

**NC DEPARTMENT OF STATE TREASURER**

**HOLDER REFUND REQUEST**

**1. ORIGINAL HOLDER:**

Name \_\_\_\_\_ Holder ID \_\_\_\_\_  
Address \_\_\_\_\_ FIN \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact Person \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

**2. PROPERTY IDENTIFICATION:**

Amount Due Rightful Owner(s) \_\_\_\_\_ Owner Name(s) \_\_\_\_\_  
Total \$ Amount of Report \_\_\_\_\_  
Date Reported \_\_\_\_\_ Owner Address \_\_\_\_\_

Receipt Number or Report ID Number, if known \_\_\_\_\_

If property was reported in Aggregate, please provide Aggregate Amount \_\_\_\_\_

**3. PAYMENT OPTIONS: (Check one)**

- \_\_\_\_\_ Refund Holder for funds submitted to Escheat Fund in error. (Written explanation required.)
- \_\_\_\_\_ Reimburse Holder for moneys paid to Claimant(s). (Provide copy of front and back of cancelled check.)
- \_\_\_\_\_ Make check payable to the Holder for the benefit of Claimant(s). (Documentary evidence required.)

**4. REQUIRED HOLDER DOCUMENTARY EVIDENCE:**

**List and provide the documentary evidence from Holder's records that supports refund request. Required documents may include cancelled check, print screen showing funds reinstated, accounting records, etc. :**

\_\_\_\_\_  
**If such evidence is not available, provide a letter of explanation to support refund request.**

**5. CERTIFICATIONS:**

This form **must be** signed and notarized by two principal officers of the Holder OR one principal officer and an authorized employee of the Holder.

We agree to the indemnification provisions of G.S. 116B-67(b) and (e), and we hereby certify that we are principal officer(s) and/or an authorized employee of the original Holder or a legal successor thereto, and **we further certify that this claim has been reviewed and the information provided is true and correct. By demonstrating that the owner was paid or reinstated, or funds were sent in error, we hereby certify this Claim is valid and just.**

Print Name and Title: \_\_\_\_\_ Sworn this \_\_\_\_\_ day of \_\_\_\_\_  
Signature: \_\_\_\_\_ Notary Public: \_\_\_\_\_  
Print Name and Title: \_\_\_\_\_ State of \_\_\_\_\_  
Signature: \_\_\_\_\_ My commission expires: \_\_\_\_\_

Please mail completed form and documentary evidence to:  
**NC DEPARTMENT OF STATE TREASURER  
UNCLAIMED PROPERTY PROGRAM  
PO BOX 20431  
RALEIGH, NORTH CAROLINA 27619-0431**

(Seal)

If you have any questions, please call 919-508-1000 and we will be glad to assist you.