



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

CLAIM INFORMATION AFFIDAVIT

Part A. This affidavit must be completed by the Reporting Organization and notarized. The information below must come from the final report verification and checklist submitted to this office.

On ⁽¹⁾_____, 20_____, we ⁽²⁾_____remitted abandoned property reported in the amount of ⁽³⁾\$_____ receipt # _____ to the Office of Unclaimed Funds, for the period ending ⁽⁴⁾_____. In this report, on tape sequence or diskette counter number ⁽⁵⁾_____(OR) page _____ and line _____ was the following property:

(PLEASE COMPLETE THE APPROPRIATE SECTION – SEE REVERSE SIDE FOR ADDITIONAL DETAILS)

CASH AMOUNTS REPORTED

cash amount ⁽⁶⁾ \$ _____, representing property type ⁽⁷⁾ _____, reported in the name of ⁽⁸⁾ _____.
⁽⁹⁾ _____ is entitled to the amount of ⁽¹⁰⁾ \$ _____

BOND AMOUNTS REPORTED

the amount ⁽¹¹⁾ \$ _____, representing property type ⁽¹²⁾ _____, for bond issue ⁽¹³⁾ _____, bond/coupon number(s) ⁽¹⁴⁾ _____, with a face value of ⁽¹⁵⁾ \$ _____ per bond/coupon. This bond(s) had an early redemption with a due date of ⁽¹⁶⁾ _____ and a value of ⁽¹⁷⁾ \$ _____ per bond. The bond was reported in the name of ⁽¹⁸⁾ _____, ⁽¹⁹⁾ _____ is entitled to the amount of ⁽²⁰⁾ \$ _____.

Print Preparer's Name: _____ Preparer's Signature: _____
(PLEASE PRINT NAME)

Employer Tax Identification Number: _____ Daytime Telephone Number: (_____) _____

Sworn to before me this _____

day of _____, 20_____

Notary Public: _____

Part B. Must be completed by the person entitled to these funds and notarized.

In consideration of the payment, I/we will save the State Comptroller and the State of New York from any loss due to such payment. Under penalty of perjury, I certify that the information on this affidavit is true and correct and that the number shown on this affidavit is the correct Taxpayer Identification Number.

Signature: _____ Tax Identification Number: _____

Present Address _____

Daytime Telephone Number: (_____) _____

Sworn to before me this _____

Email Address (Optional)* _____

day of _____, 20_____

Notary Public: _____

Return this form by mail: Office of
Unclaimed Funds 110 State Street
Albany, NY 12236

Submit online:
<https://ouf.osc.state.ny.us/ouf/cs>

Contact us: nysouf@osc.ny.gov or 800-221-9311.

Visit our webpage at <https://www.osc.ny.gov/unclaimed-funds>.

We invite you to like us on Facebook at [facebook.com/nyscomptroller](https://www.facebook.com/nyscomptroller) and

follow us on Twitter at @NYSComptroller

NYS Personal Privacy Protection Law Notification: The NYS Comptroller's Office of Unclaimed Funds (OUF) is requesting you to provide your Taxpayer 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

*By providing your email address you agree that we may correspond with you using this method.

INSTRUCTIONS TO COMPLETE CLAIM INFORMATION AFFIDAVIT

1. **DATE REPORTED** - The date the report and remittance was submitted to this office.
2. **REPORTING ORGANIZATION** - The name of the organization that reported the funds. If the report was prepared by a service provider, please indicate both names.
3. **TOTAL DOLLAR AMOUNT OF REPORT AND RECEIPT NUMBER** - The total for the entire report or the total amount of the check submitted for payment with this report. The receipt number is the number on the acknowledgment from this office showing receipt of the report and payment.
4. **PERIOD ENDING** - The period of time covered by this report.
5. **SEQUENCE NUMBER OR PAGE AND LINE NUMBER** - The location of the item on the report. If reported on magnetic tape or diskette, it will be the sequence number or counter number. If reported on paper, it will be the page and line number.
6. **AMOUNT FOR THIS SEQUENCE NUMBER** - The dollar amount reported for this sequence number. This may be different from the amount to be paid to the entitled party.
7. **PROPERTY TYPE** - The property type is the code used to describe the reported item. A list of these codes can be found on the back of the Verification and Checklist.
8. **REPORTED NAME(S) OR UNKNOWN** - The name(s) of the owner of record as it appears in the owner name fields on the report. If the item was reported in an aggregate or the account title is unknown, then write "Aggregate or Unknown".
9. **OWNER(S) NAME** - The name of the individual(s) entitled to these funds.
10. **AMOUNT DUE** - The amount to be paid to the entitled party.
11. **AMOUNT FOR THIS SEQUENCE NUMBER** - The dollar amount reported for this sequence number. This may be different from the amount to be paid to the entitled party.
12. **PROPERTY TYPE** - The property type is the code used to describe the reported item. A list of these codes can be found on the back of the Verification and Checklist.
13. **BOND ISSUE** - The issue name or bond description.
14. **BOND/COUPON NUMBER** - The issue number located on the bond.
15. **FACE VALUE** - The face value of the bond.
16. **REDEMPTION DATE** - The date the bond was called for redemption.
17. **REDEMPTION VALUE** - The value of the bond at redemption. Include the face value plus any interest rate higher than 100%, if applicable.
18. **OWNER(S) NAME OR UNKNOWN** - The name(s) of the owner of record as it appears in the owner name fields on the report. If the item was reported in an aggregate or the account title is unknown, then write "Aggregate or unknown".
19. **OWNER(S) NAME** - The name of the individual(s) entitled to these funds. If the document is a bearer instrument, you may leave this field blank.
20. **AMOUNT DUE** - The amount to be paid to the entitled party.