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# Unclaimed Funds

# Annual Report

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## Department of Commerce

Division of Unclaimed Funds

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# Who Must File?

All businesses that operate in the State of Ohio or hold funds due to Ohio residents are required to file an Annual Report of Unclaimed Funds. CPAs or Attorneys that are in private practice are required to file an Annual Report of Unclaimed Funds. **CPAs and Attorneys not in private practice do not have to file separately from the firms for which they work.**

**IRC 501(C)(3) hospitals and political subdivisions are exempt from filing**

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## **ANNUAL FILING GUIDE**

### **BUSINESSES OTHER THAN LIFE INS. CO.'S**

### **LIFE INSURANCE COMPANIES**

**Accounts Dormant as of: June 30**

**Accounts Dormant as of: December 31**

**Reporting Deadline: November 1**

**Reporting Deadline: Following May 1**

**See Page 26 for a complete list of dormancy periods**

**“An Equal Opportunity Employer and Service Provider”**

**TTY/TDD: 1-800-750-0750**

## ELECTRONIC REPORTING OPTIONS

Reporting Media Accepted: 1.44Mb Diskette or CD-Rom

### On-Line Filing & ACH Transfer of Funds Due through the Ohio Business Gateway

Companies may file a Negative (NONE) report or report unclaimed funds on-line through the Ohio Business Gateway (OBG) by uploading a NAUPA standard electronic reporting file and paying the balance due to the State via ACH Transfer. To report your company's unclaimed funds report on-line login to the OBG at [www.business.ohio.gov](http://www.business.ohio.gov). On-line help & support, tutorials and telephone support are available from the OBG website.

### HRS Pro - Holder Reporting System

The *HRS Pro - Holder Reporting System* and the *HRS Pro User's Guide* may be downloaded through links on the Ohio Division of Unclaimed Funds website: [www.com.ohio.gov/unfd](http://www.com.ohio.gov/unfd). In the right hand column under **How Do I...** click on the **Report Unclaimed Funds?** icon. Under **Form** on the left hand side of the page you will see *HRS Pro (Download Software and User's Guide)*. Click the *Download Software* icon to access the *ACS Holder Reporting System* page. This page allows you to download the *HRS Pro* software and the *HRS Pro User's Guide*. You may also review *Version Notes* which identify the most recent updates to the *HRS Pro* application and *HRS System Requirements*. Click the *User's Guide* icon and your *Adobe Acrobat Reader* will open the *HRS Pro User's Guide* for viewing and printing. You may then save the file to your harddrive for future reference.

**Downloading and Installing the HRS Pro – Holder Reporting System:** On the *ACS Holder Reporting System* page under *HRS Download and Installation* click on the *Download* icon to download the *HRS Pro* installation file *HRS\_Pro\_Setup.EXE*. The *HRS\_Pro\_Setup.EXE* is a self expanding, executable file. After downloading the file to your *Windows Desktop* just double click on the *HRS\_Pro\_Setup.EXE* icon and follow the prompts to install the *HRS Pro* application.

**Downloading and Printing the HRS Pro User's Guide and HRS Pro How To Guide:** On the *ACS Holder Reporting System* page under *How To and Users Guides*, you can *Click Here* to download the *PDF* version of the *HRS Pro User's Guide* or the *HRS Pro How To Guide*. Your *Adobe Acrobat Reader* will open the *HRS Pro User's Guide* for viewing and printing. You may then save the file to your harddrive for future reference.

The purpose of the guides are to help company personnel utilize the *HRS Pro* software to file their *Annual Report of Unclaimed Funds*. The *HRS Pro How To Guide* provides step by step instructions for those individuals that may not be as familiar or comfortable with computers or the unclaimed funds reporting process. The step by step instructions guide you through the *HRS Pro* unclaimed funds reporting process beginning with downloading the software and ending with the creation of the *NAUPA* file for submission to the State. For a more detailed explanation of the *HRS Pro* data fields, screens and functions see the *HRS Pro User's Guide*.

### NAUPA Standard Electronic File Format

In order to accommodate companies with a mainframe system and those that use a third party vendor to file their Annual Report of Unclaimed Funds, the Ohio Division of Unclaimed Funds accepts reports in *NAUPA Standard Electronic File Format*. This electronic file format was developed by NAUPA, the National Association of Unclaimed Property Administrators and is accepted by forty (40) states for unclaimed funds reports.

The *NAUPA Standard Electronic File Format* may be downloaded through a link on the Ohio Division of Unclaimed Funds website: [www.com.ohio.gov/unfd](http://www.com.ohio.gov/unfd). In the right hand column under **How Do I...** click on the **Report Unclaimed Funds?** icon. Under **Form** on the left hand side of the page click on the *Revised NAUPA Standard Electronic Format* icon and your *Adobe Acrobat Reader* will open the Portable Document File (PDF) for viewing and printing. You may then save the file to your harddrive for future reference.

## **NEWS AND NOTES**

**On-Line Filing of Unclaimed Funds Reports & ACH Transfer of Funds Due:** Companies may file a Negative (NONE) report or report unclaimed funds on-line through the Ohio Business Gateway (OBG) by uploading a NAUPA standard electronic reporting file and paying the balance due to the State via ACH Transfer. To report your company's unclaimed funds report on-line login to the OBG at **www.business.ohio.gov**. On-line help & support, tutorials and telephone support are available from the OBG website.

**No Changes in Reporting Requirements:** There are no changes in Ohio's unclaimed funds filing requirements for the current reporting cycle.

**Please Provide All Available Account Information:** The State encourages companies to review all available account documentation so that when an account is reported as unclaimed the owner information includes the correct full name and address of record of the owner as it appears on the books and records of the company, the account number and any other owner identification number(s) and the Social Security Number (SSN) or Federal Tax Identification Number (FEIN) of the owner(s).

Other than the owner's name, the most important information that you can furnish is the owner's SSN or FEIN. This greatly assists the State in its owner location activities and in the correct payment of claims. All SSN and FEIN information should contain nine numbers with no alpha characters. The State will hold all SSN and FEIN information in strictest confidence. They will be disclosed only to those State of Ohio employees involved with the identification of owners and payment of claims.

## **UNCLAIMED FUNDS: EXEMPT ACCOUNTS**

**O.R.C. 169.02(N) Wages Less Than or Equal to \$50.00:** Effective August 29, 2002 any wages less than or equal to \$50.00 issued on or after July 1, 2000 reportable as unclaimed in 2002 and following years are exempt from unclaimed funds reporting requirements. Any wages less than or equal to \$50.00 issued prior to July 1, 2000 still in the possession of the filing company are reportable as unclaimed funds.

**O.R.C. 169.01(B)(2)(d) Merchandise Gift Certificates:** Effective June 6, 2001 a credit due a retail customer that is represented by a gift certificate, gift card, merchandise credit, or merchandise credit card redeemable for merchandise is exempt from unclaimed funds reporting requirement.

**O.R.C. 169.01(B)(2)(b) & (c) Business to Business Transactions:** Effective September 14, 2000 any payment or credit due to a business association from a business association representing sums payable to suppliers, or for services rendered and sums received by a business association from a business association for the sale of tangible goods or services performed, became exempt from unclaimed funds reporting requirements. This Business to Business Exemption effectively eliminates wholesale trade from the jurisdiction of the Law. In addition, the changes not only eliminate unclaimed funds resulting from business to business transactions that were due by November 1, 2000, but also retroactively exempted any unclaimed funds from such transactions that were reportable in prior years still in the possession of the business association.

The Business to Business Exemption includes, but is not limited to, any check, credit, memorandum, overpayment, unidentified remittance, nonrefundable overcharges, discount, refund and rebate that is due to a business association from a business association. However, equity, dividend and interest payments from a business association to a business association could still become unclaimed as they do not result from wholesale trade. In addition, payments due from or received by a business association from a customer that is a private individual are still reportable unclaimed funds. This exemption also does not apply to funds payable due to a policy of insurance or any deposit to secure membership in a trade organization.

**O.R.C. 169.02(O) Unredeemed Gift Certificate Exclusion:** Effective June 18, 1991 unredeemed gift certificates were excluded from the definition of unclaimed funds.

## HOW TO FILE AN UNCLAIMED FUNDS REPORT

1

**IDENTIFY DORMANT ACCOUNTS:** The company's Accountant or Controller should review records to identify dormant accounts that they may be holding. See page 26 of this booklet for a schedule of dormant account descriptions, dormancy periods and Nature of Funds Codes. The dormant accounts should be researched to eliminate accounting errors.

2

**MAIL THE OUF-8 NOTICE OF UNCLAIMED FUNDS:** Companies are required to send an OUF-8 Notice of Unclaimed Funds, or a similar notice that meets statutory requirements, to the last known address of the owner or beneficiary of dormant accounts with a balance of \$50.00, and less than \$1,000.00, via first class mail. **Also, Effective October 21, 2003 companies are required to provide the mandatory notice of unclaimed funds to the owner or beneficiary of accounts with a value of \$1,000.00 or more by certified mail, return receipt requested. The company is authorized to charge up to \$20.00 against each account subject to the mailing to reimburse themselves for the certified mail cost.** Include a self-addressed, stamped, return envelope. **Allow a minimum of thirty (30) days for the owner or beneficiary to respond to the notice prior to reporting their funds as unclaimed.**

3

**SELECT A REPORTING METHOD:** The Division encourages companies with more than fifty (50) unclaimed accounts to file an electronic report on 1.44 Mb diskette or CD-Rom in **NAUPA Standard Electronic File Format** or by using the **HRS Pro - Holder Reporting System** that may be downloaded without charge from the division's website [www.com.ohio.gov/unfd](http://www.com.ohio.gov/unfd). Please see page 1 for detailed instructions on how to obtain the **HRS Pro application**, the **HRS Pro User's Guide** and **NAUPA Standard Electronic File Format**.

**Paper Forms:** To report by paper, complete the applicable forms contained in this booklet. **ALL FORMS MAY BE PHOTOCOPIED.** You may print this booklet from the Division's website [www.com.ohio.gov/unfd](http://www.com.ohio.gov/unfd). See page 10 for instructions.

4

**REPORTING UNCLAIMED ACCOUNTS:** Report all accounts of \$50.00 or more, for which you received no response to the OUF-8 Notice of Unclaimed Funds, if the Notice was returned due to bad address or if the owner's address is UNKNOWN. No mailing is required for accounts less than \$50.00, however, applicable accounts would be reportable as an AGGREGATE total. There is no minimum amount reportable. See pages 2 and 6-7 of this booklet for additional information.

**FILING A NEGATIVE (NONE) REPORT:** If a diligent search has shown that the company is not holding any unclaimed funds, or if all owners respond to the **OUF-8 Notice of Unclaimed Funds** mailing, you must file a **Negative (NONE) Report** using the **OUF-1 Unclaimed Funds Reporting Form**. Complete the top portion of the **OUF-1** form. If the company does not have unclaimed funds to report, check **NO** and sign the report Verification. **The Verification must be signed by the Holder, an officer of the Holder or a duly authorized Agent and include the Holder's SSN or FEIN for the Negative Report to be valid.** You may mail the **Negative (NONE) Report** to the address below or fax it to (614) 728-9769. **Please do not do both.** The negative reporting requirement is outlined in section 1301:10-3-03(B) of the **Ohio Administrative Rules**.

**MAIL THE COMPLETED REPORT, REMITTANCE CHECK, SECURITIES AND SAFE DEPOSIT BOX CONTENTS TO:**

Ohio Department of Commerce  
Division of Unclaimed Funds  
77 S. High St., 20th Floor  
Columbus, OH 43215-6108

**OHIO BUSINESS GATEWAY UNCLAIMED FUNDS REPORT FILING:** Companies may now report unclaimed funds on-line through the Ohio Business Gateway (OBG) by uploading a NAUPA electronic reporting file and paying the balance due to the State via ACH Transfer. To report your company's unclaimed funds on-line or file a Negative (NONE) report login to the Ohio Business Gateway (OBG) at [www.business.ohio.gov](http://www.business.ohio.gov). On-line help & support, tutorials and telephone support are available from the OBG website.

# Annual Unclaimed Funds Review Guidelines

## I. IDENTIFYING DORMANT ACCOUNTS

Public and private businesses, financial institutions and all other entities **(except for I.R.C. 501(C)(3) tax exempt hospitals and political subdivisions)** that maintain account balances, write checks or hold funds in escrow for another person or persons, **must** file an Annual Report of Unclaimed Funds even if they have no unclaimed funds to report. The annual report is due by November 1, for accounts dormant as of the preceding June 30, for all entities except life insurance companies. Annual reports from life insurance companies are due by May 1, for accounts dormant as of the preceding December 31.

Example: Payroll checks are dormant after one (1) year. As of June 30 payroll checks that were issued one (1) or more years ago, but that have not cleared the bank, are dormant. **Checks do not have to be in the possession of the company to be dormant.** Dormant checks would include all outstanding checks that meet dormancy requirements as well as checks returned to the company by the post office, checks not picked up by the employee, **checks redeposited to the company’s checking account by a payroll agent** and checks written off to income or against expense.

Listed in **Table 1** and **Table 2** you will find examples of the types of accounts that can become unclaimed funds in a typical public or private corporation and a financial institution. For a complete listing of the types of accounts that could become unclaimed funds in your company, their dormancy periods and Nature of Funds Codes please see page 26 of this booklet.

**Table 1**  
**Public/Private Corporation Nature of Funds Codes**

Nature of Funds Codes	Description of Funds	Dormancy Period in Years
CK10	Expense (Reimbursement) Checks	3
CK12	Credit Refund Checks - Retail	3
CK17	Refund and Rebate Checks - Retail	3
MS01	Wages - Payroll & Salary	1
MS02	Commissions	1
MS03	Worker's Compensation Benefits	1
MS09	Accounts Receivable Credit Balances or Memos	3
SC01	Dividends	5
SC02	Interest Payments Due for Bonds & Debentures	5
SC03	Principal Payments Due for Bonds & Debentures	5
SC08	Undeliverable Shares of Stock	5
SC12	Underlying Shares of Stock	5
SC19	Dividend Reinvestment Plans	5
TR03	401K Plan Distributions	3

**Table 2**  
**Financial Institution Nature of Funds Codes**

Nature of Funds Codes	Description of Funds	Dormancy Period in Years
AC01	Checking Accounts	5
AC02	Savings Accounts	5
AC03	Certificates of Deposit	5
AC04	Christmas/Vacation Funds	5
AC07	Unidentified Deposits & Remittances	1
AC09	IRA & Keogh Accounts	3
CK01	Cashier's Checks	5
CK02	Certified Checks	5
CK03	Registered Checks	5
CK04	Treasurer's Checks	5
CK05	Bank Drafts	5
CK07	Money Orders	5
CK16	CD Interest Checks	5
MS05	Customer Overpayments	3

**Agent Issued Stale Dated Payroll Checks:** If your company uses a payroll processing agent to issue checks that clear on the agent’s account, the agent will periodically notify the company of stale dated payroll checks that have not cleared their account. They will then redeposit these funds to the company’s checking account and the checks will no longer be negotiable. The company then has the responsibility for controlling and reporting the redeposited payroll checks as unclaimed.

If the payroll processing agent does not redeposit stale dated payroll checks back to the company’s account you need to contact the agent to determine if they review outstanding payroll checks for unclaimed funds reporting. **If the agent reviews outstanding payroll checks for unclaimed funds reporting purposes then no additional work is required.** If they do not then you should obtain an outstanding checklist from the agent, or the issuing bank, and request that funds for dormant accounts be returned so that they can be reviewed to identify reportable unclaimed accounts. **Wages, salary and commissions become dormant (1) year from the date payable.** The unclaimed funds law requires that the full name and last known address of the owner be reported for each item \$50.00 or more. Please obtain this information from your payroll processor.

*Effective August 29, 2002 wages, salary and commission payments less than or equal to \$50.00, payable on or after July 1, 2000, are exempt from unclaimed funds reporting. See page 2 for additional information.*

**Third Party Administrators for Worker’s Compensation Payments or Health Benefits:** If your company is self insured for worker’s compensation or health benefits, the uncashed disbursement checks should be reviewed annually for unclaimed funds reporting. Any monies from uncashed disbursements held by, or returned to you by a third party administrator (TPA) would be reportable as unclaimed funds. Contact your TPA to determine if they report unclaimed funds for your company. If they do not then you should obtain an outstanding checklist and request that funds for dormant accounts be returned so that they can be reviewed to identify reportable unclaimed accounts. **Worker’s compensation payments become dormant one (1) year from the date payable and health benefit disbursements become dormant three (3) years from the date payable.**

**401K Accounts (Qualified Plans) of Former Employees with Bad Addresses:** Problems with bad address accounts can occur if mandatory distribution of 401K monies, or other qualified plan monies, is not required when an employee leaves the company. These bad address accounts, with a balance of less than or equal to \$1,000.00, may be reported as unclaimed thirty (30) days after completing the mailing of an OUF-8 Notice of Unclaimed Funds. The Employees Retirement Income Security Act (ERISA) requires accounts of more than \$1,000.00 be maintained for the owner with a designated trustee.

**Underlying Shares of Stock:** An underlying share of stock may or may not be in the possession of the owner. **The underlying shares are considered dormant and subject to unclaimed funds reporting if dividends and any other sums payable have remained unclaimed (uncashed or RPO - Returned by the Post Office) by the owner for five (5) years.** Any dividends or other distributions payable to the owner would also be reportable as unclaimed funds with the shares. The reportable underlying shares should be cancelled and a balance certificate issued to the Ohio Department of Commerce, Division of Unclaimed Funds.

## **II. RESEARCHING THE ACCOUNTS**

Once the dormant accounts have been identified, you should research them to determine if checks have been voided and reissued, voided and not issued (duplicate payments) or cleared the bank without being removed from the outstanding checklist. These items would not be unclaimed funds. Document your research and retain any workpapers in the annual reporting file for five (5) years or until an examination is conducted, whichever comes first.

## **III. DUE-DILIGENCE MAILING REQUIREMENT**

Companies are required to send an OUF-8 Notice of Unclaimed Funds, or a similar notice that meets statutory requirements, to the last known address of owner or beneficiary of dormant accounts via first class mail with a balance equal to \$50.00 and less than \$1,000.00. ***Effective October 21, 2003 companies are required to provide the mandatory notice of unclaimed funds to the owner or beneficiary of accounts with a value of \$1,000.00 or more by certified mail, return receipt requested . The company is authorized to charge up to \$20.00 against each account subject to the mailing to reimburse themselves for the certified mail cost.*** Include a self-addressed, stamped, return envelope.

**Allow a minimum of thirty (30) days for the owner or beneficiary to respond to the notice prior to reporting their funds as unclaimed.** Accounts with a balance of \$50.00 or more with mail returned for bad address, and those whose owner or beneficiary do not respond, are reportable unclaimed funds. **No mailing is required to owners of dormant accounts less than \$50.00, however, applicable accounts would still be reportable unclaimed funds as an Aggregate total.**

## **IV. REPORTING UNCLAIMED ACCOUNTS**

**Companies are required to report the following information for accounts with identifiable owners and a balance greater than or equal to \$50.00: full name & last known address of the owner, social security number (if available), account number, amount, date of last transaction, nature of the funds and the owner's relationship to the account.** Provide the account number, amount and date of last transaction for accounts with a balance greater than \$50.00 with an unknown name and address. Provide the owner's name, account number, amount and date of last transaction for accounts with a balance greater than \$50.00 with an unknown address. **Applicable accounts less than \$50.00 are reported as aggregate totals by Nature of Funds Code, no owner or address information is necessary.** Companies must maintain a list of the accounts and balances that make up the aggregate total in order to provide account verification if the owner makes a claim.

Reportable unclaimed accounts should be closed out and listed on the OUF-2 List of Owners of Unclaimed Funds. Also, submit an OUF-1 Unclaimed Funds Reporting Form and a check for the total of the unclaimed accounts made payable to: Ohio Division of Unclaimed Funds. If shares of stock are reportable as unclaimed, a certificate for the unclaimed shares should be issued to: Ohio Division of Unclaimed Funds. Instructions for completing reporting forms are contained in this booklet. Stock certificates from safe deposit boxes or other safekeeping repository should be reported as found. The company is held harmless by the State and is relieved of liability from any and all claims once the unclaimed accounts are reported, as long as the due-diligence mailing requirements of section 169.03 O.R.C. are met.

**AUTOMATIC FILING EXTENSION:** To obtain an automatic extension of time to file an Annual Report of Unclaimed Funds beyond November 1 (May 1 for Life Insurance Companies) complete the Application for Automatic Extension to File the Annual Report of Unclaimed Funds. Please include your company's Federal Tax ID (FEIN). Specify how long an extension is needed by placing a check mark in one of the boxes indicating the extended due date. The application must be signed and is not valid without a signature and FEIN. Mail the Application to: **Ohio Division of Unclaimed Funds, 77 S. High St., 20th Floor, Columbus, OH 43215-6108 or fax it to (614) 728-9769.**

**THE EXTENSION IS AUTOMATIC UPON FILING THE EXTENSION FORM  
NO CONFIRMATION WILL BE SENT**

**V. EARLY REPORTING OF UNCLAIMED ACCOUNTS**

The dormancy periods listed for unclaimed accounts are the maximum periods that dormant accounts may be held prior to unclaimed funds verification and reporting. Dormant accounts may be reported prior to the expiration of their dormancy periods (Per section 169.11 O.R.C.) if the company complies with the due-diligence mailing and reporting requirements described in III and IV.

**VI. NEGATIVE (NONE) REPORT REQUIREMENT**

If a diligent search has shown that the company is not holding any unclaimed funds, or if all owners respond to the OUF-8 Notice of Unclaimed Funds mailing, you must file a Negative (NONE) Report using the OUF-1 Unclaimed Funds Reporting Form. Complete the top portion of the form. If the company does not have unclaimed funds to report, check **NO** and sign the report Verification. *The Verification must be signed by the Holder, an Officer of the Holder or a duly authorized Agent and include the Holders SSN or FEIN for the Negative Report to be valid.* The negative reporting requirement is outlined in section 1301:10-3-03(B) of the Ohio Administrative Code. The OUF-1 Unclaimed Funds Reporting Form can be printed from the Division's website [www.com.ohio.gov/unfd](http://www.com.ohio.gov/unfd).

**VII. OHIO BUSINESS GATEWAY ON-LINE UNCLAIMED FUNDS REPORT FILING**

The Ohio Division of Unclaimed Funds, in conjunction with the Ohio Business Gateway (OBG), is pleased to offer companies the option of filing their Annual Report of Unclaimed Funds on-line via the Internet. Companies may now report unclaimed funds on-line through the Ohio Business Gateway (OBG) by uploading a NAUPA electronic reporting file and paying the balance due to the State via ACH Transfer. To report your company's unclaimed funds on-line or file a Negative (NONE) report login to the OBG at [www.business.ohio.gov](http://www.business.ohio.gov). First time on-line filers will need to register as a user with the OBG prior to filing their first report.

On-line help & support, tutorials and telephone support are available from the OBG website. For telephone support call the OBG Help Desk at 866-OHIO-GOV (866-644-6468) Monday through Friday 8 A.M. - 5 P.M. excluding state holidays.

**VII. UNCLAIMED FUNDS RECORD RETENTION**

Unclaimed funds reports and their supporting documentation must be retained for five (5) years or until an examination is conducted, whichever comes first. The following backup documentation for the Annual Report of Unclaimed Funds must be maintained to identify the disposition of dormant accounts identified on June 30, or December 1 for Life Insurance Companies. This documentation should include, but is not limited to:

- A. A copy of the final unclaimed funds report filed with the State.
- B. June 30 dormant account list(s).
- C. Signed OUF-8 Notice of Unclaimed Funds forms.
- D. Documentation of Certified Mailing to accounts with a balance of \$1,000.00 or more.
- E. Documentation used to exclude accounts with a balance of \$1,000.00 or more from the Certified Mail requirement.
- F. Bad address mail from the OUF-8 mailing.
- G. Other research documentation used to exclude accounts from unclaimed funds reporting.

## FORMS INCLUDED IN THIS BOOKLET

ALL FORMS IN THIS BOOKLET MAY BE PHOTOCOPIED

FORM	DESCRIPTION
	<b>Application for Automatic Extension of Time to File the Annual Report of Unclaimed Funds:</b> File this form to obtain up to 120 additional days to file your Annual Report of Unclaimed Funds. See page 11 for the instructions and form.
<b>OUF-1</b>	<b>Unclaimed Funds Reporting Form:</b> This form provides information about the company reporting unclaimed funds. It is also used to calculate the total unclaimed funds, penalties and interest that are reportable. See pages 12-14 for the instructions and form.
<b>OUF-2</b>	<b>List of Owners of Unclaimed Funds:</b> This form is used to report the owner name, address, account information and the cash value of unclaimed accounts. See pages 15-18 for the instructions and form.
<b>OUF-4</b>	<b>List of Owners of Unclaimed Stock and Other Securities:</b> This form is used to report unclaimed stock, bonds and other securities in certificate form and any interest or dividends associated with them. See page 19-20 for the instructions and form.
<b>OUF-5</b>	<b>List of Owners of Safe Deposit Box Contents and Safekeeping:</b> This form is used to report unclaimed intangible property such as coins, currency, stamps, stocks and bonds from safe deposit boxes or other safekeeping repository. See page 21-23 for the instructions and form.
<b>OUF-8</b>	<b>Notice of Unclaimed Funds:</b> The State requires that this form, or one similar to it that meets statutory requirements, be sent to owners of dormant accounts with a balance of \$50.00 or more, before the funds are reported as unclaimed. Effective October 21, 2003 companies are required to provide the mandatory notice of unclaimed funds to the owners of accounts with a value of \$1,000.00 or more by certified mail, return receipt requested. The company is authorized to charge up to \$20.00 against each account subject to the mailing to reimburse themselves for the certified mail cost. See page 6(III) for additional information. The owner must be given a minimum of thirty (30) days to respond before their funds are officially reportable to the State as unclaimed funds. See page 24-25 for the instructions and form.

## FREQUENTLY ASKED QUESTIONS

### WHAT ARE UNCLAIMED FUNDS?

All intangible property unclaimed by its owner for a specific period of time which may include: dormant savings and checking accounts, unclaimed wages, dividends, credit balances and any type of outstanding checks. For a detailed list of unclaimed funds see the Nature of Funds Codes on page 26.

### WHO MUST FILE AN ANNUAL REPORT OF UNCLAIMED FUNDS?

All businesses that operate in the State of Ohio or hold funds due to Ohio residents are required to file an Annual Report of Unclaimed Funds. CPAs or Attorneys that are in private practice are required to file an Annual Report of Unclaimed Funds. **CPAs and Attorneys not in private practice do not have to file separately from the firms for which they work. The only entities exempt from reporting are political subdivisions of the State, Counties, Cities, Townships and I.R.C. 501(C)(3) hospitals (Per section 169.01(D)(2) O.R.C.).**

### WHO DO I MAKE THE CHECK (CERTIFICATE) OUT TO?

The check for the remittance of unclaimed funds should be made payable to the Ohio Division of Unclaimed Funds.

Securities, other than those from safe deposit box contents, must be remitted in the name of the Ohio Division of Unclaimed Funds. Stock certificates from safe deposit boxes or other safekeeping repository are reportable as found.

### WHY DOES OHIO HAVE AN UNCLAIMED FUNDS LAW?

To protect the property rights of the owner and to reunite the owner with the funds.

To provide the companies relief from liability.

To provide a centralized location of contact for potential owners of unclaimed funds.

### IS A NEGATIVE REPORT REQUIRED AND IS THERE A MINIMUM DOLLAR AMOUNT TO BE REMITTED?

If a diligent search has shown that the company is not holding any unclaimed funds or if all owners respond to the OUF-8 Notice of Unclaimed Funds mailing, you must file a Negative (NONE) Report. The Negative (NONE) Report may be filed either using the paper forms or electronically through the Ohio Business Gateway. See page 7(VI) and 7(VII) for instructions.

The negative reporting requirement is outlined in section 1301:10-3-03(B) of the Ohio Administrative Code. There is no minimum amount reportable.

### HOW SHOULD MUTUAL FUNDS BE REMITTED TO OHIO?

Mutual Funds are to be liquidated from the owners account(s), and the proceeds remitted, along with complete owner detail. **Mutual fund shares may not be transferred into an unauthorized account in the name of the State of Ohio.**

### WHAT ARE OHIO'S DORMANCY PERIODS, AGGREGATE LIMIT AND REPORTING DEADLINES?

Dormancy periods are listed in relation to the Nature of Funds Codes on page 26.

The aggregate limit is \$50.00. **Applicable accounts less than \$50.00 must be reported as an Aggregate total.** See Page 2 of this booklet for exemptions.

The reporting deadline for all companies, with the exception of life insurance companies, is November 1. The reporting deadline for life insurance companies is May 1.

### WHAT HAPPENS IF A COMPANY DOES NOT REPORT?

The company may incur two (2) civil penalties of \$100.00 per day and criminal penalties of up to \$500.00 a day for failure to report unclaimed funds, or under reporting unclaimed funds and interest at a rate of 1% per month on the balance of unclaimed funds due.

### WHAT ATTEMPTS ARE MADE TO FIND THE RIGHTFUL OWNERS?

The first attempt to find the rightful owner is by the company. A notice is mailed to the owner of unclaimed funds at the owner's last known address.

Once the company reports the owner's account to the State of Ohio, the Division of Unclaimed Funds attempts to search for the owner.

The names of the owners with \$50.00 or more of unclaimed funds are published in local newspapers of all counties in the State of Ohio. Numerous other outreach activities are conducted by the Division. The unclaimed funds database can be accessed on-line at: [www.missingmoney.com](http://www.missingmoney.com)

The State of Ohio serves as custodian for these funds until they are properly claimed.

### CAN UNCLAIMED FUNDS BE REPORTED EARLY?

Yes, section 169.11 O.R.C. allows for the early reporting of funds. The company must comply with the due diligence mailing requirement and reporting requirements of section 169.03 O.R.C., see page 6(III) and 6(IV) of this booklet for further information regarding these requirements.

## WEBSITE RESOURCES

### WEBSITE ADDRESS: [www.com.ohio.gov/unfd](http://www.com.ohio.gov/unfd)

You may access the Ohio Division of Unclaimed Funds website at [www.com.ohio.gov/unfd](http://www.com.ohio.gov/unfd). It is a valuable source of information about reporting requirements and claiming unclaimed funds. The following is a list of resources available from the Division's website.

### CHAPTER 169, O.R.C., THE OHIO UNCLAIMED FUNDS LAW

A current version of **Chapter 169 O.R.C.**, the Ohio Unclaimed Funds Law can be accessed under *Resources* on the left hand side of the page by clicking on the *Laws, Rules & Guidelines* icon. You will see a listing of code sections. Click on the **Chapter 169 O.R.C.** section under *Rule* to view it or on the *Ohio Revised Code* icon to access **Anderson's On-line Ohio Documents**. You can then reference a copy of **Chapter 169, O.R.C., the Unclaimed Funds Law** under **Title I State Government**.

### ON-LINE TREASURE HUNT: [www.missingmoney.com](http://www.missingmoney.com)

The on-line *Treasure Hunt* at [www.missingmoney.com](http://www.missingmoney.com) allows individuals and businesses to research their names for unclaimed funds held by the State of Ohio, and other states. If you identify unclaimed funds that may belong to you or a relative you may print out a claim form from the website, or have one mailed to you.

### ANNUAL REPORT OF UNCLAIMED FUNDS FORMS BOOKLET

In the right hand column under *How Do I...* click on the *Report Unclaimed Funds?* the click on the *Annual Report of Unclaimed Funds Forms, Instructions & Information*. Your *Adobe Acrobat Reader* will open the booklet for viewing and printing. You may then save the file to your harddrive for future reference.

You can send a blank email to [unfdformsrequest@com.state.oh.us](mailto:unfdformsrequest@com.state.oh.us) to have an electronic version of the *Annual Report of Unclaimed Funds Forms Instructions & Information* booklet emailed to you or call the forms request line at (614)728-9605 to have a copy mailed to you.

### ELECTRONIC REPORTING APPLICATION AND INFORMATION

#### **Reporting Media Accepted: 1.44Mb Diskette or CD-Rom**

Companies that would like to file their Annual Report of Unclaimed Funds electronically have two options. First, the *HRS Pro-Holder Reporting System* is a user-friendly *Windows* based application that will run on a personal computer. Second, to accommodate companies with a mainframe system, and those using a third party vendor to file their Annual Report of Unclaimed Funds, the State accepts reports submitted in *NAUPA Standard Electronic File Format*.

Please see the detailed instructions for obtaining the *HRS Pro* software, *HRS Pro How To and User's Guides* or *NAUPA Standard File Format* on page one (1) of this booklet. If you would like to have the *HRS Pro* software or any of the above described information mailed, or sent to you via email please call (614) 644-7281, fax your request to (614)728-9769, or write to the Compliance Section, Ohio Division of Unclaimed Funds, 77 S. High St., 20th Floor, Columbus, Ohio 43215-6108.

### On-Line Filing & ACH Transfer of Funds Due through the Ohio Business Gateway

Companies may now report unclaimed funds on-line through the Ohio Business Gateway (OBG) by uploading a NAUPA electronic reporting file and paying the balance due to the State via ACH Transfer. To report your company's unclaimed funds on-line or file a Negative (NONE) report login to the OBG at [www.business.ohio.gov](http://www.business.ohio.gov) or through the link on the Division's website. On-line help & support, tutorials and telephone support are available from the OBG website.

# OHIO DIVISION OF UNCLAIMED FUNDS

77 S. High St., 20th Floor Columbus, OH 43215-6108, (877) 644-6823, FAX (614) 728-9769 Federal Tax ID# 31-1409347

**John R. Kasich**

*Governor*

**David Goodman**

*Director*

## Application for Automatic Extension of Time To File the Annual Report of Unclaimed Funds

Company Information																							
Holder Name		FEIN OR SSN																					
Address		Contact Phone Number																					
City, State, Zip Code		Contact email Address																					
Name of Contact Person		State of Inc. / Organization																					
Contact Person Title		Report Year																					
<p>I request an automatic extension of:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Extension</th> <th style="width: 25%;">All Holders Except Life Insurance Co.'s</th> <th style="width: 25%;">Life Insurance Co.'s</th> <th style="width: 25%;"></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> 30 DAYS UNTIL</td> <td>December 1st</td> <td>June 1st</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 60 DAYS UNTIL</td> <td>January 1st</td> <td>July 1st</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 90 DAYS UNTIL</td> <td>February 1st</td> <td>August 1st</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 120 DAYS UNTIL</td> <td>March 1st</td> <td>September 1st</td> <td></td> </tr> </tbody> </table> <p>from the original due date of November 1 (May 1 for Life Ins. Co.'s) to file the Annual Report of Unclaimed Funds for the company identified above.</p>				Extension	All Holders Except Life Insurance Co.'s	Life Insurance Co.'s		<input type="checkbox"/> 30 DAYS UNTIL	December 1st	June 1st		<input type="checkbox"/> 60 DAYS UNTIL	January 1st	July 1st		<input type="checkbox"/> 90 DAYS UNTIL	February 1st	August 1st		<input type="checkbox"/> 120 DAYS UNTIL	March 1st	September 1st	
Extension	All Holders Except Life Insurance Co.'s	Life Insurance Co.'s																					
<input type="checkbox"/> 30 DAYS UNTIL	December 1st	June 1st																					
<input type="checkbox"/> 60 DAYS UNTIL	January 1st	July 1st																					
<input type="checkbox"/> 90 DAYS UNTIL	February 1st	August 1st																					
<input type="checkbox"/> 120 DAYS UNTIL	March 1st	September 1st																					
Signature		Title or Agent Relationship																					
Print Name		Date																					
<p><b>INSTRUCTIONS:</b> Use this Application to obtain an automatic extension of time to file your Annual Report of Unclaimed Funds beyond November 1 (May 1 for Life Insurance Companies). Please include your company's Federal Tax ID (FEIN). Specify how long an extension is needed by placing a check mark in one of the boxes indicating the extended due date. The Application will not be accepted without a signature and a FEIN. <b>Mail the Application to the Ohio Division of Unclaimed Funds, 77 S. High St., 20th Floor, Columbus, OH 43215-6108 or fax it to (614) 728-9769. THE EXTENSION IS AUTOMATIC UPON FILING THIS FORM, NO CONFIRMATION WILL BE SENT.</b></p>																							

**OUF-1 Unclaimed Funds Reporting Form  
INSTRUCTIONS**

**PURPOSE:** This form provides information about the company reporting unclaimed funds. **THE OUF-1 IS ALSO USED TO FILE A NEGATIVE REPORT OF UNCLAIMED FUNDS.**

**MAILING LABEL:** Remove the mailing label from the front of the **Important Information for Unclaimed Funds Filers postcard** that was sent to you and affix in the upper left hand box as indicated. If there are any changes, do not use the mailing label. Please enter the company's name and address information, FEIN, contact person, contact phone number, contact fax number, state of incorporation and year incorporated in the space provided. The contact person should be the individual who would be able to answer any questions concerning the report.

**IF YOU DO NOT HAVE A MAILING LABEL:** Please enter the company's name and address information, FEIN or SSN, contact person, contact phone number, contact fax number, state of incorporation and year incorporated in the space provided. The contact person should be the individual who would be able to answer any questions concerning the report.

**REPORT YEAR:** For all entities, except Life Insurance companies, the Report Year for unclaimed funds reports due by November 1st is the four (4) digit calendar year of the preceding June 30th cut-off used to identify dormant accounts. For Life Insurance companies the Report Year for unclaimed funds reports due by May 1st is the four (4) digit calendar year of the preceding December 31st cut-off used to identify dormant accounts.

**DOES THE COMPANY LISTED HAVE UNCLAIMED FUNDS TO REPORT?** - Check either NO or YES and follow the filing instructions.

**VERIFICATION:** The report Verification on the OUF-1 Unclaimed Funds Reporting Form must be signed by the Holder, an Officer of the Holder or a duly authorized Agent for the report to be valid. Unclaimed funds reports will not be accepted without proper Holder signature and FEIN or SSN.

**AUTOMATIC EXTENSION:** To obtain an automatic extension of time to file your Annual Report of Unclaimed Funds beyond November 1 (May 1 for Life Insurance Companies) complete the Application for Automatic Extension to File the Annual Report of Unclaimed Funds.

# OHIO DIVISION OF UNCLAIMED FUNDS

77 S. High St., 20th Floor Columbus, OH 43215-6108, (877) 644-6823, FAX (614) 728-9769 Federal Tax ID# 31-1409347

**John R. Kasich**

*Governor*

**David Goodman**

*Director*

## OUF-1 UNCLAIMED FUNDS REPORTING FORM

Apply Mailing Label Below Or Enter Current Information		Please Provide
Company Name		FEIN or SSN
Address		Contact Phone Number
City, State, Zip Code		Contact Email Address
Name of Contact Person		State of Inc. / Organization
Contact Person Title		Year Inc. / Organized
<input type="checkbox"/>	Check if Information has Changed from Last Filing Date	Report Year
<input type="checkbox"/>	Check for Final Report: Company is Out of Business	Must include a letter of explanation and / or documentation to be valid
<p>The Ohio Division of Unclaimed Funds encourages companies file their Annual Report of Unclaimed Funds through the Ohio Business Gateway at <a href="http://www.business.ohio.gov">www.business.ohio.gov</a>  <b>See pages 7 for additional information.</b>                      The forms booklet is available at <a href="http://www.com.ohio.gov/unfd">www.com.ohio.gov/unfd</a></p>		
<p><b>Does the Company listed above have unclaimed funds to report?</b></p> <p><input type="checkbox"/> <b>NO</b> If NO, sign the report Verification below and either mail your Negative Report to the address listed below or fax it to (614) 728-9769. Negative Reports submitted without an FEIN and Signed Verification will not be accepted.</p> <p><input type="checkbox"/> <b>YES</b> If YES, complete the reverse side of Form OUF-1, sign the report Verification and mail your report, remittance check, securities and safe deposit</p>		
<b>Verification</b>		
<p>Being first duly sworn the undersigned certifies they are the Holder or an Officer of the Holder or an Agent duly authorized to sign this report and to the best of their knowledge and belief the foregoing report and supporting records, is a true and complete report of all unclaimed funds required to be reported to the State of Ohio, inclusive of interest and dividends thereon in accordance with Chapter 169 of the Revised Code, and the required notices have been sent to owners and beneficiaries of record.</p>		
Signature		Title or Agent Relationship
Print Name		Date
<p><b>MAIL THE REPORT, REMITTANCE CHECK, SECURITIES AND SAFE DEPOSIT BOX CONTENTS TO:</b>  <b>OHIO DIVISION OF UNCLAIMED FUNDS</b>  <b>77 SOUTH HIGH STREET, 20TH FLOOR</b>  <b>COLUMBUS, OHIO 43215-6108</b></p>		
<b>For Division Use Only</b>		
		Check No
		Check Amt
		Receipt ID



## OUF-2 List of Owners of Unclaimed Funds INSTRUCTIONS Page 1 of 3

**PURPOSE:** This form is used to report the cash value of unclaimed accounts. Use form OUF-4 to report shares of stock, bonds or debentures in certificate form and related cash such as dividends or interest.

**PAGE NUMBER:** Form OUF-2 pages should be numbered consecutively (Example: Page 1 of 24) at the top, right hand corner of the form.

**AGGREGATE AMOUNT: ALL ACCOUNTS LESS THAN \$50.00 MUST BE REPORTED AS AN AGGREGATE TOTAL.** Enter the total number of items and amount being remitted (Example: 20 items less than \$50.00 totaling \$964.50) on the first line, first page of the OUF-2 form. You must maintain a list of the accounts and balances that make up the aggregate total in your annual reporting file to provide verification of the report year and the amount remitted if the owner makes a claim.

**ACCOUNTS WITH AN UNKNOWN OWNER AND/OR ADDRESS:** Please list account number, amount and date of last transaction for accounts with a balance of \$50.00 or more with an unknown name and address. Please list the owner's name, account number, amount and the date last active for accounts with a balance of \$50.00 or more with an unknown address.

**DESCRIPTION:** You may enter a description or note up to fifty (50) characters in this field for the unclaimed account.

**ACCOUNT NO.:** Enter an identifying number for the unclaimed funds submitted, such as the account number, check number, certificate number or insurance policy number.

**NATURE OF FUNDS CODE:** Enter the Nature of Funds Code corresponding to the description of funds. The Nature of Funds Codes and descriptions are listed on page 26 of this booklet.

**AMOUNT REMITTED:** The unclaimed amount includes accrued interest, dividends, payment of principal or other sum held or owed to the owner, less any lawful claims. A lawful claim may be defined as any reasonable charge applied to an account, authorized by federal and state statutes or administrative rules. Also, a valid contract must exist between the owner of the funds and the holder of the funds, the terms of which the owner has full knowledge and to which they consent prior to imposition of the charge.

**DATE LAST ACTIVE:** The date last active is the date the funds became payable, demandable, returnable or the date of the **last owner generated transaction** on the account. The issue date for checks and drafts is the date last active. The date of last deposit or withdrawal could be the date last active for savings or checking accounts at a financial institution. The date of computer conversion, the crediting of interest or dividends or other transaction automatically generated by the holder is **NOT** the date last active.

**LAST NAME OR BUSINESS NAME:** Enter the owner's last name or if a business list the corporation, partnership, association or trade name exactly as it appears on the unclaimed account for each account with a balance of \$50.00 or more.

**FIRST NAME:** Enter the owner's first name for each unclaimed account with a balance of \$50.00 or more.

**INITIAL:** Enter the owner's middle initial for each unclaimed account with a balance of \$50.00 or more.

**STREET ADDRESS: Report the last known address of the owner, beneficiary, payee, or trustee as shown by your records, even though mail has been returned from such address.** If the address is unknown, insert "Unknown".

Some companies mistakenly believe that if their records do not reflect the owner's current address then this field should contain "Unknown". **This field should contain the last known address as reflected by the company's records.**

**STREET ADDRESS:** This second address line may be used as needed. See the instructions above.

**CITY:** Enter the city for the owner's last known address. **DO NOT** abbreviate city names.

**STATE:** Enter the state for the owner's last known address. Use standard Post Office abbreviations for state.

**ZIPCODE:** Enter the zipcode for the owner's last known address.

***SOCIAL SECURITY NUMBER OR FEDERAL ID NUMBER: Other than the owner's name, the most important information that you can furnish is the owner's Social Security Number (SSN) or Federal Tax Identification Number (FEIN). This greatly assists the Division in its owner location activities and in the correct payment of claims.***

**The Division will hold all Social Security Numbers in strictest confidence. They will be disclosed only to those State of Ohio employees involved with the identification of owners and payment of claims.**

**RELATIONSHIP CODE:** Enter the appropriate Relationship Code which best describes the **owner's relationship to the funds**. There are examples of owner records for most relationships with explanations on page 16-17. The Relationship Codes with descriptions and the Requirements for Reporting Joint Account Information are listed on pages 27-28 of this booklet.

**PAGE TOTAL:** Enter the sum of the "Amount Remitted" for the accounts on the page.

**REPORT TOTAL:** Enter the sum of the "Amount Remitted" for all accounts reported on the last page of the report, and on line 1 on the back of the OUF-1 form.

## OUF-2 List of Owners of Unclaimed Funds INSTRUCTIONS-Page 2 of 3

EXAMPLES OF OWNER RECORDS FOR UNCLAIMED FUNDS DUE													
Example	Account Number	Nature of Funds Code	Amount Remitted	Last Name or Business Name	First Name	Initial	Street Address	Street Address	City	State	Zipcode	Social Security # or FEIN	Relationship Code
#1		CK99	\$115.00	Aggregate									
#2	35687	CK07	\$3,536.00	Unknown			Unknown						
#3	875-01	AC03	\$15,906.78	Ryan	William	B	Unknown						SO
#4	8587	MS19	\$78.95	ling Station T			425 Northwest St		Celina	OH		34-8974536	SO
#5	923456	AC01	\$10,456.35	Smith	Jill	A	129 Red Rd		Akron	OH	44320	343-55-6646	SO
#6	978	AC02	\$250.00	Jones	John	G	23 Park Pl		Columbus	OH	43215	126-99-8877	JY
	978	AC02	\$0.00	Jones	Sally		23 Park Pl		Columbus	OH	43215	127-55-6543	JY
#7	432196	SC03	\$800.00	Brown	Sarah		5675 Clark St		Dayton	OH	45309	315-69-2741	TI
	432196	SC03	\$0.00	Brown	Jim	B	42 E. Second St		Dayron	OH	45309	237-29-4378	TI
#8	5647213	MI50	\$56.29	Case	Thomas	K	10187 Crater Dr		Youngstown	OH	44512	451-72-9216	TI
	5647213	MI50	\$0.00	Case	Roberta	C	10187 Crater Dr		Youngstown	OH	44512	896-45-1237	TI
#9	4397	IN01	\$5,000.00	Jones	Nancy		493 Fifth Ave		Columbus	OH	43215	432-55-1739	BF
	4397	IN01	\$0.00	Smith	John		153 N. 3rd St		Columbus	OH	43215	432-55-1739	IN
#10	285746	TR03	\$2,750.00	McScott	Judy		423 E. 22nd St		Middletown	OH	45042	278-43-2169	BF
	285746	TR03	\$0.00	Holworth	Marva		326 Maytown Rd		Columbus	OH	43229	859-46-2187	E
	285746	TR03	\$0.00	Veley	John	X	C/O Brunswick & Mailer LLP	427 N. High St.	Worthington	OH	43228		AF
#11	45-25867	IN01	\$25,000.00	Mathers	Scott		65 S. Oak St		Perrysburg	OH	43228	846-75-3924	BF
	45-25867	IN01	\$0.00	Mathers	Jennifer		715 Danninger Apt #11		New Bremen	OH	43276	243-45-2157	CF

### EXPLANATION OF OWNER RECORD EXAMPLES

- Example 1 AGGREGATE RECORD:** 23 checks less than \$50.00 totaling \$115.00 are reported in the aggregate in this example. All unclaimed accounts less than \$50.00 are reported as an aggregate total by Nature of Fund Code.
- Example 2 UNKNOWN OWNER:** Money order #35687 for \$3,536.00, the owner's name and address are unknown. Please list account #, amount and date of last transaction for accounts with unknown name and address that have a balance greater than \$50.00.
- Example 3 UNKNOWN ADDRESS:** William B. Ryan is the only known owner of Certificate of Deposit #875-01 for \$15,906.78. His address is unknown. The Relationship Code for a single owner account is "SO" - Sole Owner.
- Example 4 BUSINESS OWNER:** The name of the corporation, partnership, association or trade name should be listed exactly as it was on the account that is being reported. The Relationship Code for a single owner account is "SO" - Sole Owner.
- Example 5 SINGLE OWNER:** Jill A. Smith is the only known owner of checking account number 923456 for \$10,456.35. The Relationship Code for a single owner account is "SO" - Sole Owner.
- Example 6 JOINT OWNER w/ OR RELATIONSHIP AND RIGHT OF SURVIVORSHIP:** John G. **OR** Sally Jones are the joint owners of a \$250.00 savings account. Because of the "OR" relationship between the owners, either owner is entitled to claim the entire amount of the unclaimed funds.

The holder has account documentation that states that **each owner has the Right of Survivorship** therefore, the surviving owner is entitled to claim the entire balance of the account if the other has died. With the "OR" relationship and **Right of Survivorship** both owners would be coded "JY".

## OUF-2 List of Owners of Unclaimed Funds INSTRUCTIONS-Page 3 of 3

- Example 7 JOINT OWNER w/ AND RELATIONSHIP & NO RIGHT OF SURVIVORSHIP:** Sarah Brown AND Jim B. Brown as the joint owners of the \$800.00 of bond principle. Because of the “AND” relationship between the owners both owners must present a claim in order to claim the unclaimed funds.
- The holder has account documentation that states that there is **NO Right of Survivorship** for the surviving owner, therefore, the surviving owner is entitled one-half of the balance of the account if the other has died. The deceased owner’s estate would be entitled to the other half of the account. With the “ AND” relation and **NO Right of Survivorship** both owners would be coded “**TI**”.
- Example 8 JOINT OWNER w/ UNKNOWN RELATIONSHIP & UNKNOWN RIGHT OF SURVIVORSHIP:** Thomas K. Case AND/OR Roberta C. Case are the joint owners of \$56.29 of mineral proceeds. The relationship of the owners to the account is **UNKNOWN** and there is **no documentation of the Right of Survivorship**. If no information is evident of the relationship of the owners then an “AND” relationship is assumed. Based on the Ohio Supreme Court decision Wright v. Bloom 69 Ohio St. 3d 596 (1994) if no information is evident of the existence of the Right of Survivorship then it is assumed that it does not exist. With an **UNKNOWN** relationship and **UNKNOWN Right of Survivorship** both owners would be coded “**TI**”.
- Example 9 MULTIPLE RELATIONSHIP - INSURED & BENEFICIARY:** Nancy Jones is the beneficiary of the \$5,000.00 insurance policy of John Smith. Since Nancy Jones is the beneficiary of the \$5,000.00, this amount is listed on the line with her name. She would be assigned a “**BF**” (Beneficiary) relationship code. The insured party John Smith is then listed on a separate line with a \$0.00 amount reported. He would be assigned a “**IN**” (Insured) relationship code.
- Example 10 MULTIPLE RELATIONSHIP - HEIR, ESTATE OF & ATTORNEY FOR:** Judy McScott is the heir to \$2,750.00 from the Estate of Marva Holworth. The attorney for the estate is John X. Veley. Since Judy McScott is the heir to the \$2,750.00, this amount is listed on the line with her name. She would be assigned an “**BF**” (Beneficiary) relationship code. The funds are payable from the Estate of Marva Holworth which is listed on a separate line with a \$ 0.00 amount reported. The estate would be assigned an “**E**” (Estate of) relationship code. Finally, as attorney for the estate John X. Veley would be listed on a third line with a \$0.00 amount reported. He would be assigned a “**AF**” (Attorney for) relationship code.
- Example 11 MULTIPLE RELATIONSHIP - BENEFICIARY & CUSTODIAN/ GUARDIAN:** Scott Mathers is the beneficiary of a \$25,000.00 individual life insurance policy benefit. Jennifer Mathers is his Custodian/ Guardian. Since Scott Mather is the beneficiary of the \$25,000.00 this amount is listed on the line with his name. He would be assigned a “**BF**” (Beneficiary) relationship code. Jennifer Mathers as his Custodian/ Guardian would be listed on a separate line with a \$ 0.00 amount reported. She would be assigned a “**CF**” (Custodian for) relationship code.
- Note:** See page 27-28 for further explanation and table that will help you select the proper Relationship Code for joint owners and accounts with multiple relationships. Account documentation that identifies owner relationships should be retained with your annual reporting records.

### HOLDER GENERATED REPORTING FORMS

The Ohio Division of Unclaimed Funds will accept computer generated reporting forms, as long as the owner and account information required by statute is provided in the order listed on page one (1) of the instructions for the OUF-2 List of Owners of Unclaimed Funds. Please submit reports on 8 1/2” X 11” white paper and use the largest possible font size when printing reports to be substituted for the OUF-2 as they are manually entered into our data processing system.

**OHIO DIVISION OF UNCLAIMED FUNDS**

**OUF-2 LIST OF OWNERS OF UNCLAIMED FUNDS**

Please Type or Print LEGIBLY

Applicable accounts less than \$50.00 must be reported as an **AGGREGATE** total

**Joint Accounts or Accounts with Multiple Relationships:** Use two (2) or more account information blocks to list the owner information for these types of accounts. **Enter duplicate account information of the owners related to the accounts.** Enter the **Amount Remitted** for the first owner record only, enter \$0.00 for the **Amount Remitted** for additional related records. **See pages 16-17 for examples.**

COMPANY NAME		FEIN OR SSN		REPORT YEAR
1	DESCRIPTION:			Deducted: \$
	ACCOUNT NO.:	DATE OF BIRTH	SSN OR FEIN	Deduct Certified Mail Fee for accounts \$1000 or more ONLY
	NATURE OF FUNDS:	LASTNAME OR BUSINESS NAME	FIRST NAME	INITIAL
	AMOUNT REMITTED	STREET ADDRESS:		
	DATE LAST ACTIVE	CITY	STATE	ZIPCODE
				RELATIONSHIP CODE <input type="text"/> See page 27-28
2	DESCRIPTION:			Deducted: \$
	ACCOUNT NO.:	DATE OF BIRTH	SSN OR FEIN	Deduct Certified Mail Fee for accounts \$1000 or more ONLY
	NATURE OF FUNDS:	LASTNAME OR BUSINESS NAME	FIRST NAME	INITIAL
	AMOUNT REMITTED	STREET ADDRESS:		
	DATE LAST ACTIVE	CITY	STATE	ZIPCODE
				RELATIONSHIP CODE <input type="text"/> See page 27-28
3	DESCRIPTION:			Deducted: \$
	ACCOUNT NO.:	DATE OF BIRTH	SSN OR FEIN	Deduct Certified Mail Fee for accounts \$1000 or more ONLY
	NATURE OF FUNDS:	LASTNAME OR BUSINESS NAME	FIRST NAME	INITIAL
	AMOUNT REMITTED	STREET ADDRESS:		
	DATE LAST ACTIVE	CITY	STATE	ZIPCODE
				RELATIONSHIP CODE <input type="text"/> See page 27-28
4	DESCRIPTION:			Deducted: \$
	ACCOUNT NO.:	DATE OF BIRTH	SSN OR FEIN	Deduct Certified Mail Fee for accounts \$1000 or more ONLY
	NATURE OF FUNDS:	LASTNAME OR BUSINESS NAME	FIRST NAME	INITIAL
	AMOUNT REMITTED	STREET ADDRESS:		
	DATE LAST ACTIVE	CITY	STATE	ZIPCODE
				RELATIONSHIP CODE <input type="text"/> See page 27-28
5	DESCRIPTION:			Deducted: \$
	ACCOUNT NO.:	DATE OF BIRTH	SSN OR FEIN	Deduct Certified Mail Fee for accounts \$1000 or more ONLY
	NATURE OF FUNDS:	LASTNAME OR BUSINESS NAME	FIRST NAME	INITIAL
	AMOUNT REMITTED	STREET ADDRESS:		
	DATE LAST ACTIVE	CITY	STATE	ZIPCODE
				RELATIONSHIP CODE <input type="text"/> See page 27-28

PAGE TOTAL
REPORT TOTAL

**See page 2 for a current listing of accounts exempt from OH unclaimed funds reporting requirements.**

**\*IMPORTANT: Please include the owner's SSN or FEIN. It greatly assists them when claiming funds.**

**Certified Mailing Requirement:** Effective October 21, 2003 Holders are required to provide the mandatory notice of unclaimed funds to the owners of accounts with a value of \$1,000.00 or more by certified mail, return receipt requested. The Holder is authorized to charge up to \$20.00 against each account subject to the mailing to reimburse themselves for the certified mail cost. Enter the certified mailing fee in the **Deducted: \$** box, deduct it from the reportable cash account balance, enter the difference as the **Amount Remitted**.

## OUF-4 List of Owners of Unclaimed Stock & Other Securities INSTRUCTIONS

**PURPOSE:** This form is used to report unclaimed stock, bonds and other securities, and any interest or dividends associated with them. Attach reportable unclaimed securities to the OUF-4 form. Reportable unclaimed securities must be canceled and reregistered in the name of the Ohio Department of Commerce, Division of Unclaimed Funds. Remit one certificate for each issue. Use the OUF-2 List of Owners of Unclaimed Funds to report the cash value of securities unclaimed from cash for stock acquisitions or mergers. Unclaimed securities from safe deposit boxes or other safekeeping repositories are reported on the OUF-5 List of Owners of Contents of Safe Deposit Boxes or Other Safekeeping Repositories as found.

**The Federal Tax Identification Number is 31-1409347, Ohio Department of Commerce, Division of Unclaimed Funds-MIF.**

**PAGE NUMBER:** Form OUF-4 pages should be numbered consecutively (Example: page 1 of 24; 2 of 24) at the top, right-hand corner

**ACCOUNTS WITH AN UNKNOWN OWNER AND/OR ADDRESS:** Please list account number, amount and date of last transaction for accounts with an unknown name and address. Please supply the owner's name, account number, amount and date last active for accounts with an unknown address.

**ISSUE NAME:** List the name of the company which issued the securities.

**DESCRIPTION:** You may enter a description or note up to fifty (50) characters in this field for the unclaimed account.

**ACCOUNT NO.:** Enter the shareholder identification number for the unclaimed account submitted.

**NATURE OF FUNDS CODE:** Enter the Nature of Funds Code corresponding to the description of funds. The Nature of Funds Codes and descriptions are listed on page 26 of this booklet.

**RELATED CASH REMITTED:** The related cash remitted includes accrued interest, dividends, payment of principal or other sum held or owed to the owner less any lawful claims. A lawful claim may be defined as any reasonable charge applied to an account that is authorized by federal and state statutes or administrative rules. Also, a valid contract must exist between the owner of the funds and the holder of the funds, the terms of which the owner has full knowledge and to which they consent prior to imposition of the charge.

**DATE LAST ACTIVE:** The date last active is the date the funds became payable, demandable, returnable or the date of the **owner generated transaction** on the account. The issue date for checks and drafts is the date last active. The date of last deposit or withdrawal could be the date last active for savings or checking accounts at a financial institution. The date of computer conversion, the crediting of interest or dividends or other transaction automatically generated by the holder is not the date last active.

**LAST NAME OR BUSINESS NAME:** Enter the owner's last name or if a business list the corporation, partnership, association or trade name exactly as it appears on the unclaimed account.

**FIRST NAME:** Enter the owner's first name for each unclaimed account.

**INITIAL:** Enter the owner's middle initial for each unclaimed account.

**STREET ADDRESS:** **Report the last known address of the owner, beneficiary, payee, or trustee as shown by your records, even though mail has been returned from such address.** If the address is unknown, insert "Unknown".

Some companies mistakenly believe that if their records do not reflect the owner's current address then this field should contain "Unknown". **This field should contain the last known address as reflected by the company's records.**

**STREET ADDRESS:** This second address line may be used as needed. See the instructions above.

**CITY:** Enter the city for the owner's last known address. **DO NOT** abbreviate city names.

**STATE:** Enter the state for the owner's last known address. Use standard Post Office abbreviations for state.

**ZIPCODE:** Enter the zipcode for the owner's last known address.

**SOCIAL SECURITY NUMBER OR FEDERAL ID NUMBER:** Other than the owner's name, **the most important information that you can furnish is the owner's Social Security Number (SSN) or Federal Tax Identification Number (FEIN).** This greatly assists the Division in its owner location activities and in the correct payment of claims. All SSN and FEIN information should contain nine numbers with no alpha characters. The Division will hold all Social Security Numbers in strictest confidence. They will be disclosed only to those State of Ohio employees involved with the identification of owners and payment of claims.

**NO. OF SHARES:** Enter the number of unclaimed shares remitted for the owner.

**RELATIONSHIP CODE:** Enter the appropriate Relationship Code which best describes the **owner's relationship to the funds.** There are examples of owner records for most relationships with explanations on pages 16-17. The Relationship Codes with descriptions and the Requirements for Reporting Joint Account Information are listed on pages 27-28 of this booklet.

**PAGE TOTAL & PAGE TOTAL SHARES:** Enter the sum of the Related Cash Remitted & No. of Shares for the accounts on the page.

**REPORT TOTAL & REPORT TOTAL SHARES:** Enter the sum of the Related Cash Remitted & No. of Shares for all accounts reported on the last page of the report. Enter the sum of the Amount Remitted and Related Cash Remitted for all accounts from the OUF-2 and OUF-4 on line 1 on the back of the OUF-1 Annual Report of Unclaimed Funds form.

**OUF-4 LIST OF OWNERS OF UNCLAIMED STOCK & OTHER SECURITIES**

**Joint Accounts or Accounts with Multiple Relationships:** Use two (2) or more account information blocks to list the owner information for these types of accounts. **Enter duplicate account number information for the owners related to the account.** Enter the **No. of Shares and Related Cash Remitted** for the first owner record only, enter zero (0) shares and zero (\$0.00) dollars for additional related records. **See pages 16-17 for examples.**

COMPANY NAME	FEIN OR SSN	REPORT YEAR			
<b>1</b>	DESCRIPTION OR NOTE				
	ACCOUNT NO.:	SSN OR FEIN	DATE OF BIRTH	Deducted: \$	
	NO. OF SHARES	ISSUE NAME		Deduct Certified Mail Fee for accounts \$1000 or more ONLY	
	NATURE OF FUNDS:	LASTNAME OR BUSINESS NAME	FIRST NAME	INITIAL	RELATIONSHIP CODE <input style="width:50px; height:20px;" type="text"/> See page 27-28
	RELATED CASH REMITTED	STREET ADDRESS:			
	DATE LAST ACTIVE	CITY	STATE	ZIPCODE	
<b>2</b>	DESCRIPTION OR NOTE				
	ACCOUNT NO.:	SSN OR FEIN	DATE OF BIRTH	Deducted: \$	
	NO. OF SHARES	ISSUE NAME		Deduct Certified Mail Fee for accounts \$1000 or more ONLY	
	NATURE OF FUNDS:	LASTNAME OR BUSINESS NAME	FIRST NAME	INITIAL	RELATIONSHIP CODE <input style="width:50px; height:20px;" type="text"/> See page 27-28
	RELATED CASH REMITTED	STREET ADDRESS:			
	DATE LAST ACTIVE	CITY	STATE	ZIPCODE	
<b>3</b>	DESCRIPTION OR NOTE				
	ACCOUNT NO.:	SSN OR FEIN	DATE OF BIRTH	Deducted: \$	
	NO. OF SHARES	ISSUE NAME		Deduct Certified Mail Fee for accounts \$1000 or more ONLY	
	NATURE OF FUNDS:	LASTNAME OR BUSINESS NAME	FIRST NAME	INITIAL	RELATIONSHIP CODE <input style="width:50px; height:20px;" type="text"/> See page 27-28
	RELATED CASH REMITTED	STREET ADDRESS:			
	DATE LAST ACTIVE	CITY	STATE	ZIPCODE	
<b>4</b>	DESCRIPTION OR NOTE				
	ACCOUNT NO.:	SSN OR FEIN	DATE OF BIRTH	Deducted: \$	
	NO. OF SHARES	ISSUE NAME		Deduct Certified Mail Fee for accounts \$1000 or more ONLY	
	NATURE OF FUNDS:	LASTNAME OR BUSINESS NAME	FIRST NAME	INITIAL	RELATIONSHIP CODE <input style="width:50px; height:20px;" type="text"/> See page 27-28
	RELATED CASH REMITTED	STREET ADDRESS:			
	DATE LAST ACTIVE	CITY	STATE	ZIPCODE	
<b>5</b>	DESCRIPTION OR NOTE				
	ACCOUNT NO.:	SSN OR FEIN	DATE OF BIRTH	Deducted: \$	
	NO. OF SHARES	ISSUE NAME		Deduct Certified Mail Fee for accounts \$1000 or more ONLY	
	NATURE OF FUNDS:	LASTNAME OR BUSINESS NAME	FIRST NAME	INITIAL	RELATIONSHIP CODE <input style="width:50px; height:20px;" type="text"/> See page 27-28
	RELATED CASH REMITTED	STREET ADDRESS:			
	DATE LAST ACTIVE	CITY	STATE	ZIPCODE	
PAGE TOTAL \$		PAGE TOTAL SHARES			
REPORT TOTAL \$		REPORT TOTAL SHARES			

**Certified Mailing Requirement:** Effective October 21, 2003 Holders are required to provide the mandatory notice of unclaimed funds to the owners of accounts with a value of \$1,000.00 or more by certified mail, return receipt requested. The Holder is authorized to charge up to \$20.00 against each account subject to the mailing to reimburse themselves for the certified mail cost. Enter the certified mailing fee in the **Deducted: \$** box, deduct it from the reportable cash account balance, enter the difference as the **Related Cash Remitted**.

## OUF-5 List of Owners of Safe Deposit Box Contents and Safekeeping INSTRUCTIONS

**PURPOSE:** This form is used to report unclaimed intangible property such as coins, currency, stamps, stocks and bonds from safe deposit boxes or other safekeeping repository. **DO NOT SEND TANGIBLE ITEMS SUCH AS LEGAL DOCUMENTS, PHOTOGRAPHS, PASSPORTS, JEWELRY OR PRECIOUS STONES.** Do not send a check in place of actual coins and currency, unless the unclaimed items have been sold and the proceeds exceed any lawful claims of the holder. If contents are liquidated, remit the funds using the OUF-2 form and identify as Nature of Funds Code SD06, Funds from Sale of Safe Deposit Box Contents.

The Division suggests that you deliver safe deposit box contents or other reportable safekeeping items by courier service. If you choose U.S. Postal Service be sure to request return receipt to verify delivery.

**ACCOUNTS WITH AN UNKNOWN OWNER AND/OR ADDRESS:** Please list account number, amount and date of last transaction for accounts with unknown name and address. Please supply the owner's name, account number, amount and date last active for accounts with unknown address.

**SAFE DEPOSIT BOX NUMBER:** Enter the safe deposit box number, if available.

**LEASE EXPIRATION DATE:** Enter the date when the lease or rental period expired. Use the lease expiration as the date of last transaction to age safe deposit box contents for unclaimed funds reporting.

**DESCRIPTION:** You may enter a description or note up to fifty (50) characters in this field for the unclaimed account.

**SPACE IS PROVIDED FOR TWO (2) OWNERS TO ALLOW FOR JOINT ACCOUNTS AND MULTIPLE RELATIONSHIPS.** See pages 27-28 for a schedule of Relationship Codes with descriptions and Requirements for Reporting Joint Account Information.

**LAST NAME OR BUSINESS NAME:** Enter the owner's last name or if a business list the corporation, partnership, association or trade name exactly as it appears on the unclaimed account for each account.

**FIRST NAME:** Enter the owner's first name for each unclaimed account.

**INITIAL:** Enter the owner's middle initial for each unclaimed account.

**STREET ADDRESS:** **Report the last known address of the owner, beneficiary, payee, or trustee as shown by your records, even though mail has been returned from such address.** If the address is unknown, insert "Unknown".

Some companies mistakenly believe that if their records do not reflect the owner's current address then this field should contain "Unknown". **This field should contain the last known address as reflected by the company's records.**

**STREET ADDRESS:** This second address line may be used as needed. See the instructions above.

**CITY:** Enter the city for the owner's last known address. **DO NOT** abbreviate city names.

**STATE:** Enter the state for the owner's last known address. Use standard Post Office abbreviations for state.

**ZIPCODE:** Enter the zipcode for the owner's last known address.

**SOCIAL SECURITY NUMBER OR FEDERAL ID NUMBER:** Other than the owner's name, **the most important information that you can furnish is the owner's Social Security Number (SSN) or Federal Tax Identification Number (FEIN).** This greatly assists the Division in its owner location activities and in the correct payment of claims. All SSN and FEIN information should contain nine numbers with no alpha characters. The Division will hold all Social Security Numbers in strictest confidence. They will be disclosed only to those State of Ohio employees involved with the identification of owners and payment of claims.

**RELATIONSHIP CODE:** Enter the appropriate Relationship Code which best describes the **owner's relationship to the funds**. There are examples of owner records for most relationships with explanations on pages 16-17. The Relationship Codes with descriptions and the Requirements for Reporting Joint Account Information are listed on pages 27-28 of this booklet.

**Please group like items during the inventory process and provide the following for each item or group of items remitted as unclaimed:**

**NATURE OF FUNDS CODE:** Enter the Nature of Funds Code corresponding to the description of funds. The Nature of Funds Codes and descriptions are listed on page 26 of this booklet.

**NUMBER OF ITEMS:** Enter the number of items for this item or group of items remitted. Coins should be wrapped according to denomination or placed in appropriate containers.

**DESCRIPTION OF THE CONTENTS:** Enter a description that best describes the unclaimed safe deposit box contents remitted. If reporting stock include the registered owner's name, issuing company and number of shares.





## OUF-8 Notice of Unclaimed Funds INSTRUCTIONS

Companies are required to send an OUF-8 Notice of Unclaimed Funds, or a similar notice that meets statutory requirements, to the last known address of owner or beneficiary of dormant accounts with a balance of \$50.00 and less than \$1,000.00 via first class mail. *Also, Effective October 21, 2003 companies are required to provide the mandatory notice of unclaimed funds to the owner or beneficiary of accounts with a value of \$1,000.00 or more by certified mail, return receipt requested. The company is authorized to charge each account subject to the mailing up to \$20.00 to reimburse themselves for the certified mail cost.* Include a self-addressed, stamped, return envelope.

Allow a **minimum** of thirty (30) days for the owner or beneficiary to respond to the notice prior to reporting their funds as **unclaimed**. Accounts with a balance of \$50.00 or more with mail returned for bad address, and those whose owner or beneficiary do not respond, are reportable unclaimed funds. **No mailing is required to owners of dormant accounts less than \$50.00, however, applicable accounts would still be reportable unclaimed funds as an Aggregate total.**

### **REQUIREMENTS FOR HOLDER GENERATED NOTICES**

- Companies may devise their own notice of unclaimed funds. Company generated notices must meet the following requirements:
- Disclose the owner's account number or other identifying number.
- Describe the type of dormant account.
- Identify the amount of the dormant account.
- Disclose to the owner that after thirty (30) days the funds will be reported to the State as un-claimed. The owner must be given a minimum of thirty (30) days to respond to the notice prior to reporting their account to the State as unclaimed funds.
- The notice must require the owner to sign and return the form as acknowledgment of ownership, or reactivate the account, to prevent it from being reported as unclaimed funds.

# OUF-8 NOTICE OF UNCLAIMED FUNDS

OWNER INFORMATION	
OWNER NAME	DATE
STREET ADDRESS	
CITY, STATE, ZIPCODE	

According to our records, you appear to be the owner of funds or have an interest in the monies, rights to monies or intangible property represented by the item listed below. No transaction or other activity has been noted for a significant period of time. If you have an interest in these funds and wish to prevent such funds from being reported as Unclaimed Funds to the Director of Commerce, State of Ohio, pursuant to Chapter 169 of the Ohio Revised Code, please so indicate by signing below and returning this notice. A return envelope is enclosed for your convenience.

**If a response is not received within 30 days after the mailing of this notice, these funds will be reported as unclaimed funds and transferred to the Ohio Director of Commerce, to whom all further claims must be directed. This notice is pursuant to O.R.C. 169.03(D).**

ACCOUNT INFORMATION		
TYPE OF ACCOUNT	\$ AMOUNT	NO. OF SHARES OF STOCK
ACCOUNT NUMBER / CHECK NUMBER / CERTIFICATE NUMBER	ANY OTHER IDENTIFYING NUMBER	
<b>Include the following information if the account is a life insurance policy</b>		
POLICY NUMBER	NAME OF THE INSURED	
BENEFICIARY OR ANNUITANT		
<b>PLEASE SIGN BELOW TO ACKNOWLEDGE OWNERSHIP OF THE ABOVE DESCRIBED ACCOUNT</b>		
SIGNATURE	DATE	
PRINT NAME		
STREET ADDRESS		
CITY, STATE, ZIPCODE		
<b>RETURN THE SIGNED FORM IN THE ENVELOPE PROVIDED TO:</b>		
COMPANY NAME		
STREET ADDRESS		
CITY, STATE, ZIPCODE		



## RELATIONSHIP CODES

SINGLE AND MULTIPLE RELATIONSHIP CODES				JOINT RELATIONSHIP CODES	
<b>SO</b>	Sole Owner	<b>FB</b>	For Benefit Of	<b>JY</b>	Joint 'OR' account, with Right of Survivorship
<b>AD</b>	Administrator	<b>IN</b>	Insured	<b>JO</b>	Joint 'OR' account, NO Right of Survivorship
<b>AF</b>	Attorney For	<b>TE</b>	As Trustee For	<b>JO</b>	Joint 'OR' account, UNKNOWN Right of Survivorship
<b>AG</b>	Agent For	<b>EX</b>	Executor or Executrix	<b>TY</b>	Joint 'AND' account, with Right of Survivorship
<b>BF</b>	Beneficiary	<b>PA</b>	Payee	<b>TI</b>	Joint 'AND' account, NO Right of Survivorship
<b>CC</b>	Co-Conservator	<b>PO</b>	Power of Attorney	<b>TI</b>	Joint 'AND' account , UNKNOWN Right of Survivorship
<b>CF</b>	Custodian For	<b>RE</b>	Remitter	<b>TI</b>	Joint account, UNKNOWN relationship, UNKNOWN Right of Survivorship
<b>CN</b>	Conservator	<b>UG</b>	Uniform Gift to Minors Act (UGMA)		
<b>E</b>	Estate of	<b>GR</b>	Guardian For		

**NOTES:**

- (A) Each owner of a joint account receives the same code. Do not combine single and multiple relationship codes with joint relationship codes.
- (B) Please see page 28 for the Requirements for Reporting Joint Account Information.

### FINAL CHECKLIST BEFORE MAILING

- Did you furnish all identifying information for owner accounts, including the social security number, if available?
- Have all accounts been coded with Nature of Funds Codes? (See page 26)
- Have all accounts been coded with Relationship Codes? (See page 27-28)
- Did you make the check payable to the Ohio Department of Commerce, Division of Unclaimed Funds?
- Has a certificate for all unclaimed securities been issued to the Ohio Department of Commerce, Division of Unclaimed Funds? Securities from safe deposit boxes are reported “as is”.
- **AUTOMATIC FILING EXTENSION:** To obtain an automatic extension of time to file your Annual Report of Unclaimed Funds beyond November 1 (May 1 for Life Insurance Companies) complete the Application for Automatic Extension to File the Annual Report of Unclaimed Funds. Please include your company’s Federal Tax ID (FEIN). Specify how long an extension is needed by placing a check mark in one of the boxes indicating the extended due date. The Application will not be accepted without a signature and an FEIN. Mail the application to the Ohio Division of Unclaimed Funds, 77 S. High St., 20th Floor, Columbus, OH 43215-6108 or fax it to (614)728-9769. Please do not do both. Confirmation of receipt is not provided.
- **If you have any additional questions please call (614) 644-7281 or (614) 644-9586.**

## Requirements for Reporting Joint Account Information

When reporting an unclaimed account with joint owners it is necessary to determine the relationship between those owners and their Right of Survivorship. If no information is evident of the relationship of the owners, it is unknown if the joint account is a joint “AND” or a joint “OR” account, then an “AND” relationship is assumed. This means that all owners of the joint account must file a claim to receive their share of the unclaimed funds unless one of the owners has a release from the other owner, or the surviving owner has proof that the other joint owner is deceased, at which point the Right of Survivorship becomes an issue.

Based on the Ohio Supreme Court decision Wright v. Bloom 69 Ohio St. 3d 596 (1994), if no information is evident of the existence of the Right of Survivorship, then NO Right of Survivorship is assumed. This means that if a joint account is reported with unknown Right of Survivorship then it is assumed that it does **not** exist.

Please review unclaimed joint accounts for the “AND” or “OR” relationship of the owners and the existence of the Right of Survivorship. The following table will help to determine the proper Relationship Code for joint accounts.

### DETERMINING THE RELATIONSHIP CODE FOR A JOINT ACCOUNT

Relationship Code	Relationship of Owners	Right of Survivorship	Who may claim unclaimed funds and how much they are entitled to using the Wright v. Bloom guidelines.
JY	"OR"	YES	Due to the "OR" owner relationship either owner may assert a claim on the entire balance of unclaimed funds.  With Right of Survivorship the surviving owner is entitled to the entire balance of unclaimed funds.
JO	"OR"	NO	Due to the "OR" owner relationship either owner may assert a claim on the entire balance of unclaimed funds.  <b>With NO Right of Survivorship the surviving owner is entitled to one-half the unclaimed funds account balance. The deceased owner's estate would be entitled to the remaining half of the unclaimed funds.</b>
JO	"OR"	UNKNOWN	Due to the "OR" owner relationship either owner may assert a claim on the entire balance of unclaimed funds.  <b>With UNKNOWN Right of Survivorship assume there is No Right of Survivorship. The surviving owner is entitled to one-half the unclaimed funds account balance. The deceased owner's estate would be entitled to the remaining half of the unclaimed funds.</b>
TY	"AND"	YES	Due to the "AND" owner relationship all owners must file a claim to receive their share of an unclaimed account.  With Right of Survivorship the surviving owner is entitled to the entire balance of unclaimed funds.
TI	"AND"	NO	Due to the "AND" owner relationship all owners must file a claim to receive their share of an unclaimed account.  <b>With NO Right of Survivorship the surviving owner is entitled to one-half of the unclaimed funds account balance. The deceased owner's estate would be entitled to the remaining half of the unclaimed funds.</b>
TI	"AND"	UNKNOWN	Due to the "AND" owner relationship all owners must file a claim to receive their share of an unclaimed account.  <b>With UNKNOWN Right of Survivorship assume there is No Right of Survivorship. The surviving owner is entitled to one-half the unclaimed funds account balance. The deceased owner's estate would be entitled to the remaining half of the unclaimed funds.</b>
TI	UNKNOWN	UNKNOWN	Due to the unknown owner relationship, an "AND" relationship is assumed and all owners must file a claim to receive their share of an unclaimed account.  <b>With UNKNOWN Right of Survivorship assume there is No Right of Survivorship. The surviving owner is entitled to one-half the unclaimed funds account balance. The deceased owner's estate would be entitled to the remaining half of the unclaimed funds.</b>

\*NOTE: The shares of an account to which joint owners are entitled may differ when there are more than two (2) joint owners.\*