



**NATIONAL ASSOCIATION OF UNCLAIMED PROPERTY ADMINISTRATORS  
HOLDER REQUEST FOR REIMBURSEMENT**

**PART I - HOLDER INFORMATION**

Holder Name:		Address:		City:
State:	Zip:	Tax ID #:		
Contact Name:		Contact Phone: (      )	Email:	

**PART II - CLAIM INFORMATION**

Property Code:	Acct. Reference #: <i>(If aggregate, specify)</i>	Date Pd. To Owner/ Acct. Reactivated*:
Dollar Amount/ # of Shares:	Owner's Address: <i>(As listed on report)</i>	Owner's Name: <i>(Exactly as on report)</i>
Claimant's Name & Address: <i>(If different than owner)</i>		
<b>*IF AMOUNT WAS REMITTED IN ERROR, ATTACH A SEPARATE SHEET DETAILING THE ERROR</b>		Total Request for Reimbursement:  \$ <input type="text"/>

**PART III - HOLDER CERTIFICATION**

Sworn to and subscribed before me this  _____ day of _____, 20____  Notary: _____  My commission expires: _____	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 rightful owner(s) or their appointed representative.  I agree, upon payment of the above-described property to indemnify 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 persons:	
	Name and Title of Holder Representative: <i>(type or print)</i>	
	Signature:	Date:

## INSTRUCTIONS FOR HOLDER REQUEST FOR REIMBURSEMENT

**A separate Holder Request for Reimbursement should be submitted for each report year and each claimant.**

### PART I - HOLDER INFORMATION

Enter the name, address and Federal Tax ID number of the Holder, and the name, telephone number and email of the Holder's contact person.

### PART II - CLAIM INFORMATION

The information provided on this form **must** be identical to how the property was originally reported.

- NAUPA or State Property Code Account/Reference Number, if any.
- Date Paid to Claimant or Date Account Reactivated. Evidence of payment to the rightful owner (or his/her representative) **must** be provided.
- Dollar amount/number of shares originally remitted.
- Owner(s) name and Address as shown on the report.
- Claimant(s) Name and Address, if different than the owner.
- Total Reimbursement requested.

### PART III - HOLDER CERTIFICATION

This notarized statement must be completed before the State will process the request for reimbursement and make payment. Proof that the claimant was paid and entitled to the property must be maintained and is subject to audit and review by the State.

