

INDIANA ATTORNEY GENERAL'S OFFICE
DIVISION OF UNCLAIMED PROPERTY
35 South Park Blvd.
Greenwood, IN 46143

SAFE DEPOSIT BOX REPORT

Reporting Institution

Report Year

BOX # _____

DATE ABANDONED _____

Box Owner(s) Name

Social Security Number

Owner(s) last known address (street, city, state, zip)

Notice is hereby given that the undersigned intends to hold a lien against the contents of the safe deposit box described above, escheated to the Indiana Unclaimed Property Division in accordance with IC 32-34-1-29(g) in the amount of \$_____.

_____ **Notice is hereby given that no lien exists against the contents of the safe deposit box described above.**

Signature

Date

Title

Complete this form for each box reported and attach a detailed list of the box inventory.



ANNUAL REPORT OF ABANDONED PROPERTY

This report must reach us on or before the due date, and must be signed by a current officer or partner. For Life Insurance companies, the filing deadline is May 1 of each year for the preceding year ending December 31. For all other businesses the filing deadline is November 1 of each year for the preceding year ending June 30 (IC 32-34-1 et. seq.)

Holder Name _____

Holder Address (Street, city, state, zip) _____

Contact Name and phone number _____

Contact E-mail Address _____

Federal Employer Identification Number _____

Please list all prior business names (if merged or acquired by another business).

BUSINESS CLASSIFICATION (Check One)

- Life Insurance Company
- National Bank & Trust Co.
- State Bank & Trust Co.
- Savings (or Bldg.) & Loan Assoc.
- Credit Union
- Public Utility
- Corporation (other than above)
- Other _____

Report for year ending: _____

SUMMARY OF PROPERTY

Total of all cash items transmittable by check and number of shares/mutual funds delivered.
\$ _____

Shares _____

** Make Check payable to the State of Indiana. Stock Certificates registered to Hoosiers & Co.

VERIFICATION

I hereby verify, under penalties or perjury, that the facts contained herein are true and I am duly authorized to execute this verification by the holder and by law.

Signature of Current Officer _____

Title _____

Printed Name _____

() _____ Extension _____
Phone number

Return Completed Form to:

INDIANA ATTORNEY GENERAL'S OFFICE
Division of Unclaimed Property
35 South Park Blvd.
Greenwood, IN 46143
800-447-5598