NYS COMPTROLLER THOMAS P. DiNAPOLI
OFFICE OF UNCLAIMED FUNDS

SECTION 1: CLAIMANT INFORMATION: Please enter your information.

FIRST NAME _____ M.I. _____ LAST NAME _____

ADDRESS 1 _____ CITY _____

ADDRESS 2 _____ STATE _____ ZIP CODE _____

HOME PHONE NUMBER _____ CELL PHONE NUMBER * _____ CELL CARRIER _____

EMAIL ADDRESS * _____

*By providing your email address and/or mobile number you agree that we may correspond with you using these methods. Standard data fees and text messaging rates may apply based on your plan with your mobile phone carrier.

SECTION 2: OWNER INFORMATION: Provide information about the person or company for which you want us to do an unclaimed funds search

OWNER'S LAST NAME (OR COMPANY NAME) _____ FIRST NAME _____ M.I. _____

OWNER'S BIRTHDATE (IF KNOWN) ____/____/____ OWNER'S TAXPAYER IDENTIFICATION NUMBER (SSN/FEIN) _____

List current and previous addresses for the person or company named above:

(A) _____
STREET ADDRESS

CITY _____ STATE _____ ZIP _____

(B) _____
STREET ADDRESS

CITY _____ STATE _____ ZIP _____

Is this person living? (Y or N) _____ **If No, provide Date of Death** _____

What is your relationship to this individual? _____

Enter the ITEM DETAILS (from the Internet search results) below, if known:

PROPERTY ID

SECTION 3: CLAIMANT CERTIFICATION: Please sign and have the statement below notarized.

I hereby claim funds held by the NYS Office of Unclaimed Funds. I/We hold the NYS Comptroller harmless from any loss due to the payment of this claim. This claim supersedes any and all prior claims made by me or on my behalf. Under penalty of perjury, I certify that the number I provided is my correct Social Security Number.

_____
CLAIMANT'S SIGNATURE

Sworn to me this _____ day of _____ 20____

_____
Notary Signature

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CLAIMANT'S SOCIAL SECURITY NUMBER

Please complete this form and mail it to:
Office of Unclaimed Funds
110 State Street
Albany, NY 12236

New York State Comptroller's Office – Office of Unclaimed Funds
Claim Form Instructions

NYS Personal Privacy Protection Law Notification: The NYS Comptroller's Office of Unclaimed Funds (OUF) is requesting you to provide your Social Security Number and/or Date of Birth on this form in order to verify your identity and that you're entitled to claim the funds. OUF is authorized to collect this information under Section 1406 of the NYS Abandoned Property Law. Disclosing this information is voluntary and we will process your claim without it. However, in certain cases OUF is required to report the transaction to the Internal Revenue Service and/or other taxing authorities. If your claim is subject to such a requirement, and you don't provide the requested information at this time, we'll require that you provide such information prior to payment. The information provided will be maintained in the Unclaimed Funds Processing System which is under the direction of the Assistant Director of Services of OUF, 110 State Street, Albany, NY 12236

SECTION 1

Enter your current contact information in the spaces provided. This information will be used to mail your check or to request additional information from you.

If your mailing address has an apartment or suite number, please be sure to include it on the Address 2 line.

SECTION 2

Use this section to provide information about yourself as the owner or provide the name and address or addresses of the person or company on whose behalf you are making claim. If you are claiming for a deceased person, indicate your relationship to that person and attach a copy of their death certificate and documentation supporting your authority to claim funds in their name. If you are claiming for a company, provide documentation supporting your authority to claim on behalf of the company.

If you have already completed a search of our database online and have the Property ID (shown in the results table), enter that code in the fields provided.

SECTION 3

Be sure to read and understand the Claimant Certification information presented before moving forward. If you are not entitled to claim on behalf of the person or company named in Section 2 (Owner Information), you should not submit this claim form. Providing your Social Security Number on this form is optional. If your Social Security Number is required to process your claim, we will contact you.

If you choose to proceed, be sure to sign your claim form in the presence of a licensed Notary Public and then mail your paperwork to the address provided along with a copy of your government-issued photo ID. Make copies of all the paperwork submitted to keep for your own records.

Please visit the Office of Unclaimed Funds website at https://www.osc.ny.gov/unclaimed-funds for more information about what documentation is required.

Return this form by mail: Office of Unclaimed Funds 110 State Street Albany, NY 12236	Contact us through the online contact form at https://www.osc.ny.gov/ unclaimed-funds/claimants/contact-us#form Visit our webpage at https://www.osc.ny.gov/unclaimed-funds We invite you to like us on Facebook.com/nyscomptroller