

FORM AC 2686 (01/25) **Report of Abandoned Property** Reporting Organization

Holder FEIN

P <input type="checkbox"/>	Owner Name/Business Name (Last, First, Middle, Suffix)	C <input type="checkbox"/>	Owner Last Known Address		Tax Identification Number	Date of Last Activity	Initial Amount
							\$
A <input type="checkbox"/>					Birth Date	Property Type	
							Remitted Amount \$
Security Description		CUSIP	Method of Transfer	Account Number	Property Description		
			D <input type="checkbox"/>				
		Number of Shares	P <input type="checkbox"/>	Check Number			
			U <input type="checkbox"/>				
					Relationship Code		
P <input type="checkbox"/>	Owner Name/Business Name (Last, First, Middle, Suffix)	C <input type="checkbox"/>	Owner Last Known Address		Tax Identification Number	Date of Last Activity	Initial Amount
							\$
A <input type="checkbox"/>					Birth Date	Property Type	
							Remitted Amount \$
Security Description		CUSIP	Method of Transfer	Account Number	Property Description		
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		Number of Shares	P <input type="checkbox"/>	Check Number			
			U <input type="checkbox"/>				
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					Relationship Code		