



\*\*For office use only\*\*

## UNCLAIMED PROPERTY HOLDER CLAIM FORM

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

ID # \_\_\_\_\_

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 \_\_\_\_\_  
 Holder's Name \_\_\_\_\_ Holder Federal I.D. No. \_\_\_\_\_  
 Holder's Address \_\_\_\_\_  
 E-mail address \_\_\_\_\_

B. Report Information: Date Reported to State \_\_\_\_\_ Total Amount of Report \_\_\_\_\_  
 Total Amount of refund requested \_\_\_\_\_

C. Select type of refund request:

1. **Over-remittance on report, not related to specific account(s)**

Remittance did not agree with reported amount     Estimate remittance paid was greater than report amount

Supporting documentation for this refund is attached.

**OR**

2. **Requesting refund on specific account reported as:**

_____	_____	_____	_____	_____	_____
Owner Last Name	First	Middle	Second Owner Last Name	First	Middle
_____			_____		
Number and Street			City	State	Zip

Attached supporting documentation for this refund:

Account was reported in error - please explain     Payee is no longer due these funds – please explain

Payee has already been issued a replacement check or credited with this amount

    a. back and front copy of cancelled check or receipt showing payment to original owner **or**

    b. proof of reactivation of account.

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.

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

_____ Printed Name                      (Title)	_____ Signature	_____ Date
_____ Printed Name                      (Title)	_____ Signature	_____ Date

E. 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](http://www.trsvirginia.gov)

**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 01/2013

## 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, including email and telephone number. Fill in the name, address and Federal Tax I.D. number of your organization as it appeared on the most recent report.

**Section B:** Provide the details for the report that this refund request relates to. Enter the dollar amount of the refund requested.

**Section C:** Choose the type of refund you are requesting.

1. Use **Box 1** if your request relates to the entire report and is not specifically for an account on the report. Attach documentation to support your refund request.
2. Use **Box 2** if your request for a refund is for a specific account on your report. If you are requesting a refund for multiple accounts, you may provide an Excel spreadsheet listing for the detail on each account, with a summary total in Section B for the Total Amount of refund requested.

Provide information about the REPORTED OWNER and SECOND OWNER (where applicable). Fill in the name(s) and address as originally reported. ***Please note: refund requests cannot be made for accounts reported in the Aggregate, unless you have previously provided detail owner information for each account that makes up the Aggregate total.***

Please check the box for the type of refund and attach corresponding documentation. If the account was reported in error, or the payee is no longer due the funds, a brief written explanation is needed. If the owner has already been paid, just document this by attaching the back and front copy of the cancelled check or proof of the reactivation of the owner account.

**Section D:** Sign the Affidavit according to the instructions.

**Section E:** Please return this completed form with original signatures to the mailing address (keep a copy for your records). Copies or faxed forms are not acceptable.