

TEXAS UNCLAIMED PROPERTY HOLDER REIMBURSEMENT REQUEST FORM

(For Property Returned to Owner)

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| COMPTROLLER OF PUBLIC ACCOUNTS Unclaimed Property Division Claims Section P.O. Box 12019 Austin, TX 78711-2019 |
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| HOLDER INFORMATION | | | |
|--------------------|-----------------------------------------------|-----------|--|
| Holder name | Tax ID number | | |
| Mailing address | | | |
| City | State | ZIP code | |
| E-mail address | FAX number (Area code and number) () | | |
| Department | Phone (Area code and number) () | Extension | |

| PROPERTY INFORMATION | | | | | | |
|-----------------------------------|---------------|--------------------|-----------------------------------------------------------------------|-----------------------------------------|--------------|------------------|
| Report year | Report amount | Property type code | Aggregate <input type="checkbox"/> YES <input type="checkbox"/> NO | Property amount | Claim amount | Number of Shares |
| Owner name as indicated on report | | | | Additional owner as indicated on report | | |
| Owner address | | | | | | |
| Property description | | | | | | |

Please provide proof of payment for each owner included on the Reimbursement Form and supplemental pages. Please attach a copy of the cleared check showing the owner's endorsement or proof of the account being reactivated.

INDEMNIFICATION AND AFFIDAVIT OF OFFICER

Upon payment by the Texas Comptroller of Public Accounts of the reimbursement described above, (Co. Name) _____ agrees to indemnify and hold harmless the Comptroller, its employees and agents from all losses, suits, actions or claims arising from or related to any other party who hereafter asserts or attempts to establish a right to payment of the above described funds.

COMPTROLLER INDEMNIFICATION IS EFFECTIVE WHEN SIGNED.

Signature _____ Title _____ Date _____

If you have any questions regarding Unclaimed Property, you may call (800) 321-2274. The Austin number is (512) 463-3040. Our FAX number is (512) 936-6224; toll-free FAX number is (888) 908-9991.

Under Ch. 559, Government Code, you are entitled to review, request and correct information we have on file about you, with limited exceptions in accordance with Ch. 552, Government Code. To request information for review or to request error correction, contact us at the address or toll-free number listed on this form.