CLAIM APPLICATION FOR DORMANT ACCOUNT

| Name as it appears on the account: | Name of bank account was opened: |
|---|--|
| | |
| Social Security / TIN number: | Type of account: |
| | |
| Date of Birth: | \$\$ Amount claiming: |
| | \$ |
| Address of account holder: | Email address: |
| | Please write your name if the account holder is NOT you: |
| Contact Number: | |
| | Relationship to account holder: |
| Supporting documents being submitted: | - Ea |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 0' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' | |
| Signature of person filing this claim: | Date of claim: |
| | |
| | |
| 05510141 1105 | |
| OFFICIAL USE: | |
| | |
| Name and initial of receiving person: | Date of receipt: |
| Than to and while of receiving percent. | Sale of recorpt. |
| Bond at Call Market | A 10° 12° |
| Reviewing person: | Approve/findings: |
| | |
| Amount in account: \$ | Disapprove/findings/reasons: |
| Less: applicable fees: | |
| Total amount to return: | |
| Total allocative resemble | |
| Check request date: | Follow up date, if applicable: |
| Date check received from DOF: | Check number: |
| Date check received from Ber : | CHOOM HE HAD SHOWN IN THE SHOWN |
| A atmandade amonto | |
| Acknowledgement: | |
| N | |
| INIOMO! | Date: |
| Name: Official witness: | Date: |

Section 20-20.4-007 - Filing a Claim with Commonwealth Government

(a) Within the Three-Year Period, bona fide owner of an account in the Transferred Funds shall file a claim to the Office of Banking Division, Department of Commerce.

(b) Owner shall first fill out a claim form provided by Commerce, to be accompanied by the following documents, as proof of ownership to such account:

1) two identification documents: one with picture, indicating date of birth; one with referenced number when bank account was opened (passport or driver's license), one with Social Security number.

 an original document from respective bank reflecting the actual opening of an account; a certificate of deposit; a receipt of the deposit; a cancelled check indicating such deposit; duplicate copy of cashier's check; or any type of document supporting such claim.

3) if the account owner is deceased, leaving no will, a court order from a probate Court must be submitted, with all pertinent information.

4) if the account is in the name of a company, an association, or other type of organization, and signatories are no longer part of the organization, such entity shall show proof as an Active member of the community, by providing copies of business licenses, current tax records, minutes of meetings, annual corporation reports (non-profit, LLC included), and others as required by the Department of Commerce.

(c) Upon review, the Department of Commerce will request check issuance to the owner of the account, after corresponding fees are deducted from the Transferred Funds.

(d) Checks shall be picked up from the Office of the Banking Division, and shall by acknowledged by the account owner or authorized signatory, not a representative.