THOMAS P. DINAPOLI
STATE COMPTROLLER

110 STATE STREET
ALBANY, NEW YORK 12236

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

Security Refund Request Form

Reference Number: _____
(Located top right on correspondence from this office)

Complete this form to choose your refund preference for the security portion of your claim. Each claimant should complete a separate form.

Initial the box next to your preference:	
1.	**Cash Value:** You'll receive a check for the current market value of the security, including all dividends. We use the price per share on the date your claim is approved for payment to determine the current market value. **(fastest option)**
2.	**Direct Registration System (DRS) Transfer:** We will transfer your securities into an account in your name held with the security's transfer agent. You'll receive a statement from the transfer agent reflecting the transfer.
3.	**Wire Transfer:** We will transfer the securities to your active brokerage or mutual fund account. You'll receive a statement from your agent reflecting the transfer.
Provide your current broker or mutual fund information	Name of Broker or Mutual Fund:
	DTC/NSCC Participant Number:
	Your Active Account Number:
	Account Registration: (Must be in either the claimant's name or the name of the Estate)
	Broker/Mutual Fund Contact Name and Phone Number:

We'll send you a check for the cash value if we don't have the securities in our inventory or if we can't transfer the securities as instructed above. We'll let you know if the securities are worthless or ineligible for DRS or wire transfer. You may wish to consult with a tax advisor as any security transaction could have tax consequences.

_____ _____/_____/_____ _____
Claimant Name **Date of Birth** **Taxpayer/Estate ID**

_____ _____/_____/_____
Claimant Signature (required) **Date**

Return this form by mail:

Office of Unclaimed Funds
110 State Street
Albany, NY 12236

Submit online:
https://ouf.osc.state.ny.us/ouf/cs

Visit our webpage at https://www.osc.ny.gov/unclaimed-funds.

You can contact us at nysouf@osc.ny.gov or 800-221-9311.

We invite you to like us on Facebook at facebook.com/nyscomptroller

and follow us on Twitter at @NYSComptroller

NYS Personal Privacy Protection Law Notification: The NYS Comptroller's Office of Unclaimed Funds (OUF) is requesting you to provide your Tax Payer Identification 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 under the direction of the Assistant Director of Services of OUF, 110 State Street, Albany, NY 12236