



NORTH CAROLINA
DEPARTMENT OF STATE TREASURER

UNCLAIMED PROPERTY DIVISION

BRADFORD B. BRINER
STATE TREASURER

MARYANNE FITZPATRICK
DEPUTY TREASURER

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 Authorized Officers of the Holder or one Authorized 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 authorized officer(s) and/or an authorized employee of the original Holder or a legal successor thereto and are authorized to bind such. Additionally, we certify 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

Subscribed and sworn to before me this

Print Name: _____ day of _____ 20 _____

Print Title: _____ State of: _____ County of: _____

Signature: _____ Notary Public: _____

My commission expires: _____

(Seal)

Signature 2

Subscribed and sworn to before me this

Print Name: _____ day of _____ 20 _____

Print Title: _____ State of: _____ County of: _____

Signature: _____ 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.

3200 Atlantic Avenue • Raleigh, North Carolina 27604

Telephone: (919) 814-4200 • Fax: (919) 855-5811

www.NCCash.gov