



STATE OF NEW YORK
OFFICE OF THE STATE COMPTROLLER
OFFICE OF UNCLAIMED FUNDS

Corporate Claim Error or Reimbursement Application

Name of Reporting Organization		Contact Name		Tax ID Number	
Address					
City	State	Zip	Telephone	Email Address	

Owner Name (Please identify if it's an unknown owner)	Address of Record (if an unknown owner, please identify dormancy date)	Amount (if in an aggregate, please specify aggregate total and amount due owner)	Year Reported
1	2	3	4
Total Amount of Report		Property ID Number	Property Type
5	6	7	

8. If the property was reported in error, please explain in the area provided below and submit proof of same.

9. If the owner has already been paid, please see instructions on next page.

10. "In consideration of the payment of this claim, I/we will reimburse to the Office of the State Comptroller and the State of New York the amount due to any additional persons who are entitled to these funds. Under penalty of perjury, I certify that the information on this affidavit is true and correct."

SIGNATURE OF OFFICER

DATE

Sworn to me this _____ day of _____, 20 _____ _____ NOTARY SIGNATURE
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Please complete this form and mail it to: Office of Unclaimed Funds 110 State Street Albany, NY 12236

For assistance contact us by telephone at 800-221-9311 or at <https://www.osc.ny.gov/unclaimed-funds>. We can also be reached by email at nysouf@osc.ny.gov.

New York State Comptroller's Office – Office of Unclaimed Funds

Reporting Organization Reimbursement Form Instructions

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1. Owner Name:

The name of the owner of record as it appears on the Final Abandoned Property Report. If the property reported is in an aggregate or as an unknown owner, please write 'Unknown'.

2. Owner Address:

The address of record as it appears on the Final Abandoned Property Report. If the property is reported as an unknown owner, please provide us with the dormancy date of the property.

3. Amount:

The total dollar amount reported for this property. If the property is reported in an aggregate, please provide us with the total amount of the aggregate and how much the owner is entitled to.

4. Year Reported:

The date found on the Verification and Checklist submitted with the final report.

5. Total Amount of Report:

The grand total for the entire report of the total amount of the check submitted for payment with this report.

6. Property ID Number:

The check number, account number, policy number, certificate number or other number that was used to identify the property on the Final Abandoned Property Report.

7. Property Type:

The property type is the code used to describe an item on the Abandoned Property Report.

8. Reported in Error:

If this property was reported in error, please give a brief explanation of how this error occurred. We also require proof of the error. Such proof may be a written communication from your customer reflecting a date that would have reactivated the property prior to escheatment or a copy of any ledger or journal entry showing how the erroneous escheatment occurred along with an explanation of the transaction.

8. Reimbursement - Owner has already been paid:

Submit a copy of both sides of the canceled check that was issued in payment to your customer. If a check was not issued in payment to the customer, please submit other documentation clearly showing payment to the customer.

9. Signature:

An appropriate officer of your organization must sign the form, and the signature must be notarized.