



Holder Reimbursement Request

This form should only be used to request a reimbursement for funds returned to the owner.
Incomplete information may delay the processing of your request.

1. HOLDER INFORMATION

Name: _____ Holder ID: _____
 Address: _____ FEIN: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Phone: (____) _____
 Email: _____

2. REPORT INFORMATION

Total Amount of Report: \$ _____ Date Reported: _____
 Reported Owner Name(s): _____
 Reported Owner Address: _____
 Reported Owner Amount: \$ _____
 If property was reported in Aggregate, provide Aggregate amount: \$ _____

3. CLAIMANT/OWNER INFORMATION

Date Claimant Paid/Account Reactivated: _____ Amount Paid Claimant: \$ _____
 Claimant Current Name(s): _____
 Claimant Current Address: _____

4. REQUIRED HOLDER DOCUMENTARY EVIDENCE

List below and provide documentary evidence from Holder's records that reflects the payment or account reactivation of property to the claimant, and that the claimant was entitled to the payment.

In the case in which the holder has made a payment on a negotiable instrument, including a traveler's check or money order, holder must provide proof that the instrument was duly presented and that payment was made to a person who reasonably appeared to be entitled to payment.

Required documents may include a cancelled check, a print screen showing funds reinstated, etc. If such evidence is not available, provide a letter of explanation to support reimbursement request.

5. CERTIFICATIONS

This form **must** be signed and notarized by **two principal officers of the Holder or one principal officer and an authorized employee of the Holder.**

We have read, understand, and agree to the indemnification provisions of N.C. G.S. § 116B-67(e). Specifically we agree to indemnify, save harmless, and defend the State of North Carolina, the Treasurer, and the Escheat Fund from any claim arising out of or in connection with this reimbursement. Furthermore, we hereby certify that we are principal officer(s) and/or an authorized employee of the original Holder or a legal successor thereto, and that this claim for reimbursement has been reviewed and the information provided is true and correct. We further certify that the claimant was paid the amount being requested in Section 3 or account reactivated, and that this reimbursement is valid and accurate.

Signature 1

Print Name: _____
Print Title: _____
Signature: _____

Subscribed and sworn to before me this
_____ day of _____ 20 ____
State of: _____ County of: _____
Notary Public: _____
My commission expires: _____

(Seal)

Signature 2

Print Name: _____
Print Title: _____
Signature: _____

Subscribed and sworn to before me this
_____ day of _____ 20 ____
State of: _____ County of: _____
Notary Public: _____
My commission expires: _____

(Seal)

Please mail completed form and documentary evidence to:

NC DEPARTMENT OF STATE TREASURER
UNCLAIMED PROPERTY PROGRAM
PO BOX 20431
RALEIGH, NORTH CAROLINA 27619-0431

If you have any questions, please call 919-814-4200, Option 3, and we will be glad to assist you.