

## **INSTRUCTIONS FOR HOLDER REQUEST FOR REIMBURSEMENT**

### **PURPOSE:**

A holder of unclaimed property must complete this form for reimbursement of identical funds already paid by Holder to rightful owner (or representative).

### **COMPLETION OF FORM:**

All information must be complete. A separate Holder Request for Reimbursement should be submitted for each report year and each claimant.

#### Part I. Holder Information:

Enter the name, address, Federal Tax ID number, telephone number, and contact person of the holder.

#### Part II. Claim Information:

Enter all data necessary to identify property for which the holder is seeking reimbursement. The identification data entered on this form must be identical to the information included on the Report of Abandoned and Unclaimed property submitted to the State by that holder.

1. Property Code-the universal NAUPA codes for the property claimed as defined on the Summary sheet of Reported Items or Property Codes.
2. Account/Reference Number-the identification number of the property, which was entered.
3. Owner(s) name and Address-the full name(s) and address(es) of all owners(s) as shown on the report. If "unknown" at the time of report, designate same.
4. If the account was reported in the aggregate, please indicated in the "Account/Reference Number" column.
5. Claimant(s)-Name and Address- the full name(s) and address(es) of the person(s) who filed the claim if different than the owner.
6. Date Paid to Claimant or Date Account Reactivated-the date the claim was paid to the owners (or his representative) or when the holder reactivated the account.
7. Amount Paid- the amount paid for the property transmitted by the holder to the State.
8. Total of Reimbursement-the amount expected to be reimbursed to the holder by the State.

#### Part III. Holder Certification and Proof of Documentation:

The below MUST accompany the standardized reimbursement request form. The state will not process or pay any requests missing this required documentation.

1. **Notarized statement**
2. **Proof of Payment:** to claimant showing identical property and dollar value. e.g. A copy of the cancelled check(s) (front & back) or a copy of a statement or print screen showing the funds have been re-deposited into the owner's account.

### **MAIL TO:**

Indiana Attorney General  
Unclaimed Property Division  
PO Box 2504  
Greenwood IN 46142



# Holder Request for Reimbursement Standardized Holder Claim Form

State of: \_\_\_\_\_ For funds paid to the Department for Report Year \_\_\_\_\_  
 Name: \_\_\_\_\_ ending \_\_\_\_\_ Date remitted: \_\_\_\_\_  
 Address: \_\_\_\_\_ Please Print or Type \_\_\_\_\_

**PART I: HOLDER INFORMATION:** (See instructions on reverse side for claim completion)

Name of Holder: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tax ID#: \_\_\_\_\_ Telephone No.: \_\_\_\_\_ Contact: \_\_\_\_\_  
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**PART II: CLAIM INFORMATION – Please Note: Use only one form per “owner”**

Property Code (If Aggregate – Specify)	Acct Reference No (If Aggregate – Specify)	Owner's Name exactly as on report	Owner's Address as listed on report	Claimant's Name & Address If different than Owner	Date Pd to Owner or Acct Reactivated	Amt Paid

If amount was remitted in error – please explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Total Request for Reimbursement: \$ \_\_\_\_\_**

**PART III: HOLDER CERTIFICATION**

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
 Notary: \_\_\_\_\_  
 My commission expires: \_\_\_\_\_

I, \_\_\_\_\_ a duly authorized representative of the holder listed above, do hereby certify that the above listed funds, or other property which was listed in the Report filed by the holder have been paid to the rightful owner(s) or their appointed representative. I agree, upon payment of the above-described property to indemnify the state and hold it harmless from all claims and loss, demands, costs, and other expenses which the State may sustain by reason of turning over property to the holder and by reason further of its refusal to pay the property to any other person or persons:

Name of Representative (type or print) \_\_\_\_\_  
 Signature of Holder Representative \_\_\_\_\_ Date \_\_\_\_\_