to the claimant. In some cases, additional documentation may be requested after initial proof of entitlement is submitted.

## **Mail**

Requests for searches for unclaimed property may also be submitted in writing. To ensure that the requested name is researched thoroughly, the claimant's social security number and all addresses of residence must be provided. The request should be sent to:

**State Controller's Office  
Unclaimed Property Division  
P.O. Box 942850  
Sacramento, CA 94250-5873**

When a written request for a search is received, the claimant is sent notification in writing of whether or not the search located an account.

## **No Evidence of Account**

It is possible that unclaimed property was remitted to the State Controller's Office but does not appear on the database. This occurs if the account was submitted on electronic media that was incompatible with the unclaimed property computer system or if the report is in transit.

If a claimant has been notified by a business or financial institution that property was remitted to the State Controller but it does not appear on the database, the State Controller will return the claim unpaid. This does not constitute a denial of the claim. The claimant should contact the business or financial institution that reported the property (the holder). The claimant should ask the holder to provide the date the property was reported and a copy of the report face sheet (see Appendix A-1). If this information can be obtained, it should be sent to the State Controller along with the original claim and supporting data for further research. (Note that the holder is not required to retain such records after seven years.) If no additional information can be obtained to assist the State Controller in locating the account, the claimant should visit the State Controller's website at [www.sco.ca.gov](http://www.sco.ca.gov) or call the toll free number at a later date, as accounts are continually loaded to the database.

A holder may pay the unclaimed property directly to the claimant and then be reimbursed by the State Controller once the holder's report is corrected and loads to the computer system.

# Required Documentation

## Identification

To ensure that the rightful owner or heir is paid, the State Controller requires sufficient identification before a payment is authorized. The following three items must be provided:

- State Controller's Claim Form ( see Appendix A-2);
- Copy of a driver's license, a Department of Motor Vehicles identification card, or a passport; and
- Documentation verifying the claimant's social security number or federal tax identification number or (if open estate) federal tax identification number.

If the owner is deceased, one or more of the following documents must be provided for identification in addition to the three listed above:

- Birth certificate of account owner and heir(s);
- Death certificate of account owner and heir(s); and/or
- Marriage certificate of account owner and heir(s), if applicable.

## Documentation by Property Type

In addition to the above requirements, the following documentation, as well as other documents which may be required to substantiate the claim, must be submitted according to the type of unclaimed property.

### Savings or Checking Accounts

Required documentation:

- Account statement;
- Bank passbook; or
- Correspondence listing account numbers.

If the passbook or account statement is unavailable, claimants are required to show proof of residence at the address shown on the account as reported to the State Controller.

## **Stock, Dividends, Bonds or Debentures**

Required documentation:

- Original stock certificate;
- Original dividend check;
- Original bond;
- Original debenture; or
- Account statement.

If the original certificate is not available, the State Controller may allow payment based upon other documentation submitted by the claimant, such as verification of occupancy at the registered address, proof of purchase, or cashing or evidence of a dividend check. If warranted, the State Controller may require a lost instrument bond from the claimant.

*Note: Submission of a lost instrument bond only is not considered sufficient proof of ownership.*

California's Unclaimed Property Law requires the State Controller to sell securities within two years of delivery to the State Controller's Office. If a claimant's securities have been sold, the claimant will receive the market value of the securities received at the time of sale. The law does not provide for interest to be paid on any claims.

*Note: The State Controller's Office is not authorized to buy back the claimant's shares nor will it make up the difference in sale proceeds in the event the stock was sold below current market value. The State Controller is required to sell stock within the statutory period of two years (Code of Civil Procedure Section 1563).*

## **Life Insurance Accounts**

Required documentation:

- Insurance policy; or
- Insurance statement.

If the items above are not available, claimants are required to show proof of residence or occupancy at the address shown on the account as reported to the State Controller.

### **Escrow Accounts**

The Buyer's/Seller's closing statement is required documentation.

If the statement is not available, the claimant is required to show proof of residence or occupancy at the address shown on the account as reported to the State Controller.

If the account shows both buyer and seller, the escrow agreement must be provided in order to identify the proper owner.

### **Negotiable Instruments, Certified Checks, Money Orders, or Travelers Checks**

Required documentation: the original negotiable instrument.

If the original instrument is unavailable, additional documentation is needed to verify claims for negotiable instruments. You will be required to provide other available documentation along with a Declaration of Loss form. Please contact the Unclaimed Property Division by telephone at (916) 323-2827 for further instructions. Also, if you are filing a claim and know there are multiple owners on the account, please note that each owner/claimant must sign the claim form and submit the required documentation.

### **Safe Deposit Box Contents**

Required documentation:

- Account statement; or
- Safe deposit box key.

If the items above are not available, proof of residence or occupancy at the address shown on the account is required. If proof of residence is not available or if the reporting agency did not report an account owner's last known address, evidence must be submitted proving an association with the reporting agency.

California's Unclaimed Property Law requires the State Controller to sell the contents of safe deposit boxes if the contents appear to have monetary value; all other safe deposit box contents (e.g., wills, statements, letters, deeds) are destroyed. Proceeds from the sale are used to satisfy any bank liens. Remaining proceeds are credited to the owner's account until a claim is presented. The law does not provide for interest to be paid on any claims. In the event that the contents of a safe deposit box are not sold and a claim is presented, the State Controller, upon proof of ownership, will return the property by insured/registered mail after the claimant pays any liens on the safe deposit box. The payment for the lien is made to the State Controller, which forwards it to the bank.



### **Business Accounts**

Business accounts such as vendor checks, accounts receivable credit balances, or rebates can be claimed by providing:

- Account statement verifying the relationship between the claimant and the company;
- Credit memo; or
- Other correspondence or documentation supporting the claim.

### **Corporation/Business Entity/Partnership**

Business accounts such as vendor checks, accounts receivable credit balances, or rebates can be claimed by providing:

- Evidence that the corporation is in good standing with the Secretary of State's Office (a statement of corporate standing can be obtained from the Business Programs Division, Business Filing Section, Secretary of State's Office, 1500 Eleventh Street, Sacramento, CA 95814); and
- Tax return; and
- Letterhead or a business card for an authorized officer of the agency, and if dissolved or merged, evidence of all mergers, which may include partnership agreements, copies of merger/articles of incorporation, and dissolution and wind-up documents; and
- Final tax return showing assets were distributed.

If the items above are not available, claimants are required to show proof of residence or occupancy at the address shown on the account as reported to the State Controller. Other documents may be required to establish proof of ownership.

### **Governmental Agency Accounts**

Business accounts such as vendor checks or accounts receivable credit balances can be claimed by providing:

- Letterhead or a business card for an authorized officer of the agency.
- Copy of document verifying Federal Tax Identification number.  
Other documents may be required if the account is in the name of more than one owner.

## Miscellaneous Accounts

Other types of accounts can be claimed by providing documentation associating the owner with the account. If proof of residence/occupancy or last known address is not available, documentation associating the claimant with the reporting agency must be submitted.

## Deceased Owners

If the owner of the account is deceased and an heir or administrator of the estate is claiming the property, the State Controller requires the claimant to provide the death certificate for the deceased owner, plus one of the following documents or groups of documents:

- Copies of currently certified letters, dated within 6 months, appointing the executor or administrator of the decedent's estate and assigning the estate tax identification number;
- Copy of the court-ordered distribution of the decedent's estate;
- If the estate was valued at less than \$150,000 and was not probated or distributed by the courts, a copy of the decedent's will and/or trust agreement, along with a completed Declaration Under Probate Code Section 13101 form (see Appendix A-3). If the decedent died on or between January 1, 2020, and March 31, 2022, this amount increases to \$166,250;
- Table of Heirship form (see Appendix A-4); or
- If the estate or owner's account was valued at more than \$150,000, a copy of the final decree of distribution. ). If the decedent died on or between January 1, 2020, and March 31, 2022, this amount increases to \$166,250; or
- Community property confirmation order under Probate Code Section 13656; or
- Trustee certificate under Probate Code Section 18100.5.

If the certified letter, court-ordered distribution, or decedent's will is not available, the claimant may be required to complete a certification of non-probate and submit a declaration form, along with a Table of Heirship form indicating the lines of succession (see Appendices A-3 and A-4).

## Multiple Owners

If there are three or more owners on an account, the State Controller requires the signatures of all owners. Since the claim form has only two signature blocks, make a copy of the Claim Form/Affirmation section (see back of Appendix A-2). Submit this additional section with the claim and appropriate documentation.

## Incomplete Claim Package

The State Controller will return any claim package that does not contain documentation adequate to prove ownership. The file may be resubmitted by the claimant when the necessary supporting documentation has been obtained.

## **Claim Consideration**

The State Controller's Office will consider a claim within one hundred eighty (180) days of receipt. If the claim is denied in whole or in part, the claimant will be provided with a written notification of the denial.

### **Right to Claim Property From Holder**

If a claimant is unable to prove a claim with the State Controller, the claimant can attempt to substantiate the claim with the institution that turned over the account (the holder). If the holder pays the claimant, the holder will be reimbursed by the State Controller for the exact amount that was paid to the claimant by filing a Holder's Claim For Reimbursement form (see Appendix A-5).

## **Report of Interest Income**

Beginning in August of 2003, the Unclaimed Property Law no longer provides for interest to be paid on any claims. However, for claims paid prior to the change in the law, the State Controller is required to issue a 1099 statement indicating the amount of interest paid to an owner of the unclaimed property.

The 1099 statement is filed with the Internal Revenue Service and the California Franchise Tax Board. The State Controller's Office issues 1099 statements once a year, during the month of January. This statement reports the amount of interest that the State Controller paid to a claimant in the tax year that the unclaimed property account was paid. Questions related to this document may be directed to the California State Controller's Office, P. O. Box 942850, Sacramento, CA 94250, or can be asked of a tax preparer. When filing state and federal income tax returns, this income must be reported.

If the holder pays a claimant and is reimbursed by the State Controller, the holder is responsible for issuing the 1099 statement.

## Asset Recovery Agreements

Asset recovery agreements submitted by organizations, private investigators, attorneys, heir finders, and other individuals or entities are required to be in compliance with Code of Civil Procedures Section 1582. Section 1582 provides as follows:

*No agreement to locate, deliver, recover, or assist in the recovery of property reported under Section 1530, entered into between the date a report is filed under subdivision (d) of Section 1530 and the date of publication of notice under Section 1531 is valid. Such an agreement made after publication of notice is valid if the fee or compensation agreed upon is not in excess of 10 percent of the recoverable property and the agreement is in writing and signed by the owner after disclosure in the agreement of the nature and value of the property and the name and address of the person or entity in possession of the property. Nothing in this section shall be construed to prevent an owner from asserting, at any time, that any agreement to locate property is based upon an excessive or unjust consideration.*

*Notwithstanding any other provision of law, records of the Controller's office pertaining to unclaimed property are not available for public inspection or copying until after publication of notice of the property or, if publication of notice of the property is not required, until one year after delivery of the property to the Controller.*

If the State Controller's Office determines that a submitted asset recovery agreement does not comply with Civil Code of Procedures Section 1582, it will not process claims filed under that agreement.

# **Appendices**

**UNIVERSAL HOLDER FACE SHEET** (must be completed and attached with all reports)

UFS-1 (Rev. 04/09)

Mail to: California State Controller's Office, Malia M. Cohen, State Controller, Unclaimed Property Division, P.O. Box 942850, Sacramento, CA 94250

**Notice Report**

... Due Before November 1 or

... Life Insurance Due Before May 1

Or

**Remit Report**

... Due Between June 1 and June 15 or

... Life Insurance Due Between December 1 and December 15

**Section A—Holder Information**

FEIN	Branch Number	Report As of Date	Check Number / EFT Debit Ref Number (Remit Report Only)	
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**Section B—Report Completion Contact**

Holder Name

Street Address

P.O. Box Number	City	State	Zip Code	Country
Contact Name (For report completion)		Title	Phone Number	Extension
E-mail Address (Optional)				

**Section C—Property Owner Contact**

Holder Name

Street Address

P.O. Box Number	City	State	Zip Code	Country
Contact Name		Title	Phone Number	Extension
E-mail Address (Optional)				

**Section D—Holder Agent Contact (If Applicable)**

Agent Name

Street Address

P.O. Box Number	City	State	Zip Code	Country
Contact Name (For report completion)		Title	Phone Number	Extension
E-mail Address (Optional)				

**Section E—Prior Holder Name** If you are the successor to a previous holder of property, or if you have changed your name, please list such prior name

Name

**Section F—Holder Report Totals**

Total Reported/Remitted Dollars

Total Reported/Remitted Shares

Includes Safe Deposit Box

... Yes ... No

\*Any Remittance of \$20,000.00 or more must be paid by Electronic Funds Transfer (EFT), pursuant to CCP Section 1532\*

**Section G - Holder Business Information**

Organization Type: Incorporation State: Incorporation Date:     /     /	NAISC Code: Charter                    Federal ... or State ... Charter Date:
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**Section H— Demutualization Proceeds** ... This report includes proceeds from the demutualization of an insurance company for the category checked below.**Date of Demutualization** \_\_\_\_\_... Distribution not sent, because holder did not have a valid address (CCP Section 1515.5 (a)). Abandoned Immediately... Distribution sent but returned by the post office as undeliverable (CCP section 1515.5 (b)). Abandoned after two years... Distribution sent and not returned by the post office (CCP Section 1515.5 (c)). Abandoned after three years**Section I: Verification**Section I- **Verification** If made by an individual, shall be verified by the individual; if made by a partnership, by a partner; if made by an unincorporated association or private corporation, by an officer; if made by a public corporation, by its chief fiscal officer or other employee authorized by the holder (CCP Section 1530(e)).

The undersigned, \_\_\_\_\_ declares, under penalty of perjury, that, to the best of (his) (her) knowledge and belief, the following sheets contain a full, true, and complete report of unclaimed property which is presumed unclaimed under the provisions of Part 3, Title 10, Chapter 7, Code of Civil Procedure, commencing with Section 1500, and Title 2, California Administrative Code, Sections 1150 et seq. **The Undersigned also confirms that all properties not listed on the Remit Report, which were initially included on the Notice Report, were due to contact by the apparent owner, or the property being reactivated or returned to the rightful owner. Properties not included on the Notice Report cannot be listed on the Remit Report and must be reported on a Supplemental Notice Report.**

Signature	Title	Date
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Malia M. Cohen  
California State Controller

This is to inform you that, according to our records, you may be entitled to the money, property or the proceeds from any sale of the property listed below.

The California State Controller's Office has a program to return unclaimed property value to rightful owners or heirs. Unclaimed property turned over to the State, primarily consists of money, securities, or tangible property held by businesses or financial institutions for more than three years without owner contact. California law requires businesses to transfer such property to the state at the close of the dormancy period.

You may claim this property or the proceeds thereof by completing and signing the reverse side of this form. In addition, you **must** provide a copy of your driver's license that shows your current address and some form of verification of your social security number, such as a copy of your social security card or a tax return showing your name and social security number. If you do not have all of the items required, please send as much information as possible to prove this claim. If you are an heir, not a direct owner, provide a certified copy of the owner's Death Certificate and Will or a Final Decree of Distribution. Send these documents to:

Once your signed claim form and required documentation have been received, please allow up to 180 days for processing. For more information regarding this program, including filing instructions and forms, or to inquire about your claim status, visit the State Controller's website at [www.sco.ca.gov](http://www.sco.ca.gov)

**PLEASE NOTE: Properties recently remitted to the State Controller's Office may not appear on our website.** If you have any questions or want to confirm we have your property, please call the Unclaimed Property Division at (800) 992-4647. Out of state callers may call (916) 323-2827.

Type of Property:

Amount Reported:  
Reported By:

Owner's Name:  
Reported Address:

Reference:





# Controller Betty T. Yee

## California State Controller's Office

### Unclaimed Property Division

#### CLAIM FORM / AFFIRMATION

Each of the undersigned claimants certifies under penalty of perjury: That claimant has read the claim and knows the contents thereof; that claimant is the owner of the said claim and the person entitled to receive the money and property set forth in said claim.

Each claimant agrees to indemnify and hold harmless the State, its officers and employees from any loss resulting from the payment of said claim. **EACH CLAIMANT MUST SIGN THIS AFFIRMATION OR THE CLAIM WILL BE RETURNED.**

LAST NAME OR BUSINESS NAME	FIRST NAME	MIDDLE INIT.	SSN OR FEDERAL TAX ID
CURRENT MAILING ADDRESS			CITY
STATE / PROVINCE	ZIP	COUNTRY	DRIVER'S LICENSE NO.
DAYTIME PHONE	SIGNATURE		DATE
LAST NAME OR BUSINESS NAME	FIRST NAME	MIDDLE INIT.	SSN OR FEDERAL TAX ID
CURRENT MAILING ADDRESS			CITY
STATE / PROVINCE	ZIP	COUNTRY	DRIVER'S LICENSE NO.
DAYTIME PHONE	SIGNATURE		DATE

**YOUR SIGNATURE(S) MUST BE NOTARIZED IF THE CLAIM AMOUNT IS \$1,000 OR GREATER**  
**ALL CLAIMS FOR SECURITIES OR SAFE DEPOSIT BOXES MUST BE NOTARIZED**

State of California, County of \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_ approved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature \_\_\_\_\_ (seal)

#### PRIVACY NOTIFICATION

The Information Practices Act of 1977 and the Federal Privacy Act require this Bureau to inform you that your Social Security number and other documents are requested for property identification and processing of your claim.

You have the right to view your records at this office by writing: Chief, Unclaimed Property Division, P.O. Box 942850, Sacramento, CA 94250-5873

#### FOR CALIFORNIA STATE CONTROLLER'S OFFICE USE ONLY

ANALYST				SUPERVISOR/MANAGER				ADMINISTRATION				
PREPARED BY	DATE	APPROVED BY	DATE	APPROVED BY	DATE	APPROVED BY	DATE					
REVIEWED BY	DATE	APPROVED BY	DATE	APPROVED BY	DATE	APPROVED BY	DATE					
DOC	1	2	3	4	5	6	7	8	9	10	11	12



## Declaration Under Probate Code Section 13101

The undersigned, each for himself or herself and not for the others, declare:

1. That \_\_\_\_\_ [Name of Decedent], hereinafter "Decedent," died in the City of \_\_\_\_\_, County of \_\_\_\_\_, State of \_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_.
  
2. At least 40 days have elapsed since the death of Decedent, as shown in a certified copy of the Decedent's death certificate attached to this declaration.
  
3. Check one of the following appropriate boxes.
  - No proceeding is now being or has been conducted in California for administration of the Decedent's estate.
  - The decedent's personal representative has consented in writing to the payment, transfer, or delivery to the affiant or declarant of the property described in the affidavit or declaration.
  
4. The current gross fair market value of the decedent's real and personal property in California, excluding the property described in section 13050 of the California Probate Code, does not exceed \$\_\_\_\_\_. (See instructions under Section 4 for amount.)
  
5. The unclaimed property identification (PID) number(s) of the Decedent which is/are to be paid, transferred or delivered by the California State Controller's Office to the declarant pursuant to this declaration is identified below. Attach a list of the PIDs if extra space is required. \_\_\_\_\_

---

6. Check one of the following appropriate boxes, and, if applicable, fill in the blank.
  - The declarant(s) is/are the successor(s) of the Decedent (as defined in Section 13006 of the California Probate Code) to the Decedent's interest in the described property.
  - The declarant(s) is/are authorized under Section 13051 of the California Probate Code to act on behalf of the successor of the Decedent (as defined in Section 13006 of the California Probate Code) with respect to the Decedent's interest in the described property.

The name of the successor of the Decedent is: \_\_\_\_\_
  
7. No other person has a superior right to the interest of the Decedent in the described property.
  
8. The declarants request that the described property be paid, delivered, or transferred to the declarants.
  
9. I declare under penalty of perjury, under the laws of the State of California, that all statements contained in this form and any accompanying documents are true and correct, with full knowledge that all statements are subject to investigation and that any false or dishonest statement may be grounds for denial of the claim submitted.

Signature	Name [Print or Type]	Date:
Signature	Name [Print or Type]	Date:
Signature	Name [Print or Type]	Date:

Please note: This form must be completed in full and notarized.

Property ID # \_\_\_\_\_

**Table of Heirship** for \_\_\_\_\_, Deceased

Date of Death: \_\_\_\_\_

	FIRST	MIDDLE	(MAIDEN)	LAST	Date of	
					Birth	Death
<b>1. Spouse of the Deceased</b>	3 <sup>rd</sup>					
	2 <sup>nd</sup>					
	1 <sup>st</sup>					
<b>2. Children of the Deceased</b>	1 <sup>st</sup>					
	2 <sup>nd</sup>					
	3 <sup>rd</sup>					
	4 <sup>th</sup>					
	5 <sup>th</sup>					
<b>3. Grandchildren of the Deceased</b>	6 <sup>th</sup>					
	1 <sup>st</sup>					
	2 <sup>nd</sup>					
	3 <sup>rd</sup>					
	4 <sup>th</sup>					
<b>4. Parents of the Deceased</b>	5 <sup>th</sup>					
	Father:					
<b>5. Brothers and Sisters of the Deceased</b>	Mother:					
	1 <sup>st</sup>					
	2 <sup>nd</sup>					
	3 <sup>rd</sup>					
	4 <sup>th</sup>					
<b>6. Children of the Deceased Brothers and Sisters</b>	5 <sup>th</sup>					
	1 <sup>st</sup>					
	2 <sup>nd</sup>					
	3 <sup>rd</sup>					
	4 <sup>th</sup>					

The undersigned claimant, being duly sworn, certifies under perjury that the above information is true and correct to the best of his or her knowledge, and that said claimant has full authority to act on behalf of the other claimants for the purpose of completing the above information.

PLEASE PRINT FULL NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ DAYTIME TELEPHONE NUMBER \_\_\_\_\_

State of California, County of \_\_\_\_\_  
 Subscribed and sworn to (or affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature \_\_\_\_\_ (seal)

**HOLDER'S CLAIM FOR REIMBURSEMENT**

FOR SCO USE ONLY	
C/A# _____	
REMIT AMOUNT _____	DATE: _____
RESEARCHER: _____	\$ _____
DATE: _____	

**MAIL TO: Malia M. Cohen  
 CALIFORNIA STATE CONTROLLER  
 UNCLAIMED PROPERTY DIVISION  
 P.O. BOX 942850  
 SACRAMENTO, CA 94250-5873**

**Note: Requirements and Instructions on Page 2**

**REPORT DATE:** \_\_\_\_\_  
(DATE SHOWN ON THE ATTACHED UFS-1 FORM)

**REPORTED TOTALS:** Dollars: \_\_\_\_\_ Shares: \_\_\_\_\_  
**OWNER'S NAME:** \_\_\_\_\_ **STREET**  
**ADDRESS:** \_\_\_\_\_ **CITY,**  
**STATE, ZIP CODE:** \_\_\_\_\_

**OWNER ACCOUNT NUMBER/IDENTIFICATION (SSN):** \_\_\_\_\_  
**OWNER PROPERTY REPORTED AMOUNT:** Dollars: \_\_\_\_\_ Shares: \_\_\_\_\_

**ACCOUNT TYPE:** (Circle one) Savings Checking Cashier's Check Money Order Other \_\_\_\_\_  
If Negotiable Instrument, Enter Check Number: \_\_\_\_\_

**REIMBURSEMENT CLAIMED \$** \_\_\_\_\_ **Securities (# of shares)** \_\_\_\_\_

HOLDER'S USE ONLY	
Warrants are paid to the holder shown below:	
Holder's Name: _____	Street _____
Address: _____	City, _____
State, Zip Code: _____	
Holder's Federal Identification Number (FEIN): _____	
Authorized Agent (If Applicable):	
Name: _____	Title: _____
Phone number: _____	
E-mail address: _____	
Reason for claimed reimbursement: _____	

**NOTE: A SEPARATE FORM IS REQUIRED FOR EACH ACCOUNT FOR WHICH REIMBURSEMENT IS CLAIMED**

**AFFIRMATION AND SIGNATURE**

I hereby affirm, under penalty of perjury, that I am an authorized agent of the holder named in this Holder's Claim for Reimbursement and duly authorized to make said claim upon the State Controller's Office, as evidenced by the Letter of Authorization accompanying this claim. The above-named holder hereby agrees to indemnify and hold harmless the State, its officers and employees from any loss as a result of payment of the amount claimed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**YOUR SIGNATURE(S) MUST BE NOTARIZED IF THE CLAIM AMOUNT IS \$1,000 OR GREATER**  
**ALL CLAIMS FOR SECURITIES OR SAFE DEPOSIT BOXES MUST BE NOTARIZED**

State of California, County of \_\_\_\_\_  
 Subscribed and sworn to (or affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by  
 \_\_\_\_\_, proved to me on the basis of satisfactory evidence to be the  
 person(s) who appeared before me.

SIGNATURE: \_\_\_\_\_ (seal)

**State Controller's Office  
Unclaimed Property Division  
P.O. Box 942850  
Sacramento, California 94250-5873  
(916) 464-6284**

**<http://www.sco.ca.gov>**