

ABANDONED PROPERTY LOCATION SERVICES
Letter of Authorization and Fee Agreement

1 ABANDONED PROPERTY LOCATION SERVICE PROVIDER INFORMATION:

SERVICE PROVIDER NAME _____ DAY TIME TELEPHONE NUMBER _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

2 ACCOUNT OWNER INFORMATION: Provide information about the person or company listed as having unclaimed funds.

ACCOUNT OWNER NAME _____ OUF CODE (If Known) _____

ACCOUNT OWNER STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

Is the Account Owner deceased? No Yes If Yes, Date of Death: _____ / _____ / _____

3 CLAIMANT INFORMATION:

CLAIMANT NAME _____ DAY TIME TELEPHONE NUMBER _____

CLAIMANT CURRENT STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

CLAIMANT'S RELATIONSHIP TO ACCOUNT OWNER:

Self Surviving Spouse Child Guardian Executor/Administrator Other _____

4 DISCLOSURE:

“Abandoned Funds held by the State can be obtained directly from the Office of the State Comptroller by the owner (or authorized estate representative) of such funds without paying a fee. These funds are held indefinitely by the Office of the State Comptroller. For more information, contact the Office of the State Comptroller at 800-221-9311 or www.osc.state.ny.us.”

The nature of the funds held by the New York State Comptroller's Office of Unclaimed Funds for the above named Account Owner may involve funds such as bank accounts, stocks, dividends, mutual funds, insurance policies, utility refunds, and uncashed checks.

The fee charged by the above named service provider will be _____% of the funds recovered (must not exceed 15%).

5 CLAIMANT CERTIFICATION:

I hereby authorize the above named service provider, to act as agent in claiming funds held in the custody of the New York State Office of the State Comptroller (OSC) located at 110 State Street, Albany, NY 12236. This appointment is limited solely for the purpose of claiming unclaimed funds held by OSC and does not constitute the creation of a principal/agent relationship for any other purpose.

I authorize OSC to communicate with the above named service provider and release to the service provider confidential information concerning this claim. I understand that I will be required to sign all appropriate documents pertaining to this claim. I further understand that I will be named as the payee for all funds recovered to which I am entitled but checks will be mailed to the above named service provider.

Claimant Signature

Service Provider Authorized Signatory

On this _____ day of _____, in the year 20____, before me _____
(Claimant Name)
personally appeared and is personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledge to me that they executed the same in their capacity, and that by their signature, on the instrument, the individual, or the person upon which the individual acted, executed the instrument.
Notary Signature: _____
Notary Stamp: _____