



THOMAS P. DINAPOLI
STATE COMPTROLLER

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

110 STATE STREET
ALBANY, NEW YORK, 12236

Claim Form

1 CLAIMANT INFORMATION: Please enter your name and current address.

LAST NAME															FIRST NAME										M.I.	
STREET ADDRESS																										
CITY															STATE					ZIP						
TELEPHONE NUMBER										EMAIL ADDRESS																

2 OWNER INFORMATION: Provide information about the person for which you want us to do an unclaimed funds search.

OWNER'S LAST NAME															FIRST NAME										M.I.	
OWNER'S BIRTHDATE (IF KNOWN)										OWNER'S TAXPAYER IDENTIFICATION NUMBER (SSN)																

List current and previous addresses for the person named above:

(A) STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

(B) STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

Is this person living? (Y or N) _____ What is your relationship to this individual? _____

3 CLAIMANT CERTIFICATION: Please sign and have the statement below notarized.

I hereby claim funds held by the NYS Office of Unclaimed Funds. I/We hold the NYS Comptroller harmless from any loss due to the payment of this Claim. Under penalty or perjury, I certify that the number shown is my correct Taxpayer Identification Number.

CLAIMANT'S SIGNATURE															CLAIMANT'S TAXPAYER IDENTIFICATION NUMBER (SSN/FEIN)									
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Sworn to me this _____ day of _____ 20 _____

NOTARY SIGNATURE

Please complete this form and mail it to:

Office of Unclaimed Funds
110 State Street
Albany, NY 12236

(See page 2 for instructions)

**New York State Comptroller's Office – Office of Unclaimed Funds
Claim Form**

Page 2

For assistance contact us by telephone at 800-221-9311 or at www.osc.state.ny.us. We can also be reached by email at nysouf@osc.ny.gov.

NYS PERSONAL PRIVACY PROTECTION LAW NOTIFICATION: In accordance with the requirements of the NYS Personal Privacy Protection Law, you are advised that the personal information requested on this form is being requested by the NYS Comptroller's Office of Unclaimed Funds (OUF). The OUF is authorized to collect this information under the Comptroller's authority under Section 1406 of the NYS Abandoned Property Law to process claims to abandoned property. Please note that the disclosure of your Social Security Number and Date of Birth on this form is completely voluntary and your claim will be processed even if your Social Security Number and/or Date of Birth is not disclosed. However, in certain cases the Comptroller is required to report the transaction, including your Social Security Number, to the Internal Revenue Service and other taxing authorities. If we determine that your claim is subject to such a requirement, and you do not provide your Social Security Number at this time, we will require that you provide such information prior to payment. The personal information that is being requested, including your Social Security Number and Date of Birth, will be used by the OUF to verify your identity and your entitlement to the property being claimed. Your failure to provide this personal information may result in further processing time for your claim, and could, in some circumstances, result in denial of the claim where you are not otherwise able to document your identity or entitlement to the property held by the OUF. The personal information being provided will be maintained in the Unclaimed Funds Processing System which is under the direction of the Director of Services of the OUF, 110 State Street, Albany, NY 12236.

Claim Form Instructions

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.

Section 2

You may add information about yourself as the owner or provide the name and address or addresses of the person on whose behalf you are making claim. If you are claiming for a deceased person, indicate your relationship to that person and documentation supporting your authority to claim funds in their name.

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 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.