

<i>Treasury Use Only</i>
Claim ID
Date
User ID

# Michigan Claim for Refund of Unclaimed Property

Issued under Public Act 29 of 1995. Filing is required to obtain a refund.

To request your refund, complete the claimant information below, verify the owner information and attach the required documentation. Sign this claim in the presence of a notary public. There is no charge for this service.

<b>A. Claimant Information</b>	
	Claimant's Social Security No. or FEIN
	Daytime Phone No.
What is your relationship to the property owner? <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Trustee <input type="checkbox"/> Heir <input type="checkbox"/> Executor/Administrator <input type="checkbox"/> Other, specify _____	

<b>B. Owner Information</b>	
Owner's Name	Owner's Social Security No. or FEIN
Co-Owner's Name	Co-Owner's Social Security No or FEIN

<b>C. Holder Information</b>	
Name of Financial Institution	Holder's FEIN
Location (City, State, ZIP Code)	Date Property Was Originally Reported
If the property was reported before 1988, include the Escheat file number and the page the item was listed on.	

<b>D. Property Being Refunded</b>		
Property Description (general)	Account Number (if applicable)	Amount
Property Description (general)	Account Number (if applicable)	Amount

<b>E. Documentation Required</b>
The Michigan Department of Treasury, Unclaimed Property Division's goal is to reunite owners or their heirs with the unclaimed property turned over to the state when the holder was unable to locate the rightful owner. Claimants must prove ownership by furnishing copies of your driver license (or other government picture identification) and your Social Security card. You may need to provide additional documentation to prove ownership.

<b>F. Affidavit</b>	
Under penalty of perjury, I certify that the information provided on this claim is true and all supporting documentation is either original or unaltered copies of the original documents. Upon payment of this claim, I indemnify the State of Michigan and its officers and employees from any damages, claims or losses resulting from payment of the property.	
Claimant's Signature	<b>Notarization</b>
Co-Claimant Signature	