



UNCLAIMED FUNDS CLAIM FORM

Are you the owner of these funds? (circle one) Yes No
If you are not the owner of these funds, you must provide Power of Attorney

Amount of Unclaimed Funds _____

Owner of Unclaimed Funds _____

Owner's Mailing Address _____

Owner's Social Security Number or Tax ID _____

Owner's Signature _____ Date _____

If you are not the owner of these funds, please complete the information below:

Claimant's Name _____

Claimant's Mailing Address _____

Under penalties of perjury, I certify that the information provided on this claim form is true and correct and all supporting documents presented are original or true unaltered copies of the original documents. I also certify that I have a legal or equitable interest in the Unclaimed Funds and will indemnify and save harmless Yellow Springs, Ohio, and its employees from any damages, claims or losses of any kind resulting from payment of the above described funds to claimant.

If claiming on behalf of a business, print and sign both your name and the business name below.

Claimant's signature _____ Date _____

Type of identification provided _____

Reissued Check Number _____ Check Date _____

Date Mailed _____