

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 the owner is 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 zip code 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	Zip code	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	JT
	432196	SC03	\$0.00	Brown	Jim	B	42 E. Second St		Dayton	OH	45309	237-29-4378	JT
#8	5647213	MI50	\$56.29	Case	Thomas	K	10187 Crater Dr		Youngstown	OH	44512	451-72-9216	JT
	5647213	MI50	\$0.00	Case	Roberta	C	10187 Crater Dr		Youngstown	OH	44512	896-45-1237	JT
#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	ES
	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 are 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 “JT”.
- 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 “JT”.
- Example 9 MULTIPLE RELATIONSHIPS - 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 an “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 a “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 “ES” (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 an “AF” (Attorney for) relationship code.
- Example 11 MULTIPLE RELATIONSHIPS - 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	
DESCRIPTION:					Deducted: \$
ACCOUNT NO.:		DATE OF BIRTH		SSN OR FEIN	
Deduct Certified Mail Fee for accounts \$1000 or more ONLY					
1	NATURE OF FUNDS:	LASTNAME OR BUSINESS NAME		FIRST NAME	INITIAL
	RELATIONSHIP CODE				
	AMOUNT REMITTED	STREET ADDRESS:			
	DATE LAST ACTIVE	CITY	STATE	ZIPCODE	
	<div style="border: 1px solid black; width: 80px; height: 20px; margin: 0 auto;"></div> See page 27-28				
DESCRIPTION:					Deducted: \$
ACCOUNT NO.:		DATE OF BIRTH		SSN OR FEIN	
Deduct Certified Mail Fee for accounts \$1000 or more ONLY					
2	NATURE OF FUNDS:	LASTNAME OR BUSINESS NAME		FIRST NAME	INITIAL
	RELATIONSHIP CODE				
	AMOUNT REMITTED	STREET ADDRESS:			
	DATE LAST ACTIVE	CITY	STATE	ZIPCODE	
	<div style="border: 1px solid black; width: 80px; height: 20px; margin: 0 auto;"></div> See page 27-28				
DESCRIPTION:					Deducted: \$
ACCOUNT NO.:		DATE OF BIRTH		SSN OR FEIN	
Deduct Certified Mail Fee for accounts \$1000 or more ONLY					
3	NATURE OF FUNDS:	LASTNAME OR BUSINESS NAME		FIRST NAME	INITIAL
	RELATIONSHIP CODE				
	AMOUNT REMITTED	STREET ADDRESS:			
	DATE LAST ACTIVE	CITY	STATE	ZIPCODE	
	<div style="border: 1px solid black; width: 80px; height: 20px; margin: 0 auto;"></div> See page 27-28				
DESCRIPTION:					Deducted: \$
ACCOUNT NO.:		DATE OF BIRTH		SSN OR FEIN	
Deduct Certified Mail Fee for accounts \$1000 or more ONLY					
4	NATURE OF FUNDS:	LASTNAME OR BUSINESS NAME		FIRST NAME	INITIAL
	RELATIONSHIP CODE				
	AMOUNT REMITTED	STREET ADDRESS:			
	DATE LAST ACTIVE	CITY	STATE	ZIPCODE	
	<div style="border: 1px solid black; width: 80px; height: 20px; margin: 0 auto;"></div> See page 27-28				
DESCRIPTION:					Deducted: \$
ACCOUNT NO.:		DATE OF BIRTH		SSN OR FEIN	
Deduct Certified Mail Fee for accounts \$1000 or more ONLY					
5	NATURE OF FUNDS:	LASTNAME OR BUSINESS NAME		FIRST NAME	INITIAL
	RELATIONSHIP CODE				
	AMOUNT REMITTED	STREET ADDRESS:			
	DATE LAST ACTIVE	CITY	STATE	ZIPCODE	
	<div style="border: 1px solid black; width: 80px; height: 20px; margin: 0 auto;"></div> 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, and enter the difference as the **Amount Remitted**.