



For office use only

Approved	User	Date
1st Level		
2nd Level		
3rd Level		

UNCLAIMED PROPERTY HOLDER CLAIM FORM

Purpose: To reimburse Holder for property delivered to the State Treasurer, and subsequently returned to the rightful owner, or to refund an account that has been reported in error, or to return funds that have been determined to no longer belong to the payee as originally reported pursuant to the Virginia Unclaimed Property Act.

A. Contact person _____ Phone number _____
e-mail address _____

B. Holder's Name _____ Holder Federal I.D. No. _____
Holder's Address _____

C. Account Information About Payee(s): _____ Co-owner: _____

Last Name	First	Middle	Last Name	First	Middle
Number and Street			City	State	Zip

D. Property Type/Description:
Date Reported to State _____ Media Used: Diskette/CD FTP Upload
Total Amount of Report _____ Hardcopy/Paper Page number _____
Amount requested _____ Property Reported: Individually in Aggregate

E. **ATTACH COPY OF CANCELLED CHECK OR RECEIPT SHOWING PAYMENT TO ORIGINAL OWNER OR SUBMIT PROOF OF REACTIVATION OF ACCOUNT.**

The above noted item is due to be returned to the Holder for the following reason:

- Payee has already been issued a replacement check or credited with this amount
- Check was originally reported in error
- Payee is no longer due these funds (explain)

The Holder hereby agrees to release and hold harmless the State Treasurer, its officers and employees, from any loss resulting from the payment of this claim. The below named individuals affirm that they are an authorized representative of the Claimant (Holder) in the foregoing claim, that the statements in said claim are true to the best of their knowledge, and that they are authorized to act on behalf of the Holder for purposes of claiming these funds. Further, the return of these funds to the Holder releases the Department of the Treasury from any liability to the above named payee for these funds.

F. Must be signed by **two principal** officers or one officer and an authorized employee

Printed Name (Title) Signature Date

Printed Name (Title) Signature Date

Please Note: In order to be valid, your original signature must appear on this document. Copies or faxed reproductions of signatures are not acceptable. Rev 03/2008

G. Mail to:
Department of The Treasury
Division of Unclaimed Property
P.O. Box 2485, Richmond, VA 23218-2485

Telephone: 804-225-2393 or 1-800-468-1088
www.trsvirginia.gov

**Unclaimed Property Holder Claim Form
Filing Instruction**

THE HOLDER CLAIM FORM MUST BE FULLY COMPLETED BEFORE ANY CLAIM MAY BE PAID.

Section A: Provide the name of a contact person and telephone number in case there are any questions about the claim.

Section B: Provide the name and address of the holder as it appeared on the most recent report. The Federal I.D. number must also be provided.

Section C: Provide information about the REPORTED OWNER and CO-OWNER if applicable. On these two lines, indicate the name and address in which the account was originally reported.

Section D: Identify the property type being claimed (i.e. savings, checking, unpaid wages, unpaid dividends, deposit refund, etc.) and information concerning the report and remittance.

Section E: Provide a copy of the check issued in payment to the owner (or proof that the owner's account was reactivated by your organization) with this completed claim form. If the account was reported in error, please explain the error in one or two sentences.

Section F: Sign the Affidavit according to the instructions.

Note: If requesting reimbursement for an account reported in the aggregate, a complete list of the aggregate account detail must be submitted if you did not provide this information with the original report

Please Note: In order to be valid, your original signature must appear on this document. Copies or faxed reproductions of signatures are not acceptable.

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