OFFICIAL STATE NOTICE

State of Tennessee Treasury Department
Unclaimed Property Division
502 Deaderick Street
Nashville, TN 37243-0203
615-741-6499
www.treasury.tn.gov/unclaim

The list following this claim form contains the names and last known addresses of apparent owners of Unclaimed Property that has been delivered to the Treasurer of the State of Tennessee. The property is usually from bank accounts, utility deposits, stock dividends, insurance proceeds, uncashed wage checks, or similar items held for the owners who no longer can be located. No physical property or land is held.

The most efficient way to claim your property is to go to our website at www.treasury.tn.gov/unclaim and search for your name. Once you have located property that you feel is yours, you will need to print off the claim form and mail it to our office with the required documentation that is requested. If you do not have access to the internet, you may complete the form below and mail it back with the standard documentation that is required.

NOTE: The Division of Unclaimed Property will mail you a check when we receive your **completed** claim form and **all** the required documentation. Since each owner's situation is different, we may require additional documentation once we receive your claim form.

INFORMATION NEEDED TO PAY THE CLAIM:

OWNERSHIP Property # listed In paper _____ Name Listed In Paper_____

Relationship to owner (circle one) **Self Parent Guardian Trustee Heir Executor/Administrator Other**_____

If other, why are you claiming in place of the original owner?_____

IDENTIFICATION

The undersigned certify that they have a legal or equitable interest in the unclaimed funds and will indemnify and save harmless the State of Tennessee, its officers and employees from any valid claim to such unclaimed funds.

Name of Claimant		Name of Co-Claimant	
Social Security/FEIN	Telephone Number	Social Security/FEIN	Telephone Number
Present Mailing Address (Number and Street)		Present Mailing Address (Number and Street)	
City, State, Zip		City, State, Zip	
Claimant Email		Co-Claimant Email	

The below do solemnly swear and affirm that the foregoing statement and all facts and information set forth herein are true and correct as they verily believe.

Full Signature of Claimant	Full Signature of Co-Claimant

Documentation Required for Claim

Please provide documents for all items listed below. Original items will not be returned.

If you are an Individual
- Documentation of address in paper
- Documentation of mailing address
- Documentation of SSN
- Copy of driver's license
- Documentation of authority to claim property if you are not the individual listed in the paper (death certificate, probated will, POA, etc.)

If you are a Business
- Documentation of address in paper
- Documentation of mailing address
- Documentation of FEIN
- Copy of ID of claimant signing claim for business
- Documentation that claimant has authority to claim for the business

ADDITIONAL DATA MAY BE REQUESTED DEPENDING ON YOUR CIRCUMSTANCES

BEFORE RETURNING THIS CLAIM FORM, CLAIMANT(S) SHOULD:
- Review Property Number/Owner Information
- Complete and Sign all the boxes in the above form, and
- Attach all the documentation listed in Documentation Required for Claim section above

You can go to our website at www.treasury.tn.gov/unclaim to view additional information and examples of the required documentation.

Depending on our current volume and the complexity of your claim it will take approximately 4-6 weeks to process your claim once we have received all the required documentation. A check will be mailed to the address on your driver's license unless you have provided documentation for a different current address. You can not pick up a check from this office.

PLEASE MAIL THIS COMPLETED FORM TO:

TREASURY DEPARTMENT • DIVISION OF UNCLAIMED PROPERTY
502 Deaderick St. • Nashville, TN 37243-0203

ES

STATE OF TENNESSEE

TREASURY DEPARTMENT
DIVISION OF UNCLAIMED PROPERTY
P.O. Box 190693
NASHVILLE, TN 37219
(615-741-6499)
www.ClaimItTN.gov

Employee/Property Owner Name: [redacted]

Dear Claimant:

The State of Tennessee Unclaimed Property Division is holding funds or securities for the individual listed above. These funds were turned over to the state because the original company that issued these funds indicated that they could not locate or contact you. We were able to locate you by matching your SSN that the original company provided to us with the wage reports your employer provides to the state.

We believe that we are holding **3** property(s) for you. We have created a website to increase the efficiency of claiming your property. To find more information about the property(s) and to start the claim process, please go to www.ClaimItTN.gov. Once there, you can search our database by your name or the specific property id(s) listed below:

On average, a claim submitted online at www.ClaimItTN.gov takes two weeks or less to process.

Property ID(s)
1535226
3555719
5629272

The estimated value of your properties consists of:
Cash value of $1,414.11

If you do not have access to the internet, there is a generic claim form on the back of this letter. Only if you do not have access to the internet, complete the "**Claimant Information**" section, and provide copies of all documentation requested in the "**Documentation Required**" section, and return to the above address. Please allow 4 - 6 weeks for us to process this generic claim form. Additional data may be requested depending on your circumstances.

Sincerely,

Unclaimed Property Division

Claimant Information	Date 10/22/2014	5629272

OWNERSHIP

Relationship to owner (circle one): Self Parent Guardian Trustee Heir Executor/Administrator ***Other***: _____

If ***Other***, why are you claiming in place of the original owner? _____

IDENTIFICATION

The undersigned certify that they have a legal or equitable interest in the unclaimed funds and will indemnify and save harmless the State of Tennessee, its officers and employees from any valid claim to such unclaimed funds.

Name of Claimant		Name of Co-Claimant	
Social Security / FEIN	Telephone Number	Social Security / FEIN	Telephone Number
Present Mailing Address (Number and Street)		Present Mailing Address (Number and Street)	
City, State, Zip		City, State, Zip	
Claimant Email		Co-Claimant Email	

The below do solemnly swear and affirm that the foregoing statement and all facts and information set forth herein are true and correct as they verily believe.

Full Signature of Claimant	Full Signature of Co-Claimant

Documentation Required

Please provide documents for *all* items listed below. Original items will not be returned.

If you are an Individual
- Documentation of mailing address
- Documentation of SSN
- Copy of driver's license
- Documentation of authority to claim property if you are not the individual listed (death certificate, probated will, POA, etc.)

If you are an Business
- Documentation of mailing address
- Documentation of FEIN
- Copy of ID of claimant signing claim for the business
- Documentation that claimant has authority to claim for the business

ADDITIONAL DATA MAY BE REQUESTED DEPENDING ON YOUR CIRCUMSTANCES

Before returning this claim form, claimant(s) should:

* Complete and sign Section **Claimant Information**; and
* Attach the documentation requested in Section **Documentation Required**.

You can go to our website at www.ClaimItTN.gov to view additional information and examples about the required documentation.

Depending on our current volume and the complexity of your claim it will take approximately 4-6 weeks to process your claim once we have received all the needed documentation. A check will be mailed to the address on your driver's license unless you have provided documentation for a different current address. You can not pick up a check from this office.

Please mail this completed form to:
Treasury Department • Division of Unclaimed Property • P.O. Box 190693 • Nashville, TN 37219

TF

STATE OF TENNESSEE

TREASURY DEPARTMENT
DIVISION OF UNCLAIMED PROPERTY
P.O. BOX 190693
NASHVILLE, TENNESSEE 37219
(615-741-6499)
www.ClaimItTN.gov

[redacted]

Dear Claimant:

The State of Tennessee Unclaimed Property Division is holding funds or securities for the individual listed above. These funds were turned over to the state because the original company that issued these funds indicated that they could not locate or contact you. We are attempting to locate you by mailing this letter to the address that the original company provided to us.

We believe that we are holding one or more properties for you that have been remitted to the state over the last year. We may also hold additional properties remitted in prior years. We have created a website to increase the efficiency of claiming your property. To find more information about the property(s) and to start the claim process, please go to www.ClaimItTN.gov. Once there, you can search our database by your name or the specific property id(s) listed below:

Property ID(s)	On average, a claim submitted online at www.ClaimItTN.gov takes two weeks or less to process.
4721123	

The estimated value of your property(s) consists of:

Number of properties (remitted this year): 1
Cash value of $116.05

If you do not have access to the internet, there is a generic claim form on the back of this letter. Only if you do not have access to the internet, complete the "**Claimant Information**" section, and provide copies of all documentation requested in the "**Documentation Required**" section, and return to the above address. Please allow 4 - 6 weeks for us to process this generic claim form. Additional data may be requested depending on your circumstances.

Sincerely,

Unclaimed Property Division

Claimant Information

Date 4/25/2014 | 4721123

OWNERSHIP

Relationship to owner (circle one): Self Parent Guardian Trustee Heir Executor/Administrator ***Other***: _____

If ***Other***, why are you claiming in place of the original owner? _____

IDENTIFICATION

The undersigned certify that they have a legal or equitable interest in the unclaimed funds and will indemnify and save harmless the State of Tennessee, its officers and employees from any valid claim to such unclaimed funds.

Name of Claimant		Name of Co-Claimant	
Social Security / FEIN	Telephone Number	Social Security / FEIN	Telephone Number
Present Mailing Address (Number and Street)		Present Mailing Address (Number and Street)	
City, State, Zip		City, State, Zip	
Claimant Email		Co-Claimant Email	

The below do solemnly swear and affirm that the foregoing statement and all facts and information set forth herein are true and correct as they verily believe.

Full Signature of Claimant	Full Signature of Co-Claimant

Documentation Required

Please provide documents for *all* items listed below. Original items will not be returned.

If you are an Individual
- Documentation of mailing address
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- Documentation of mailing address
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- Documentation that claimant has authority to claim for the business

ADDITIONAL DATA MAY BE REQUESTED DEPENDING ON YOUR CIRCUMSTANCES

Before returning this claim form, claimant(s) should:

* Complete and sign Section **Claimant Information**; and
* Attach the documentation requested in Section **Documentation Required**.

You can go to our website at www.ClaimItTN.gov to view additional information and examples about the required documentation.

Depending on our current volume and the complexity of your claim it will take approximately 4-6 weeks to process your claim once we have received all the needed documentation. A check will be mailed to the address on your driver's license unless you have provided documentation for a different current address. You can not pick up a check from this office.

Please mail this completed form to:
Treasury Department • Division of Unclaimed Property • P.O. Box 190693 • Nashville, TN 37219

Reset Form

STATE OF TENNESSEE ◆ TREASURY DEPARTMENT
Unclaimed Property Division
P.O. Box 198649 ◆ Nashville, Tennessee 37219-8649 ◆ (615) 253-5362
UCP.holders@tn.gov ◆ www.tn.gov/treasury/unclaim

I. COVER LETTER

VERIFICATION & AFFIDAVIT OF ITEMS FOR YEAR ENDED DECEMBER 31, 20_____

A. Holder # _____ Report # (required if E-mail, ACH or Wire) _____

Indicate Changes to Name or Address Below

Name _____ _____

Address _____ _____

Type name and address or affix pre-printed label here.

_____ _____

_____ _____

E-Mail _____ State of Incorporation _____

Fed Tax ID # _____ Date of Incorporation _____

Name of contact person or department designated to respond to unclaimed property inquiries:

Name _____

Telephone _____

E-mail _____

B. Type of company (see Reporting Instructions for list): _____

C. Type of report: ☐ Annual ☐ Negative (no property to report)

D. Method of reporting: ☐ Diskette or CD ☐ E-Mail ☐ Paper

E. Total properties reported: _____

F. Cash Property: $_____ Penalty failure to report by May 1: $_____ Penalty failure to remit by May 1: $_____

G. Total cash remitted (make check payable to "Treasurer, State of Tennessee"): $ _____

H. Payment method: ☐ Check ☐ ACH ☐ Wire Check, Wire or ACH # _____ DFI # _____

I. Delivery and registration of shares remitted: *(see instructions)*

J. Total number of DTC book entry shares remitted: _____

K. Total number of physical securities remitted: _____

L. Total number of mutual fund shares remitted: _____

M. Total number of shares transferred: _____

N. Enclose confirmation of delivery of shares and mutual fund statements.

O. Indicate if you have safe deposit box contents to report: ☐ No ☐ Yes *(see instructions)*

Notarized Signature Required

P. VERIFICATION AND AFFIDAVIT: The undersigned,_____, declares, under penalty of perjury, that, to the best of (his/her) knowledge, the foregoing report and supporting records contain a full, true and complete report of unclaimed property now in the possession or under the control of the holder, which is presumed abandoned in accordance with the provisions of Tennessee Code Annotated, Sections 66-29-101 through 66-29-153. **I have attempted to contact property owners at their last known address by first-class mail not more than 120 days and no less than 60 days prior to the filing date of the report. I am duly authorized to attest to this.**

Date _____ _____

Signature of Chief Financial Officer (TCA 66-29-113(f)(g))

State of _____ _____

Title Telephone Number

City/County _____

Subscribed and sworn to before me this _____ day of _____ 20___ SEAL **(required)**

Notary Public _____

If additional pages are needed, please print each completed page before resetting form.

STATE OF TENNESSEE
TREASURY DEPARTMENT

II. ANNUAL REPORT OF UNCLAIMED PROPERTY

REPORT DATE _____

FOR YEAR ENDED _____

HOLDER NAME _____

HOLDER NUMBER _____

FEDERAL EMPLOYER ID NUMBER _____

Owner's Last Name, First Name, Middle Name, Title Owner's Last Known Street Address, City, State, Zip	Relationship Between Owners (If Applicable)	SSN/FEIN	Property Type	Cash Amount Remitted	Interest Rate	Security Name or Name of Mutual Fund	Security Cusip Number	Number of Shares Remitted	Date of Last Activity and Additional Information (i.e., DOB)
Remit Total				$ 0.00				0	

PAGE NO. _____ OF_____

NUMBER OF PROPERTIES _____

PAGE TOTAL $_____

TENNESSEE UNCLAIMED PROPERTY REPORTING INSTRUCTIONS

(NOT FOR TANGIBLE OR SAFE DEPOSIT BOX CONTENTS. SEE SEPARATE FORM.)

COVER LETTER – VERIFICATION & AFFIDAVIT INSTRUCTIONS

Use the preprinted form that was mailed to you at the beginning of the year. If you do not receive one or lost it, fill out the form in this book.

A. HOLDER'S NAME AND ADDRESS: If you are using the preprinted form sent to you, make any corrections. Otherwise, complete all items. It is important that we have a good contact on your Unclaimed Property Report.

B. TYPE OF COMPANY: Select the category which best describes your company: State Agency, Bank, Audit Entity, Estate, Finance & Mortgages, Hospitals & Health Care, Insurance Company – Life, Insurance Company – Casualty, Natural Resources, Corporation, Municipality & County, Retailer, Transportation, College & University, Utility, Services, Stock Broker & Mutual Fund, Transfer Agent & Securities, Manufacturing, Hospitality & Hotel, Payroll or Benefit Services, CPA & Other Professionals, Associations & Industry Groups, Media, Restaurant & Food Services.

C. TYPE OF REPORT:

Annual – This is your required report due May 1.
Negative – Positive confirmation that you have nothing to report.

D. METHOD OF REPORTING: Select the media you are using to report. You must contact our office and make prior arrangements to e-mail your report.

E. TOTAL PROPERTIES REPORTED: Insert the total number of properties listed on your report. This includes cash and securities.

F. CASH PROPERTY: Break down of total cash property and any penalties that may be due. See Penalty Calculation Sheet.

G. TOTAL CASH REMITTED: Total amount of the check or wire. Make check payable to Treasurer, State of Tennessee. Include your Federal Employer ID number.

H. PAYMENT METHOD: Select payment method. For ACH or Wire, contact our office at 615-253-5362 for prior approval and instructions.

I. SECURITY REGISTRATION AND DELIVERY INSTRUCTIONS: See Security Delivery Instructions.

J. TOTAL SHARES SENT DTC: List total amount of shares transferred DTC.

K. TOTAL SHARES SENT PHYSICAL: List total amount of physical shares sent with report.

L. TOTAL MUTUAL FUND SHARES: List total amount of mutual fund shares transferred to our account.

M. TOTAL OF ALL SECURITIES: List total amount of all securities delivered.

N. CONFIRMATION OF SECURITIES DELIVERED: Send with report confirmation of any securities transferred.

O. TANGIBLE AND SAFE DEPOSIT BOX CONTENTS: Indicate if you have tangible or safe deposit box contents to report on a separate form.

P. VERIFICATION AND AFFIDAVIT: Form must be signed and notarized by CFO or other comparable position.

STATE OF TENNESSEE

DAVID H. LILLARD JR.
STATE TREASURER

JOHN GABRIEL
DIRECTOR

TREASURY DEPARTMENT
DIVISION OF UNCLAIMED PROPERTY
WWW.TREASURY.TN.GOV/UNCLAIM/
PO BOX 198649
NASHVILLE, TN 37219

Thank you for your interest in the State of Tennessee Unclaimed Property Compliance Disclosure Agreement (CDA) program. The Unclaimed Property Division wants to encourage companies that are not compliant with the law to begin on the road to compliance. Admittance to the CDA program is dependent on the approval of the State of Tennessee. Admittance to the program provides a mechanism for companies to come into compliance with a waiver of penalty. In order to be admitted to the program, please follow the steps below:

1) Complete the CDA included with this letter.
2) Complete the Proposal of Reporting Method Worksheet included with this letter. This describes in detail how your unclaimed property liability will be determined. You will need to provide the exact year or scope you will be reporting. If your records do not exist or they are inadequate to determine the exact amount of unclaimed property liability, describe in detail the estimation techniques proposed.
3) Provide to the State of Tennessee your current written policies and procedures regarding unclaimed property. This is to provide assurance to the State that the company will maintain compliance in the future.

Once the State of Tennessee receives the above mentioned documents we will review your request for admittance to the CDA program. Once we agree on the above items the State of Tennessee will sign the CDA and return a copy to the company to document their admittance to the CDA program.

Compliance Disclosure Agreement (CDA)
State of Tennessee Uniform Disposition of Unclaimed Property Act

Tennessee Treasury Department
Unclaimed Property Division
P. O. Box 198649
Nashville, TN 37219
WWW.TREASURY.TN.GOV/UNCLAIM

Section I - Company Information

Name of Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Title: _____

Telephone: _____ Fax: _____

Contact E-mail: _____

Company FEIN: _____

State of Incorporation: _____

Industry Type: _____

If a 3rd party will be used in the preparation of the report please indicate the name of the firm and contact information:

Name of Firm: _____

Name of Contact: _____

Telephone: _____

Contact E-mail:_____

Section II - Company Affiliate Information

List any affiliates or subsidiaries along with the parent company including their FEIN:

_____

_____

_____

Does the company file consolidated unclaimed property reports or will each entity report separately?

_____

_____

_____

Section III - Compliance Agreement

Upon signatures of this agreement both the State and the Company certify that the following statements are true and accurate:

1. The Company is committed to becoming fully compliant with T.C.A. 66-29-101 et seq. The company will report and remit all unclaimed property due by the agreed upon commitment date on this form.

2. The Company came forward voluntarily and is not currently being audited by the State of Tennessee, either by a 3rd party agent or the State of Tennessee directly.

3. The Company has included with this CDA their Proposal of Reporting Method. This proposal which the State and the Company has mutually agreed to describes how the Company will determine their unclaimed property liability and any estimation techniques used if complete records are not available.

4. The Company has included with this CDA their written policies and procedures regarding unclaimed property to ensure compliance going forward.

5. Upon payment of the amount of unclaimed property and the submission of an accurate report for the amounts determined to be due, the Company is relieved of all liability to the extent of the value of the property so paid to the State pursuant to T.C.A. 66-29-116.

6. The State waives any penalty associated with the remittance of the property so paid to the State in regards to this CDA pursuant to T.C.A. 66-29-129.

NOTE: ***The Tennessee Treasury Department Unclaimed Property Division will retain the right to audit.***

State of Tennessee	**Company**
By: _____	By: _____
Title: _____	Title: _____
Date: _____	Date: _____
	Commitment Date: _____