

TEXAS UNCLAIMED PROPERTY  
**HOLDER CLAIM FORM SUPPLEMENT**

(to be used with the Holder Refund Request Form or the Holder Reimbursement Request Form)

HOLDER INFORMATION	
Holder Name:	Tax ID Number:

PROPERTY INFORMATION						
Report Year:	Report Amount:	Property Type:	Aggregate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Property Amount:	Claim Amount:	No. of Shares:
Owner Name as Indicated on Report:				Owner Address:		
Property Description:						

PROPERTY INFORMATION						
Report Year:	Report Amount:	Property Type:	Aggregate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Property Amount:	Claim Amount:	No. of Shares:
Owner Name as Indicated on Report:				Owner Address:		
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