

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 or 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.

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 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. 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, enters 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
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1	DESCRIPTION OR NOTE				RELATIONSHIP CODE <div style="border:1px solid black; width:40px; height:20px; margin:5px auto;"></div> See page 27-28
	ACCOUNT NO.:	SSN OR FEIN	DATE OF BIRTH	Deducted: \$	
	NO. OF SHARES	ISSUE NAME			
	NATURE OF FUNDS:	LASTNAME OR BUSINESS NAME	FIRST NAME	INITIAL	
	RELATED CASH REMITTED	STREET ADDRESS:			
	DATE LAST ACTIVE	CITY	STATE	ZIPCODE	

2	DESCRIPTION OR NOTE				RELATIONSHIP CODE <div style="border:1px solid black; width:40px; height:20px; margin:5px auto;"></div> See page 27-28
	ACCOUNT NO.:	SSN OR FEIN	DATE OF BIRTH	Deducted: \$	
	NO. OF SHARES	ISSUE NAME			
	NATURE OF FUNDS:	LASTNAME OR BUSINESS NAME	FIRST NAME	INITIAL	
	RELATED CASH REMITTED	STREET ADDRESS:			
	DATE LAST ACTIVE	CITY	STATE	ZIPCODE	

3	DESCRIPTION OR NOTE				RELATIONSHIP CODE <div style="border:1px solid black; width:40px; height:20px; margin:5px auto;"></div> See page 27-28
	ACCOUNT NO.:	SSN OR FEIN	DATE OF BIRTH	Deducted: \$	
	NO. OF SHARES	ISSUE NAME			
	NATURE OF FUNDS:	LASTNAME OR BUSINESS NAME	FIRST NAME	INITIAL	
	RELATED CASH REMITTED	STREET ADDRESS:			
	DATE LAST ACTIVE	CITY	STATE	ZIPCODE	

4	DESCRIPTION OR NOTE				RELATIONSHIP CODE <div style="border:1px solid black; width:40px; height:20px; margin:5px auto;"></div> See page 27-28
	ACCOUNT NO.:	SSN OR FEIN	DATE OF BIRTH	Deducted: \$	
	NO. OF SHARES	ISSUE NAME			
	NATURE OF FUNDS:	LASTNAME OR BUSINESS NAME	FIRST NAME	INITIAL	
	RELATED CASH REMITTED	STREET ADDRESS:			
	DATE LAST ACTIVE	CITY	STATE	ZIPCODE	

5	DESCRIPTION OR NOTE				RELATIONSHIP CODE <div style="border:1px solid black; width:40px; height:20px; margin:5px auto;"></div> See page 27-28
	ACCOUNT NO.:	SSN OR FEIN	DATE OF BIRTH	Deducted: \$	
	NO. OF SHARES	ISSUE NAME			
	NATURE OF FUNDS:	LASTNAME OR BUSINESS NAME	FIRST NAME	INITIAL	
	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, and enter the difference as the **Related Cash Remitted**.