

Attorney General Curtis T. Hill, Jr.
State of Indiana

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 1.800.447.5598 ... or ... 317.883.4520

Extension Request for Unclaimed Property Filing

Extension request accepted no later than 30 days prior to reporting date

Company Information														
Holder Name	FEIN OR TIN													
Address	Phone													
City, State, Zip	Email													
Name of Contact Person	State of Incorporation													
Contact Person Title	Email													
<table border="1" style="width:100%; border-collapse: collapse; margin: 10px auto;"> <thead> <tr> <th style="width: 33%; padding: 5px;">Extension Time Requested</th> <th style="width: 33%; padding: 5px;">All Holders Extension Due</th> <th style="width: 33%; padding: 5px;">Life Insurance Extension Due</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"><input type="checkbox"/> 30 Days</td> <td style="padding: 5px; text-align: center;">December 1st</td> <td style="padding: 5px; text-align: center;">June 1st</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> 60 Days</td> <td style="padding: 5px; text-align: center;">January 2nd</td> <td style="padding: 5px; text-align: center;">July 1st</td> </tr> <tr> <td colspan="3" style="padding: 5px;"><input type="checkbox"/> Other (Specify)</td> </tr> </tbody> </table>			Extension Time Requested	All Holders Extension Due	Life Insurance Extension Due	<input type="checkbox"/> 30 Days	December 1st	June 1st	<input type="checkbox"/> 60 Days	January 2nd	July 1st	<input type="checkbox"/> Other (Specify)		
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<input type="checkbox"/> 30 Days	December 1st	June 1st												
<input type="checkbox"/> 60 Days	January 2nd	July 1st												
<input type="checkbox"/> Other (Specify)														
<p>Attach an explanation for extension on corporate letter head stating reason for request.</p>														
Signature	Title or Agent Relationship													
Print Name	Date													
<p>INSTRUCTIONS: Use this application to obtain an extension of time to file your Annual Report of Unclaimed Funds beyond November 1 (May 1 for Life Insurance Companies). Please include your company's Federal Identification Number (FEIN). Specify how long an extension is needed by placing a check mark in one of the boxes indicating the extended due date. The application will not be accepted without a corporate office signature, date and a current FEIN. The application must be mailed to the address above, electronic submissions will not be accepted.</p> <p>Maintain a copy for your records for five (5) years.</p>														