



2016

() (602) 716-6031 or (602) 716-6032

(602) 716-7997

KeportingUnclaimedProperty@azdor.gov



Department of Revenue



Douglas A. Ducey Governor

> David Briant Director

Dear Unclaimed Property Holder:

On behalf of the citizens of Arizona, I would like to thank you for taking the time to file your Unclaimed Property Report with the Arizona Department of Revenue. We have made every effort to design this booklet to be informative and as user friendly as possible. By completing your annual report, you are not only complying with Arizona Revised Statutes, Title 44, Chapter 3, but you are performing a valuable service to the citizenry by helping us protect abandoned property.

The Unclaimed Property Unit works hard to assist holders and claimants of abandoned assets alike. Each year we collect thousands of new properties and return millions of dollars to its rightful owners. Unclaimed Property has become an increasingly important program for our growing population, and you complete the first step by filing this report and remitting abandoned assets to the Department of Revenue.

If you should have any questions about how to complete the report forms contained in this booklet, feel free to contact the Holder Compliance Unit at one of the numbers listed within the instructions. Electronic versions of this booklet along with fillable forms are available from our website at www.azunclaimed.gov.

Again, thank you for helping us return property to its rightful owner.

Sincerely,

oshua A. Joyce

Joshua A. Joyce Administrator



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www.azunclaimed.gov

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ReportingUnclaimedProperty@azdor.gov

What is Unclaimed Property?

Unclaimed Property is a financial asset owed to an individual or business. Property is considered unclaimed when there has been no owner contact for a specified period of time, usually between 1 and 3 years.

When efforts by the holder to locate the owner fail, the funds must be turned over to the Department of Revenue which is then responsible for safeguarding the funds, attempting to locate the owners, publicizing the names of apparent owners and returning the assets to the owners as they come forward.

The Revised Arizona Unclaimed Property Act is located in Arizona Revised Statutes, Title 44, Chapter 3, and can be found online at <u>www.azleg.gov</u>.

Who must report Unclaimed Property?

Any person or entity in possession of property (subject to the Act) which belongs to another, or who is trustee in case of a trust, or who is indebted to another person on an obligation subject to the Act, is deemed a holder of unclaimed property and must report that property to the state. All holders, whether located in Arizona or in other states, must report to the Department of Revenue any unclaimed property they hold that is owed to Arizona residents. Arizona domiciled businesses must also report all property where the owners name and address is unknown. All business entities are responsible for filing reports on behalf of their branches, divisions or other affiliates, including:

- Banking and financial institutions including state or federally chartered banks, trust companies, savings banks, private bankers, savings and loan associations, credit unions and investment companies.
- **Business associations** wherever located, such as a corporation, joint stock company, business trust, partnership, proprietorship, cooperative, or other association for business purposes (including all insurance companies).
- Other legal entities including state, county and city governments, political subdivisions, public authorities, public corporations, estates, trusts or any other legal or commercial entity.

Information about other states and their unclaimed property reporting requirements can be accessed through the NAUPA (National Association of Unclaimed Property Administrators) web site at <u>www.unclaimed.org</u>

What Unclaimed Property should be reported?

Reportable items with respective property codes and dormancy periods are located in the NAUPA property type codes section of this booklet. Holders must report all unclaimed property that is owed to an Arizona resident or business. In addition, Arizona domiciled holders should report items to Arizona without an owner name or address and all unclaimed property where the last known address is in a foreign country.

- Securities representing underlying shares, stock splits, bonds, etc., must be registered in Arizona's nominee name of CACTUS & CO. (See the instructions for Reporting Securities section for more information).
- Safe Deposit Box contents that have been unclaimed by the owner for a period of three years after expiration of the lease must be reported. Please complete an Unclaimed Property report (650C), indicating on the Schedule A all available information, and contact safekeeping representative at (602) 716-6035 to arrange for delivery of the property.

Reporting Methods and Requirements

Holders should report via CD/DVD or USB flash drive, following the **NAUPA** format specifications, and also provide a hard copy signed report coversheet. Reports not received according to the prescribed format will be returned for correction.

For assistance with reporting, contact the Holder Compliance Section at (602) 716-6031 or (602) 716-6032. You can also e-mail us at <u>ReportingUnclaimedProperty@azdor.gov</u>.

When to File

In Arizona, a life insurance company that is a holder of property that is presumed abandoned shall file its report before May 1, and the report shall cover the prior calendar year. Any other holder of property that is presumed abandoned shall file the report before November 1, and the report shall cover the last twelve months before July 1 of that year. A holder may also make a one-time election to annually report the property at the same time it reports its income for the purposes of income tax pursuant to Title 43.

The Department requests extension inquiries for filing a Report of Unclaimed Property be submitted to the Holder Compliance Unit in writing prior to either April 1 or October 1 (whichever applies). Please include the entity's FEIN and length of time needed within the request.

Method of Payment

All checks must be made payable to "Arizona Unclaimed Property Unit" for the total amount listed on the Report of Unclaimed Property. Your remittance must be in U.S. currency. Foreign currency <u>cannot</u> be accepted.

- Do not make checks payable to the original owner or include the original owner's name in the payee section of the check.
- Do not send the original instrument that was issued to the owner. This office can only deposit checks made payable to the Arizona Unclaimed Property Unit.
- Do not submit an individual check for each property being reported.
- Alert the Unit at <u>ReportingUnclaimedProperty@azdor.gov</u> if check or report is being mailed under separate cover or the check will be returned unprocessed.

Holder Due Diligence

The Act requires that **prior to** one hundred twenty days before the holder of property that is presumed abandoned files their report, the holder shall send a written notice to the apparent owner that states that the holder is in possession of the property if all of the following apply:

- The holder has an address in the holder's records for the apparent owner and the records do not indicate that the address is inaccurate.
- The claim of the apparent owner is not barred by any other law of this state.
- The value of an individual property is at least fifty dollars.

Sample Due Diligence Letter

Owner Name 123 Main Street City Name, State, Zip

Re: (Property Description or Account No.)

Our records indicate that we are holding unclaimed property in the amount of <u></u>due to the person listed above. The owner may claim this property by contacting us at the address and/or phone number listed below.

Holder Information:

Company Name Address Phone Number

If we do not hear from the owner before (insert the last day that the company can remove items for refund reporting and remitting to the State), Arizona law requires us to submit this property to the Arizona Department of Revenue, Unclaimed Property Unit before November 1.

Sincerely, (Company's Contact Name) Street Address (Include Number) City, State, Zip Code

PLEASE SIGN BELOW TO ACKNOWLEDGE OWNERSHIP OF THE ABOVE LISTED FUNDS

Printed Owner Name

Owner Signature

Action to be taken (PLEASE CHECK ONE)

Reissue Check (original is/is not enclosed)
 Update Account (passbook is/is not enclosed)
 Close Account and Send Check (passbook is/is not enclosed)
 Other (explain)

Requesting Reimbursement

After a report is submitted, a holder may choose to repay the owner directly or may determine that items within the report were filed in error. In these cases, the holder may seek reimbursement by submitting the Holder Request for Reimbursement form (Arizona Form 670) along with the required documentation substantiating the repayment or error. *Please use the current version, 670 revised 09/09.* All other forms are obsolete and will not be accepted.

ARIZONA FORM

670

Section 1

In this section, identify your company and designated contact.

Report Year - the year in which the requested property was reported to the State of Arizona.

Report Amount – the total dollar amount of the report you are referencing.

Property Type Code – the property type code used to identify the property you are requesting.

Aggregate – indicate if the property you are requesting was reported in aggregate form.

Property Amount - the amount of funds, shares, or tangible properties transmitted to the State, for the property in question.

Owner Name and Address - the full name and address of the owner as it is shown on the report.

Property Description – the description of the property you are requesting, such as, the identification, check, or other reference number.

Section 2

In this section, identify property for which the holder is seeking reimbursement.

Holder Name – the name of your company as listed on the Unclaimed Property Report you are referencing. Tax Identification Number – the tax id number reported on the Unclaimed Property Report you are referencing. Mailing Address – the mailing address of your company as declared on your most recent Unclaimed Property report (Arizona Form 650A-C).

Contact Person / Contact Information – the name of your company's designated State contact as designated on the most recent report filed (Arizona Form 650A-C).

Section 3

In this section, carefully read the holder declarations and indemnity agreement.

Section 4

In this section, a notarized signature of the designated contact person is required.

Please Note:

1. All fields in each section of the form must be completed before the State of Arizona will process your request for information or make payment.

ADOR

2. You are required to submit documentation to support your claim for reimbursement, which may consist of copy of cancelled check(s), front, and back, evidence of account reactivation, or a sufficient letter of explanation.

Only a company employee designated as the Unclaimed Property contact on the last report (Arizona Form 650A-C) may request a holder reimbursement. An officer of your company may change the designated contact person/ contact information by completing Arizona Form 285UP and Arizona Form 650A(Sections 1 and 2). The designated contact will be responsible for all ongoing interaction with the Arizona Unclaimed Property Section.

| correct. By demonstraing that the owner, or his/her personal representative was paid or reinstated, I hereby certity this claim for reimbursemer is valid and/just. Upon payment by the Anzona Department of Revenue of the reimbursement described adove, the reporting institution (holde herein name, agrees to indemnify and hold humbes the State of Anzona, this engloyees and agents form any and all lability, claims, demand | | Owner's City or Town | | Owner's State | Ovner's ZIP Code |
|---|---|---|-------|---------------------|------------------|
| Holder Information Holder Name Tax Identification Number Image: I | | | | Children of Challer | |
| Holder Name Tax Identification Number | | Property Description | | | 10 |
| Tax Identification Number Image: Im | - | | | | |
| City or Town State ZP Code Contact Penon Title Image: Contact Penon Title Telephone Number E-mail Address Image: Contact Penon Title Telephone Number E-mail Address Image: Contact Penon Title I depose and swear under oath that I am authorized to make this alfiduat as a duty authorized officer. Based upon personal knowledge, the information provided by the reporting institution (hidder) to additartiate payment to the owner or institute. They outfit this claim for memburenees and agents from any and al blackins, demand to see, suit, or actions, aning from or related to any other party who hereatler asserts or attempts to establish upt to payment of the above described and Nore. It is claim for memburenees the State of Advices, the explores and agents from any and al blackins, demand to see, suit, or actions, aning from or related to any other party who hereatler asserts or attempts to establish upt to payment of the above described and Mirmed before me by: | | Holder Name | | | |
| Mailing Address City or Town State ZP Code Contract Penon Title Telephone Number E-mail Address I depose and sear under oath that I am authorized to make this affidiant as i day authorized officer. Based upon personal knowledge, the information provided by the reporting institution (hidder) to addratinate payment to the owner or ineritative work paid or reinstatement of the reinstatement (Rifts Seal Here) | | Tax Identification Number | | | |
| Contact Person Title Telephone humber E-mail Address I depose and swear under oath that I am authorized to make this alfidavit as 1 day authorized officer. Based upon personal knowledge, B information provided by the reporting institution (holder) to substantiate payment to the owner or reinstatement of the remitted account is true ar correct. Bydemonstraing that the owner, or tenha personal representative was paid or reinstated, I hereby certif this dation for institution (holder) to substantiate payment to the owner or reinstatement of the remoting dation to reinstate dations, the more fragmentation (holder) to substantiate payment to the owner or reinstatement described balow, the reporting institution (holder) to any other party to hold horizes to State of Arzona, the reployees and agents from any and al tability, claims, demand does on actions, anime from or related any of ther party how hereafter assests or attempts to establish sight to payment of the above described finds to the extent of the value of the property so paid or delivered. Signature Date Subscribed and Alfirmed before me by: | | | | | |
| Telephone Number E-mail Address I depose and swear under oath that I am authorized to make this affidavit as a duly authorized officer. Based upon personal knowledge, the information provided by the reporting institution (holder) to substantiate payment to the owner or instituted. Thereby, ceth this claims for membursement as valid andpast. Upon payment by the Aturona Department of Revenue of the remeasurement discorbed above, the reporting institution (holder) is substantiate substantiate sayment to the oxince of the holder). Signature Date Signature Date Signature Date Signature Country of | | City or Town | | State | ZIP Code |
| I depose and seear under oath that I am autorized to make this affidavit as i duly authorized officer. Based upon personal knowledge, B information provided by the reporting institution (holder) to substantiate payment to the owner or reinstatement of the remitted account is thu ar orrect. By demonstrating that the owner, or his/her personal representative was paid or reinstated. I hereby certify this can for reinibuseme is vaid and/aut. Upon payment by the Arcono Department of Revenue of the remitted above, the reporting institution holde is vaid and/aut. Upon payment by the Arcono Department of Revenuement described above, the reporting institution holde is vaid and/autify from or related to any other party who hereafte asserts or attempts to establish light to payment of the abov described finds to the extent of the value of the property so paid or deliverod. [ising analare [Date [Signature [Date [Adv of | | Contact Person | | Title | |
| Information provided by the reporting institution (holder) to substantiate payment 0 the owner or reinstatel. Thereby certify this dams for inerbulance. Thereby certify the above described finds to the extent of the value of the property so paid or dedivered. | | Telephone Number | | E-mail Address | |
| Subscribed and Affirmed before me by: | | information provided by the reporting institution (holder) to substantiate payment or the owner or reinstatement of the remited account is true and correct. Bydemonstrating that the owner, or his/her personal representative was paid or reinstated, I hereby certify this claim for reinstamement is valid and/sut. Upon payment by the Arcicona Department of Revenue of the reinstamement described above, the reporting institution (holder), herein named, agrees to indemnity and hold harmless the State of Arzicona, its engloyees and agrents from any and all faibles, claims, demands, losses, suit, or actions, anising from or related to any other party who hereafth asserts or attempts to establesh ight to payment of the above. | | | |
| thisday of, 20 State of County of Notary Public Signature (Affix Seal Hore) AIL TO: Arizona Department of Revenue - Unclaimed Property Unit - PO Box 29026 - Phoenix, AZ 85038-9026 For assistance in the Phoenix area: (502) 364-0380 or outside the Phoenix area toil free: (677) 492-9957 Fax: (642) 542-2089 - www.azunclaimed.gov | | | | | |
| this | | Signature | Date | | |
| Notary Public Signature (Affix Seal Here) IAIL TO: Arizona Department of Revenue - Unclaimed Property Unit - PO Box 29026 - Phoenix, AZ 85038-9026 For assistance in the Phoenix area; (502) 364-0380 or outside the Phoenix area toil free: (877) 492-9957 Fax: (642) 542-2089 - www.azunclaimed.gov | | | | | |
| Notary Publi: Signature (Affix Seal Here) AIL TO: Arizona Department of Revenus - Unclaimed Property Unit - PO Box 29026 - Phoenix, AZ 85038-9026 For assistance in the Phoenix area: (502) 364-0380 or outside the Phoenix area toil free: (677) 492-9957 Fax: (6/2) 542-2089 - www.azunclaimed.gov | | Subscribed and Alfirmed before me by: | | ? | |
| Notary Public Signature AIL TO: Arizona Department of Revenue - Unclaimed Property Unit - PO Box 29026 - Phoenx, AZ 85038-9026 For assistance in the Phoenix area: (502) 364-0380 or outside the Phoenix area toil free: (577) 492-9957 Fax: (692) 542-2089 - www.azunclaimed.gov | | Subscribed and Affirmed before me by: this day of | ., 20 | | |
| AlL TO: Arizona Department of Revenue - Unclaimed Property Unit - PO Box 29026 - Phoenx, AZ 85038-9026 For assistance in the Phoenix area: (502) 364-0380 or outside the Phoenix area toil free: (\$77) 492-9957 Fax: (502) 542-2089 - www.azunclaimed.gov | | Subscribed and Affirmed before me by: this day of | ., 20 | County of | |
| | | Subscribed and Affirmed before me by: thisday of State of | ., 20 | | Here) |

Arizona Department of Revenue

HOLDER REIMBURSEMENT REQUEST FORM

Property An

YES NO

Property Type Code

Report Amount

ner's Name as Indicated on Repo

Additional Owner as Indicated on Repo

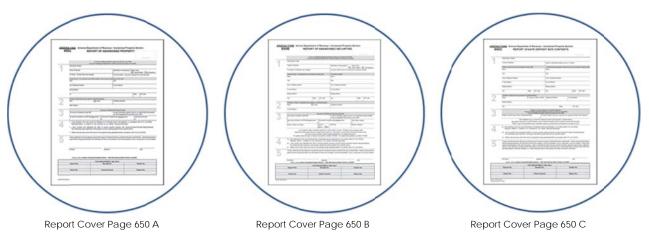
Owner's Street Address

General Reporting

We ask that you adhere to the procedures and forms included in this booklet. If you have any questions, please call (602) 716-6031 or (602) 716-6032.

Please Note

- There is a different report cover page for each type of property you are reporting:
 - 650A Cash only
 - 650B Securities and Cash
 - 650C Safe Deposit Box Contents only



- It is important that you familiarize yourself with the instructions for reporting securities before you transfer or register any stock/mutual fund.
- It is important that you review the payment protocol for each relationship type that you report. You are responsible for choosing the code that correctly reflects the named person's relationship to the property.
- Include all known owner identifiers for each property
 - Social security or Tax Id numbers
 - Dates of Birth
 - Policy, account or check numbers

The more information the State receives with your report the less likely they are to contact you each time a claim is filed or to refer claimants to your escheatment specialist for additional information.

Electronic Reporting

We recommend that you update your software yearly as the standard reporting format does change.

It is required that data be sent according to these specifications:

- Use a CD, DVD or USB flash drive.
- Clearly label the outside of the disk with the holder name, holder address, names of each file contained on the disk and the format used (e.g., Wagers, HRS, or NAUPA).
- When reporting multiple companies on one CD, DVD or USB flash drive assign each company a separate file name.
- Type all records in UPPER CASE style.

Or you may send to us via UPExpress.

Magnetic tape or cartridge media is not acceptable.

Send passwords and/or instructions for retrieving data which is password protected or in special encryption software to <u>ReportingUnclaimedProperty@azdor.gov</u> or provide a contact person and telephone number with your report and remittance.

- CD ROMS and USB flash drives in NAUPA format that contain the "HDE" file extension are encrypted and *do not* require password protection.
- CD ROMS and USB flash drives in NAUPA format that contain the "**HRS**" file extension are not encrypted and *should* be sent under protected means.

Passwords for non-encrypted files need to be e-mailed promptly to <u>reportingunclaimedproperty@azdor.gov</u>. The subject line of the e-mail must identify the report(s) protected by the password.

Approved reporting software is available, free of charge at:



Arizona does not provide technical support of HRS Pro, however, holders may continue to download this free software and User's manual from Xerox Reporting System (HRS) software package to submit unclaimed property on a CD ROM or USB drive in NAUPA format at <u>www.wagers.net</u> From the main page, click on the Free Holder Software icon and follow the instruction to download. For questions or additional information, please contact Xerox Wagers at (303) 413-9450.

Arizona will no longer accept Reports in Excel Format



Report Cover Page

This form must be submitted in hard copy.

Section 1

In this section, identify your company and designated contact. The designated contact will be responsible for all ongoing interaction with the Arizona Unclaimed Property Section. Future correspondence and holder reimbursements will be sent to the address reported at this time. An officer of your company may change the designated contact person/contact information by completing Arizona Form 285UP and Arizona Form 650A(Sections 1 and 2).

Section 2

In this section, identify your company's *customer* contact. Unclaimed Property clients will often have questions that can only be answered by an employee of your company who is not only familiar with your escheatment policy, but also your internal procedures and practices.

Section 3

In this section, summarize and classify the property you are reporting.

Section 4

In this section, carefully read the holder declarations and indemnity agreement.

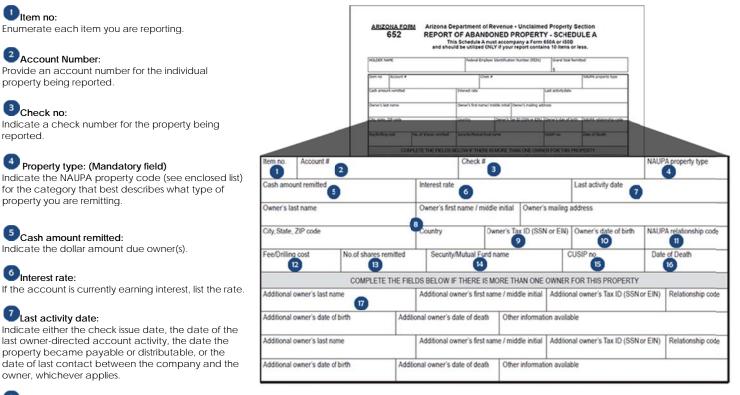
Section 5

In this section, the signature of the employee authorized to execute the report is required.

| Đ | | | | | SUMP | |
|-------------|----------------------------|--|---|---|--|---|
| | tity Name (Holder) | | | | | |
| Fe | deral ID Number | denii 10 Number Report Confirmation Number (see no. 3 below) | | | | |
| | ARIZONA 6501 | B RE If your report of file in NAUPA S if you are report | epartment of Revenue - Uncl EPORT OF ABANDONED Standard Format. Form 652 (Schedule A) its 10 tems or less and are not submitti If you are remitting abandoned property, pile ou are remitting able deposit bor contents, p | SECUR ubmit an elec MUST be com og an electros | ITIES tronic pleted ic file. DATE STAMP | |
| - | CO NOT STAPLE REPORTCHECKS | 650A | Arizona Department o REPORT OI If your report contains more th file in report contains more th | ABAN | DONED PROPERTY | ection |
| _ | 1 | RICH | file in NAUPA Standard Format. if you are reporting 10 items or 1 | Form 652 (So ess and are m | hedule A) MUST be completed of submitting an electronic file. | DATE STAMP |
| | 1 | Entropy to the post of the construction of the | If you are re | mitting securite ale deposit hos | n, please use Arizona Form 6508 contents, please use Arizona Form 650 | |
| | 2 2 | Entr | y Name (Holder) | are suppose to | | |
| | | Feder | eral ID Number | | State / Date of Incorporation | |
| - | 0 | Phor | Name - If Entity Name has changed | | Previous Holder - If you are a success | or to a previous holder |
| | 2 | Corr | tact Person - For questions from Unclaimed P | roperty staff | | |
| | | Nam | | | | |
| | 2 | | ct Telephone Number | | | |
| | 0 | | al Address | | | |
| | | | ng Address | | | |
| | | City | | | | State ZIP code |
| | | | tomer Contact - For use by owners of reported to an as Contact - For use by owners of reported | property | Telephone Number | |
| | | | al Address | | | |
| | 4 | | | | | |
| - | 1.1 | 2 Joint | mary of Abandoned Property Reported I amount of properties under \$50 | | In order to facilitate customer serv | ice, we request that, |
| | | V S Total | amount of properties over \$50 with known ov | mers Total an | possible, you do not aggregatethese ount of properties with <u>unknown</u> owners | funds in your report Total Report Amount |
| | 100 | 5 | | 5 | | \$ |
| dert R t | C | 4 * | Remittance must accompany report. I have attached a true and correct list (Schedi Reporting software is available for free downk | ad on our web | site www.azunclaimed.gov. | |
| - | | 4c. 1 | I have reviewed and understand the State of The relationship codes reported for each prop | Arizona payme erty will allow a | nt protocols (see the Arizona Unclaimed courate payment to the reported owners. | Property Reporting Ma |
| | | | Written notice has been sent to the owners of | | | |
| | | pena | iby certify that I have the suthority to execute by of perjury that the foregoing information, th and complete. | his report of Un e information s | claimed Property on behalf of the slove et forth in the schedules, and all docume | named holder. I declare ntation I have or will pro |
| | ADOR 10756 (3/14 | Print | Name | Signature | | Date |
| | | | TO: Arizona Unclaimed Property Sectio | | | |
| | | | FOR DI Deposit No. | PARTMENT | USE ONLY Receipt No. | |
| | | | | | Receipt No. | |
| | | | Deposit No. | | | |

Schedule A

The Department recommends that you submit your report in electronic format. For assistance in downloading or using free reporting software, please contact our Holder Compliance Specialists at (602)716-6031 or (602)716-6032.



Owner's name and mailing address: DO NOT LIST JOINT OWNERS ON THE SAME LINE.

Please furnish the entire name, if known, including any title, such as Jr., Sr., or III. Corporate titles, names of trusts, estates, partnerships, associations, and trade names should be listed exactly as adopted. If the name is unknown or no longer available, indicate that in this field. Please furnish a complete address including zip code. If the complete address is not available, indicate the portion of the address that is known. The last known address should be reported even if it is determined that mail is no longer deliverable to the owner at the address.

Owner's tax ID:

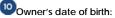
Indicate the owner's social security number or the entity's tax identification number.

Pees/Drilling Costs:

If you are reporting the contents of a safe deposit box, please list all fees that are due before the box may be released to the reported owner.

5CUSIP no:

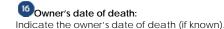
If you are reporting a security, indicate the CUSIP number. If you are reporting a bond, indicate the CUSIP, bond number, and any coupon numbers.



Indicate the owner's date of birth (if known)

¹³Number of shares remitted:

Indicate the actual number of shares being remitted for each individual owner.



Relationship code: (Mandatory field)

Please refer to the relationship codes/ payment protocols on the following page.

Security/Mutual Fund name: Indicate the name of the security, bond, or mutual fund if you are reporting them.



It is imperative that ALL pertinent property fields described above are thoroughly completed. This will aid in the location and identification of the correct owner.

Securities Report

Any stock or other equity interest in a business association or financial organization is presumed abandoned if the property remains unclaimed by the owner for more than three years after the date of the most recent dividend, stock split or other distribution.

Securities Remittance

Complete the Report of Abandoned Securities 650B. All information must be typed or printed clearly in ink.

Stock must be registered in Arizona's nominee name of CACTUS & CO.

Holders who participate in DTC (Depository Trust Company) must transfer re-registered securities directly to: DTC Participant #901; Account #822432; Agent Bank 26500; Tax ID #75-3121666.

Forward, **via fax** to Vilka Markovich (617) 722-9660, notification of securities being transferred at least 24 to 48 hours prior to the transfer. Include in this notification the following: Issue Name; CUSIP #, number of shares and depository number. If prior notification is not received by Ms. Markovich, the transfer will be rejected and returned to the holder.

Include a copy of the DTC confirmation along with the Unclaimed Property Report you submit to the Unclaimed Property Unit of the Arizona Department of Revenue.

Dividend Reinvestment Plans will not be accepted in book entry form. Convert each owners account to whole shares, and register the whole shares into our nominee name. The report **must** indicate, for each individual owner, the number of whole shares and the amount of cash in lieu of fractional shares that are due.

Mutual Funds

Please transfer the abandoned shares to an account registered to the State of Arizona, Unclaimed Property Unit, Tax ID 86-6004791.

Send all statements to:

Arizona Department of Revenue Unclaimed Property Unit Attn: Arizona Unclaimed Property Administrator 1600 W. Monroe Street Division Code 10 Phoenix, AZ 85007

A copy of the funds statement showing the transfer of funds to the Department must be included with the report for each fund reported. Mutual fund statements must be sent to the address listed above.

It is incumbent upon holders to contact the individual mutual fund companies to inform them that as part of the annual escheatment process, they intend to transfer shares into an account for the State of Arizona.

If you need help, call (602) 716-6031 or (602) 716-6032.

Worthless or Non-Transferable Securities

Do not report worthless or non-transferable securities to our office. If these do become transferable or gain value, report and remit the shares at that time. You will not be penalized for late reporting in these situations.

If you are reporting securities from a safe deposit box, please use the Instructions for Reporting Safe Deposit Box Contents.

Safe Deposit Box Report

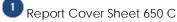
Tangible property that is held in a safe deposit box is presumed abandoned if the property remains unclaimed by the owner for more than three years after the expiration of the lease or rental period on the box.

When to Report

Safe deposit box contents must be reported annually before November 1st. Use form Arizona 650C to report safe deposit box contents only. Submit the owner names and addresses electronically using the NAUPA approved format.

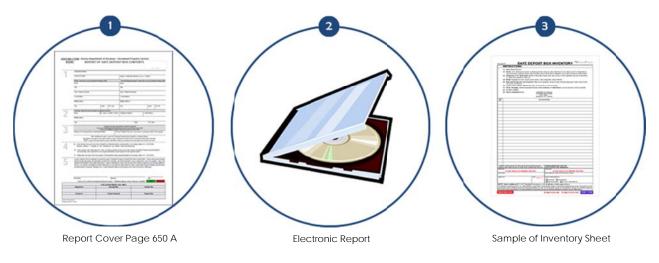
How to Report

The following information should be included with each report:



²Electronic Report (Owners information, TAX ID, Box number, past due rent and/or drilling fees, etc)

³A legible and readable copy of each inventory sheet for each box reported



Safe Deposit Box Reports needs to be file <u>separately</u> from your cash and securities reports.

Please note:

- DO NOT report empty boxes.
- Report each box only ONCE.
- Keep a copy of your report and inventories for your records.
- Regarding UNKNOWN owners: it is important to look at the contents, as they may help you identify the actual owner. Please note that the unknowns are still reportable if there is no identification made.
- You should contact your local law enforcement agency for confiscation of all controlled substances found in any safe keeping receptacle. Make a note on your inventory sheets explaining that the items were found, but turned over to a law enforcement agency.
- Report fees or drilling costs owed on your electronic report.

When to Remit Safe Deposit Box Contents

DO NOT send safe deposit box contents with your report. After you remit your report, the Unclaimed Property Vault Supervisor will contact you with a report confirmation number and remittance instructions.

Packaging Contents

- The contents of each safe deposit box must be placed into a container, bag, or envelope that is properly sealed to prevent access to the contents. The Department will accept most forms of tamper proof seals including security tape and heat sealed packages. The contents must be delivered in a container that is separate from the sealed container, bag, or envelope holding the items. Be especially careful with fragile, heavy, or irregular shaped objects as items are tossed around during shipping and the envelopes they are sent in can be ripped or torn.
- Each container of contents should be clearly labeled with the owners name and the box number. If you need more than one envelope for each owner, please indicate 1 of 2, 2 of 2, etc.
- Prepare 2 copies of the inventory for each owner. Place the original inside with the contents and attach the copy to the outside of each container of contents. Each inventory sheet should include your company name, owner name, box number and description of each item of property.
- Place envelopes in a shipping container, alphabetically by owner name. Label the outside of the shipping container Box _____ of ____ (Box 1 of 3 Owners A-F, Box 2 of 3 Owners G-R, Box 3 of 3 Owners S-Z).

Delivering Contents

The Department recommends that contents are delivered in person by an employee of the bank, but will accept courier delivery if indemnified by the holder. These arrangements must be made with the Arizona Unclaimed Property Vault Supervisor who can be reached at (602) 716-6035.

If you choose to send by courier, use an insured carrier in order to safeguard and track packages. A copy of the report you submitted in November, including Schedule A, must accompany the contents of the boxes you are remitting. The Department will verify that each set of contents received at delivery corresponds to a name on the Schedule A. The Department shall notify you of any discrepancies with the report.

Send contents to:

Arizona Department of Revenue Unclaimed Property Unit Vault Supervisor 1600 W Monroe Division Code 10 Phoenix, AZ 85007





Negative Report

The *Negative Report of Unclaimed Property* applies to entities that have no unclaimed property to report for the required period. Should you have any questions, contact the Reporting Specialists at (602) 716-6031 or (602) 716-6032.

DO NOT file Negative reports on CD, DVD or USB flash drive.

Section 1

In this section, identify your company, the reporting period and designated contact. The designated contact will be responsible for all ongoing interaction with the Arizona Unclaimed Property Section. Future correspondence and holder reimbursements will be sent to the address reported at this time. An officer of your company may change the designated contact person/contact information by completing Arizona Form 285UP and Arizona Form 650A(Sections 1 and 2).

Section 2

In this section, carefully read the holder declarations and indemnity agreement.

The signature of the employee authorized to execute the report is required.

| | | DATE STAMP |
|---|--|--|
| | Entity Name (Holder) | |
| 1 | | |
| | Federal ID Number | State / Date of Incorporation |
| | Period Covered | |
| | Prior Name (if Entity Name has changed) | Previous Holder |
| | Holder Contact (for use by Unclaimed Property sta | aff) |
| | Name | |
| | Direct Telephone Number | |
| | E-mail Address | |
| | Mailing Address | |
| | City | State ZIP code |
| 2 | property which would be presumed abandoned un that he/she is duly authorized to execute this report | ry, that to the best of his/her krowledge and belief, the above named entity has n ider the Arizona Uniform Unclained Property Act for the period covered as stated an rt. |
| | Print Name | |
| | Signature | Date |
| | Unci 1600 W Mon P For assistance in the Phoenix area: (602) 36 | a Department of Revenue laimed Property Unit rrce Street, Division Code 1) ?hoenix, AZ, 85000 84-0380 or outside the Phoenix area toll free: (877) 492-9957 sporting specialist: (602) 716-6031 |

Negative Report Form 650D

NAUPA Property Type Codes

PERI

Dormancy Periods (in years) are listed in parenthesis.

| | ACCOUNT BALANCES DUE | | | | |
|------|----------------------|--|-----------|-----|--|
| AC01 | (3) | CHECKING ACCOUNTS | AC05 | (3) | MONIES LEFT ON DEPOSIT |
| AC02 | (3) | SAVINGS ACCOUNTS | AC06 | (3) | SECURITY DEPOSITS |
| AC03 | (3) | CERTIFICATES OF DEPOSIT | AC07 | (3) | UNIDENTIFIED DEPOSITS |
| AC04 | (3) | CHRISTMAS CLUB ACCOUNTS | AC08 | (3) | SUSPENSE ACCOUNTS |
| | | UNCASE | HED CHEC | CKS | |
| CK01 | (3) | CASHIERS CHECKS | CK10 | (3) | EXPENSE CHECKS |
| CK02 | (3) | CERTIFIED CHECKS | CK11 | (3) | PENSION CHECKS |
| СК03 | (3) | REGISTERED CHECKS | CK12 | (3) | CREDIT CHECKS OR MEMOS |
| СК04 | (3) | TREASURERS CHECKS | CK13 | (3) | VENDOR CHECKS |
| CK05 | (3) | DRAFTS | CK14 | (3) | CHECKS WRITTEN OFF TO INCOME |
| CK06 | (3) | WARRANTS | CK15 | (3) | OTHER OUTSTANDING OFFICIAL CHECKS |
| CK07 | (3) | MONEY ORDERS | CK16 | (3) | CD INTEREST CHECKS |
| CK08 | (15) | TRAVELERS CHECKS | CK51 | (3) | ELECTRONIC TRANSFER WITHOUT A WRITTEN |
| СК09 | (3) | FOREIGN EXCHANGES | CK51 | (3) | INSTRUMENT |
| | | COUR | t deposit | S | |
| CT01 | (2) | ESCROW FUNDS | CT06 | (2) | VICTIMS RESTITUTION |
| CT02 | (2) | CONDEMNATION AWARDS | CT07 | (3) | CHILD SUPPORT PAYMENTS |
| CT03 | (2) | MISSING HEIRS FUNDS | CT08 | (2) | COURT FEES |
| CT04 | (2) | SUSPENSE ACCOUNTS | CT09 | (1) | CLASS ACTION SETTLEMENT PROCEEDS |
| CT05 | (2) | OTHER COURT DEPOSITS | | | |
| | | INSU | JRANCE | | |
| IN01 | (3) | INDIVIDUAL POLICY BENEFITS OR CLAIM PAYMENTS | IN07 | (3) | OTHER AMOUNTS DUE UNDER POLICY TERMS |
| IN02 | (3) | GROUP POLICY BENEFITS | IN08 | (3) | AGENT CREDIT BALANCES |
| IN03 | (1) | PROCEEDS DUE BENEFICIARIES | IN09 | (3) | DRAFTS UNPRESENTED |
| IN04 | (3) | MATURED POLICY PROCEEDS | IN10 | (3) | DEMUTUALIZATION |
| IN05 | (3) | PREMIUM REFUNDS | IN12 | (1) | POLICY/ANNUITY PAYABLE ON PROOF OF DEATH |
| IN06 | (3) | UNIDENTIFIED REMITTANCES | | | |
| | | MINERA | L PROCEE | DS | |
| MI01 | (3) | NET REVENUE INTERESTS | MI06 | (3) | BONUSES |
| MI02 | (3) | ROYALTIES/PROCEEDS | MI07 | (3) | DELAY RENTALS |
| MI03 | (3) | OVERRIDING ROYALTIES | MI08 | (3) | SHUT-IN ROYALTIES |
| MI04 | (3) | PRODUCTION PAYMENTS | MI09 | (3) | MINIMUM ROYALTIES |
| MI05 | (3) | WORKING INTERESTS | | | |



| | MISCELLANEOUS INTANGIBLE PROPERTY | | | | | |
|--|--|---|--|--|--|--|
| MS01 | (1) | WAGES | MS09 | (3) | A/R CREDIT BALANCES | |
| MS02 | (1) | COMMISSIONS | MS10 | (3) | DISCOUNTS DUE | |
| MS03 | (3) | WORKERS COMP. BENEFITS | MS11 | (3) | REFUNDS DUE | |
| MS04 | (3) | GOODS OR SERVICES PAYMENT | MS13 | (3) | UNCLAIMED LOAN COLLATERAL | |
| MS05 | (3) | CUSTOMER OVERPAYMENTS | MS15 | (1) | DISSOLUTION OR LIQUIDATION PROPERTY | |
| MS06 | (3) | UNIDENTIFIED REMITTANCES | MS16 | (3) | MISC OUTSTANDING CHECKS | |
| MS07 | (3) | UNREFUNDED OVERCHARGES | MS17 | (3) | MISC INTANGIBLE PROPERTY | |
| MS08 | (3) | ACCOUNTS PAYABLE | MS18 | (3) | SUSPENSE LIABILITIES | |
| | | SEC | CURITIES | | | |
| SC01 | (3) | DIVIDENDS | SC11 | (3) | OTHER CERTIFICATES OF OWNERSHIP | |
| SC02 | (3) | INTEREST (BOND COUPONS) | SC13 | (3) | STOCK CONVERTED | |
| SC03 | (3) | PRINCIPAL PAYMENTS | SC14 | (3) | DEBENTURES | |
| SC04 | (3) | EQUITY PAYMENTS | SC15 | (3) | GOVERNMENT SECURITIES AND BONDS | |
| SC05 | (3) | PROFITS | SC16 | (3) | MUTUAL FUNDS | |
| SC06 | (3) | FUNDS PAID TO PURCHASE SHARES | SC17 | (3) | WARRANTS (RIGHTS) | |
| SC07 | (3) | FUNDS FOR STOCKS | SC18 | (3) | BONDS | |
| SC08 | (3) | SHARES OF STOCK | SC19 | (3) | DIVIDEND REINVESTMENT SHARES | |
| SC09 | (3) | CASH FOR FRACTIONAL SHARES | SC20 | (3) | CREDIT BALANCES | |
| SC10 | (3) | UNEXCHANGED STOCK | | | | |
| | TANGIBLE PROPERTY | | | | | |
| SD01 | (3) | SAFE DEPOSIT BOX CONTENTS | SD04 | (90 da | ays) STORAGE FACILITY SALE PROCEEDS | |
| | | TAX DEFFERRE | D SAVING | GS PLA | NS | |
| HS01 | (2) | | IR06 | (2) | ROTH IRA MUTUAL FUNDS | |
| | (4) | HEALTH SAVINGS ACCOUNT | INOU | (-) | | |
| HS02 | (2) | HEALTH SAVINGS ACCOUNT HEALTH SAVINGS ACCOUNT INVESTMENT | IR07 | (2) | ROTH IRA STOCKS | |
| HS02 IR01 | | HEALTH SAVINGS ACCOUNT | | | | |
| | (2) | HEALTH SAVINGS ACCOUNT INVESTMENT | IR07 | (2) | ROTH IRA STOCKS | |
| IR01 | (2) (2) | HEALTH SAVINGS ACCOUNT INVESTMENT TRADITIONAL IRA CASH | IR07 CS01 | (2) (2) | ROTH IRA STOCKS ESA CASH | |
| IR01 IR02 | (2) (2) (2) | HEALTH SAVINGS ACCOUNT INVESTMENT TRADITIONAL IRA CASH TRADITIONAL IRA MUTUAL FUNDS | IR07 CS01 CS02 | (2) (2) (2) | ROTH IRA STOCKS ESA CASH ESA MUTUAL FUNDS | |
| IR01 IR02 IR03 | (2) (2) (2) (2) (2) | HEALTH SAVINGS ACCOUNT INVESTMENT TRADITIONAL IRA CASH TRADITIONAL IRA MUTUAL FUNDS TRADITIONAL IRA SECURITIES | IR07 CS01 CS02 CS03 | (2) (2) (2) (2) (2) | ROTH IRA STOCKS ESA CASH ESA MUTUAL FUNDS ESA STOCKS | |
| IR01 IR02 IR03 | (2) (2) (2) (2) (2) (2) | HEALTH SAVINGS ACCOUNT INVESTMENT TRADITIONAL IRA CASH TRADITIONAL IRA MUTUAL FUNDS TRADITIONAL IRA SECURITIES ROTH IRA CASH | IR07 CS01 CS02 CS03 | (2) (2) (2) (2) OW A(| ROTH IRA STOCKS ESA CASH ESA MUTUAL FUNDS ESA STOCKS | |
| IR01 IR02 IR03 IR05 | (2) (2) (2) (2) (2) | HEALTH SAVINGS ACCOUNT INVESTMENT TRADITIONAL IRA CASH TRADITIONAL IRA MUTUAL FUNDS TRADITIONAL IRA SECURITIES ROTH IRA CASH TRUST, INVESTMENT A | IR07 CS01 CS02 CS03 ND ESCR | (2) (2) (2) (2) (2) | ROTH IRA STOCKS ESA CASH ESA MUTUAL FUNDS ESA STOCKS | |
| IR01 IR02 IR03 IR05 TR01 | (2) (2) (2) (2) (2) (2) (3) | HEALTH SAVINGS ACCOUNT INVESTMENT TRADITIONAL IRA CASH TRADITIONAL IRA MUTUAL FUNDS TRADITIONAL IRA SECURITIES ROTH IRA CASH TRUST, INVESTMENT A PAYING AGENT ACCOUNTS | IR07 CS01 CS02 CS03 ND ESCR TR04 | (2) (2) (2) (2) OW AC | ROTH IRA STOCKS ESA CASH ESA MUTUAL FUNDS ESA STOCKS COUNTS ESCROW ACCOUNTS | |
| IR01 IR02 IR03 IR05 TR01 TR02 | (2) (2) (2) (2) (2) (2) (3) (3) | HEALTH SAVINGS ACCOUNT INVESTMENT TRADITIONAL IRA CASH TRADITIONAL IRA MUTUAL FUNDS TRADITIONAL IRA SECURITIES ROTH IRA CASH TRUST, INVESTMENT A PAYING AGENT ACCOUNTS UNDELIVERED/UNCASHED DIVIDENDS FUNDS HELD IN FIDUCIARY CAPACITY | IR07 CS01 CS02 CS03 ND ESCR TR04 | (2) (2) (2) (2) (2) (3) | ROTH IRA STOCKS ESA CASH ESA MUTUAL FUNDS ESA STOCKS COUNTS ESCROW ACCOUNTS | |
| IR01 IR02 IR03 IR05 TR01 TR02 | (2) (2) (2) (2) (2) (2) (3) (3) | HEALTH SAVINGS ACCOUNT INVESTMENT TRADITIONAL IRA CASH TRADITIONAL IRA MUTUAL FUNDS TRADITIONAL IRA SECURITIES ROTH IRA CASH TRUST, INVESTMENT A PAYING AGENT ACCOUNTS UNDELIVERED/UNCASHED DIVIDENDS FUNDS HELD IN FIDUCIARY CAPACITY | IR07 CS01 CS02 CS03 ND ESCR TR04 TR05 | (2) (2) (2) (2) (2) (3) | ROTH IRA STOCKS ESA CASH ESA MUTUAL FUNDS ESA STOCKS COUNTS ESCROW ACCOUNTS | |
| IR01 IR02 IR03 IR05 TR01 TR02 TR03 | (2) (2) (2) (2) (2) (3) (3) (3) | HEALTH SAVINGS ACCOUNT INVESTMENT TRADITIONAL IRA CASH TRADITIONAL IRA MUTUAL FUNDS TRADITIONAL IRA SECURITIES ROTH IRA CASH TRUST, INVESTMENT A PAYING AGENT ACCOUNTS UNDELIVERED/UNCASHED DIVIDENDS FUNDS HELD IN FIDUCIARY CAPACITY TRUS TRUSTEE SALES PROCEEDS | IR07 CS01 CS02 CS03 ND ESCR TR04 TR05 | (2) (2) (2) (2) (2) (3) | ROTH IRA STOCKS ESA CASH ESA MUTUAL FUNDS ESA STOCKS COUNTS ESCROW ACCOUNTS | |
| IR01 IR02 IR03 IR05 TR01 TR02 TR03 | (2) (2) (2) (2) (2) (3) (3) (3) | HEALTH SAVINGS ACCOUNT INVESTMENT TRADITIONAL IRA CASH TRADITIONAL IRA MUTUAL FUNDS TRADITIONAL IRA SECURITIES ROTH IRA CASH TRUST, INVESTMENT A PAYING AGENT ACCOUNTS UNDELIVERED/UNCASHED DIVIDENDS FUNDS HELD IN FIDUCIARY CAPACITY TRUS TRUSTEE SALES PROCEEDS | IR07 CS01 CS02 CS03 ND ESCR TR04 TR05 TEE SALES | (2) (2) (2) (2) (2) (3) | ROTH IRA STOCKS ESA CASH ESA MUTUAL FUNDS ESA STOCKS COUNTS ESCROW ACCOUNTS | |

Relationship Codes/Payment Protocols

Please carefully review the relationship codes to ensure that your company is indicating the correct payment protocol. Individual names reported without a relationship code will be coded as payees. If there is more than one owner, you must indicate the relationship for each. All accepted relationship codes are listed below.

| | Relationship Codes | | | | |
|------|---|--|--|--|--|
| Code | Definition | Payment Protocol | | | |
| AG | Agent for Owner | The individual or entity named as agent may claim property on behalf of the individual(s) named as owner(s). The Agent will be required to provide verification that they continue to have authority to act on behalf of the named owner. Payment will be issued in the name of the owner(s). Any named owner(s) may also receive payment by claiming on their own behalf. (Examples: Power of Attorney, Guardian, Attorney for, Conservator) | | | |
| AD | Administrator of Estate | A person or entity appointed by a court of competent jurisdiction to administer the estate of a person who has died (Examples: Executor, Executrix, and Personal Representative). Payment will be issued to the Estate. | | | |
| AN | And (Unspecified Joint Relationship) | Named individuals must claim together or show good cause, such as divorce or death, to claim separately. If paid individually each owner will receive an equal share. | | | |
| BF | Beneficiary | Each individual named as a beneficiary will be paid an equal share of the property. For non-demutualization properties only the individual named as beneficiary will be paid. | | | |
| CF | Custodian | The individual or entity named as custodian can claim on behalf of the individual(s) named as owner(s). Payment will be issued in the name of the owner(s). Any named owner(s) may also receive payment by claiming on their own behalf. | | | |
| СР | Community Property | Property or earnings received by a husband and wife during marriage, other than by gift, devise, or descent. Each spouse should be listed as an owner and will be paid an equal share of the property. Upon the death of one, the property goes to the survivor. | | | |
| IN | Insured | Individuals named as the insured will <u>not</u> be paid. The individual named as beneficiary will be paid. If the beneficiary is deceased and no successor beneficiary exists the property will be paid to the estate of the individual named as the insured. | | | |
| SC | Joint Tenants with Rights of Survivorship | Each individual named as a joint tenant with rights of survivorship will be paid an equal share of the property. Deceased individual's portion of the property will be paid to the surviving owner(s). | | | |
| OR | Either Party is Owner | First named individual/entity who claims property will be paid the entire property. | | | |
| РА | Рауее | Each individual named as a payee will be paid an equal share of the property. | | | |
| RE | Remitter | Each individual named as a remitter will be paid an equal share of the property. | | | |
| SO | Sole Owner | The sole named owner will be paid the property. | | | |
| тс | Tenants in Common | Each individual named as a tenant in common will be paid an equal share of the property unless other percentages are specified. Deceased individual's portion of the property will be treated as the estate of the individual and will pass as instructed by will, probate order or Arizona intestate statutes. | | | |
| TE | Trustee | The individual or entity named as Trustee may claim property on behalf of the Trust. The Trustee will be required to provide verification that they continue to have the authority to act on behalf of the named owner. Payment will be issued in the name of the Trust. | | | |
| UT | Uniform Transfer/Gift to Minor | The minor or guardian of the minor may claim. Payment will be issued to the reported minor if they have reached the age of majority or otherwise to the Custodian. | | | |



Quick Reference Guide



| Make Checks Payable To: | Arizona Unclaimed Property Unit |
|--|--|
| Mail Report w/Remittance To: | Arizona Unclaimed Property Unit 1600 W Monroe Division Code 10 Phoenix, AZ 85007 |
| Stock Registration & Delivery: (See page 9) | Nominee name: Cactus & Co Tax ID #75-3121666 Vilka Markovich (617) 722-9660 Xerox Business Services LLC |
| Mutual Funds: (See Page 9) | Arizona Department of Revenue Unclaimed Property Unit |
| Dividend Reinvestment Plans: (See Page 9) | Will NOT be accepted in book entry form |
| Safe Deposit Boxes: (See Page 10) | Contact Vault Supervisor (602) 716-6035 Arizona Department of Revenue Unclaimed Property Unit 1600 W Monroe Division Code 10 Phoenix, AZ 85007 |
| Remit & Report Due Date: | Prior to November 1st – all businesses other than life insurance entities For property presumed abandoned as of June 30 Prior to May 1st – for all life insurance entities only For property presumed abandoned as of December 31st |
| Reporting Requirements: | A NAUPA formatted file on CD ROM or USB flash drive for reports with 11 or more properties. Free software available (UPExchange or HRS Pro). If you utilize any Unclaimed Property Reporting software, you MUST file the electronic file created using electronic media (CD/USB/UPExpress). Only 10 or fewer properties may be submitted manually. If you do not use software to produce your report, then you must use forms 650A or 650B and 652 (Schedule A). |
| Aggregate Reporting | Due Diligence is not required on properties under \$50. Please provide <u>all</u> available owner detail including those items under \$50. |
| Due Diligence: (See page 2) | Must be mailed 120 days prior to report submission. |
| Reciprocal Reporting: | Holders should report property to the state of the owner's last known address. If the property for other states is submitted, it must be in compliance with those states' laws and procedures. |
| Negative Reports | Are NOT required in the State of Arizona. |
| Signature Requirements | Holder report must be signed by an authorized employee of the entity. |
| | |



Remit Year Tables

NON-LIFE INSURANCE ENTITIES

| One year abandonment period | d |
|-----------------------------|---|
|-----------------------------|---|

| Items that were issued or had a last activity date during the period: | Must be included on the report postmarked before: |
|--|---|
| 7/01/2014 through 6/30/2015 | November 1, 2016 |
| 7/01/2015 through 6/30/2016 | November 1, 2017 |
| 7/01/2016 through 6/30/2017 | November 1, 2018 |
| 7/01/2017 through 6/30/2018 | November 1, 2019 |
| //01/2017 through 6/30/2018 | November 1, 2019 |

Three year abandonment period

| Items that were issued or had a last activity date during the period: | Must be included on the report postmarked before: |
|--|---|
| 7/01/2012 through 6/30/2013 | November 1, 2016 |
| 7/01/2013 through 6/30/2014 | November 1, 2017 |
| 7/01/2014 through 6/30/2015 | November 1, 2018 |
| 7/01/2015 through 6/30/2016 | November 1, 2019 |

LIFE INSURANCE ENTITIES

One year abandonment period

| Items that were issued or had a last activity date | |
|--|---|
| during the period: | Must be included on the report postmarked before: |
| 01/01/2015 through 12/31/2015 | May 1, 2017 |
| 01/01/2016 through 12/31/2016 | May 1, 2018 |
| 01/01/2017 through 12/31/2017 | May 1, 2019 |
| 01/01/2018 through 12/31/2018 | May 1, 2020 |

Three year abandonment period

| Items that were issued or had a last activity date during the period: | Must be included on the report postmarked before: | | | | | | | |
|--|---|--|--|--|--|--|--|--|
| 01/01/2013 through 12/31/2013 | May 1, 2017 | | | | | | | |
| 01/01/2014 through 12/31/2014 | May 1, 2018 | | | | | | | |
| 01/01/2015 through 12/31/2015 | May 1, 2019 | | | | | | | |
| 01/01/2016 through 12/31/2016 | May 1, 2020 | | | | | | | |





Unclaimed Property Terms

Abandoned or Unclaimed Property

Tangible (safe deposit box contents) or intangible property that is unclaimed by its rightful owner after a specified period of time. This does not include real estate.

Abandonment Period

The period of inactivity after which property is considered abandoned.

Activity

Action taken on property by the owner including making a deposit or a withdrawal, negotiating a check, or a documented communication by the owner to the Holder.

Aggregate Amount

The amount below which the Holder need not perform due diligence and attempt to contact the owner prior to reporting funds as unclaimed property. The aggregate amount in Arizona is \$50. Please provide all available owner detail.

Custodian

An individual or entity that holds property until it is delivered to the rightful owner. Most states' laws make the state the "custodian" of abandoned property.

Date of Last Activity

The date of the owner's last activity related to the property or the owner's contact with the Holder.

Due Diligence

The statutorily required degree of effort a Holder of abandoned property must use to find the rightful owner of property before the property is remitted to the State.

Holder

Any business, individual, government body, or other entity in possession or control of property belonging to another party until transfer to a State unclaimed property program.

Indemnification

An agreement that protects the Holder or State from loss.

Official Check

A check or written instrument for which a bank, financial organization, or business association is directly liable, including, but not limited to, drafts, money orders, traveler's checks, cashier's checks, and expense checks.

Owner

A person having a legal or equitable claim to the abandoned property.

Record

Information that is inscribed on a tangible medium or that is stored in any electronic or other medium and that is retrievable in a perceivable form.

Report

A list of owners and the value of their unclaimed properties that is filed with the Department on an annual basis.

Tangible Personal Property

Physical property, such as objects kept in safe deposit boxes.

Underlying Shares

Shares of stock that have been issued by a business association or a financial institution. The original certificates for the shares are in the possession of the shareholders, who have failed to either cash the dividend checks or correspond with the issuing corporation.



Checklist

- □ Have you entered the required holder and remittance information on the front page of your report form?
- □ Have you enclosed your check made payable to: Arizona Unclaimed Property Unit?
- □ Have you enclosed your Schedule A? Is all of the available owner information included?

If reporting securities:

- □ Have you followed the Instructions for Securities Remittance?
- □ Have the securities been re-registered in the State of Arizona's nominee name?
- □ Have you completed the appropriate security information on Schedule A?
- □ Have you enclosed notification of any DTC share transfer with your report submission?

If reporting mutual funds:

- □ Have the mutual funds been transferred to an account in the name of the Arizona Department of Revenue, Unclaimed Property Unit, FEIN 86-6004791?
- □ Have you enclosed the mutual fund confirmation statements?

If reporting safe deposit boxes:

- □ Have you followed the Instructions for Safe Deposit Remittance? (See page 10)
- Have you enclosed your Safe Deposit Box Report separately from your cash and securities repots?
- □ Have you enclosed a legible and readable copy of each inventory sheet for each box reported?



| ARIZONA FORM | Arizona Department of Revenue • Unclaimed Property Section |
|--------------|--|
| 650A | REPORT OF ABANDONED PROPERTY |

If your report contains more than 10 items you MUST submit an electronic file in NAUPA Standard Format. Form 652 (Schedule A) MUST be completed if you are reporting 10 items or less and are not submitting an electronic file.

| If you are remitting | securities, please use <i>i</i> | Arizona Form 650B |
|------------------------------|---------------------------------|--------------------------|
| If you are remitting safe de | posit box contents, plea | se use Arizona Form 650C |

| 4 | Entity Name (Holder) | | | | | | | | | |
|---|--|---|--------------|---|--------------|---------------------------------------|--|--|--|--|
| | Federal ID Number | | | State / Date of Incorporation | | | | | | |
| | Prior Name - If Entity I | Name has changed | | Previous Holder - If you are a success | or to a prev | vious holder | | | | |
| | | questions from Unclaimed Proper | ty staff | | | | | | | |
| | Name | | | | | | | | | |
| | Direct Telephone Num | ber | | | | | | | | |
| | E-mail Address | | | | | | | | | |
| | Mailing Address | | | | | | | | | |
| | City | | | | State | ZIP code | | | | |
| | Customer Contact - For use by owners of reported property | | | | | | | | | |
| 2 | Name Same as Contact Person Telephone Number | | | | | | | | | |
| | E-mail Address | | | | _ | | | | | |
| 0 | Summary of Abandoned Property Reported | | | | | | | | | |
| | Total amount of prope | rties under \$50 | | In order to facilitate customer servi | | | | | | |
| | \$ Total amount of proper | tion over CO with known owners | Total amo | possible, you do not aggregate these f nt of properties with <u>unknown</u> owners | · · · | · · · · · · · · · · · · · · · · · · · | | | | |
| | s | nies over \$50 with <u>known</u> owners | s since | In or properties with <u>unknown</u> owners | \$ | ort Amount | | | | |
| 4 | | | | l owners and properties, in accordance e www.azunclaimed.gov. | with A.R.S | . § 44-307(B), | | | | |
| | | | | protocols (see the Arizona Unclaimed urate payment to the reported owners. | Property R | eporting Manual). | | | | |
| | 4d. Written notice has | been sent to the owners of all pr | operties bei | ng reported/remitted in accordance with | A.R.S. § 4 | 4-307(E). | | | | |
| 5 | | | | aimed Property on behalf of the above r forth in the schedules, and all documer | | | | | | |

Print Name

Signature

Date

MAIL TO: Arizona Unclaimed Property Section • 1600 West Monroe Street, Division Code 10 • Phoenix, AZ 85007

| FOR DEPARTMENT USE ONLY | | | | | | |
|-------------------------|--------------|--|--|--|--|--|
| Deposit No. | Receipt No. | | | | | |
| | | | | | | |
| | | | | | | |
| Check No. | Check Amount | | | | | |
| | | | | | | |
| | | | | | | |

ARIZONA FORM 650B

Arizona Department of Revenue • Unclaimed Property Section

REPORT OF ABANDONED SECURITIES

If your report contains more than 10 items you MUST submit an electronic file in NAUPA Standard Format. Form 652 (Schedule A) MUST be completed if you are reporting 10 items or less and are not submitting an electronic file.

DATE STAMP

If you are remitting abandoned property, please use Arizona Form 650A If you are remitting safe deposit box contents, please use Arizona Form 650C

| Entity Name (| (Holder) |
|---------------|----------|
|---------------|----------|

| Federal ID Number | State / Da | ate of Incorporation | | | |
|--|---|---|--|---|---|
| Prior Name - If Entity Name has changed | Previous | Holder - If you are a success | sor to a prev | vious holder | |
| Contact Person - For questions from Unclaimed Propert | ty staff | Securities | s Contact | | |
| Name | - | Name | | | |
| Direct Telephone Number | | Direct Te | ephone Number | | |
| E-mail Address | | E-mail Ac | ldress | | |
| Mailing Address | | Mailing A | ddress | | |
| City State ZIP of | code | City | | State | ZIP code |
| Customer Contact - For questions from owners of report | ted property | y | | | |
| Name Same as Contact P | Person | Telephon | e Number | | |
| Summary of Abandoned Securities Reported Total amount of properties under \$50 \$ Total amount of properties over \$50 with known owners | | possible, | to facilitate customer serv you do not aggregate these erties with <u>unknown</u> owners | funds in yo Total Rep | |
| \$ Channe of Charly Jacua Name | \$ | 0 | | \$ | f Change |
| Shares of Stock: Issue Name | Sent DTC |] No | CUSIP No. | Number | of Shares |
| | | | | ccompany re | |
| You are required to attach a verification staten Dividend reinvestment plans will not be accepted in I See the Arizona Unclaimed Pr For questions about the report or transfer of securit 4a. I have attached a true and correct list (Schedule A) Reporting software is available for free download or | operty Repo ties, call (60 of individua | orting Man 02) 716-60 Il owners a | ual 651 for detailed instruction 32. For mutual funds question nd properties, in accordance | ons. ons, call (60 | 2) 716-6031. |
| Dividend reinvestment plans will not be accepted in I See the Arizona Unclaimed Pr For questions about the report or transfer of securit 4a. I have attached a true and correct list (Schedule A) | operty Reputies, call (60 of individua n our websit | orting Man 02) 716-60 Il owners a te www.az | ual 651 for detailed instruction 32. For mutual funds question and properties, in accordance unclaimed.gov. (see the Arizona Unclaimed | ons. ons, call (60 with A.R.S Property R | 2) 716-6031. . § 44-307(B), |
| Dividend reinvestment plans will not be accepted in I See the Arizona Unclaimed Pr For questions about the report or transfer of securit 4a. I have attached a true and correct list (Schedule A) Reporting software is available for free download or 4b. I have reviewed and understand the State of Arizor | operty Reputies, call (60 of individua n our websit na payment vill allow acc | orting Man 02) 716-60 Il owners a te www.az t protocols curate pay | ual 651 for detailed instruction 32. For mutual funds question and properties, in accordance unclaimed.gov. (see the Arizona Unclaimed ment to the reported owners. | ons. ons, call (60 e with A.R.S Property R | 2) 716-6031. . § 44-307(B), eporting Manu |

Print Name

Signature

Date

MAIL TO: Arizona Unclaimed Property Section • 1600 West Monroe Street, Division Code 10 • Phoenix, AZ 85007

| FOR DEPARTMENT USE ONLY | | | | | |
|-------------------------|--------------|--|--|--|--|
| Deposit No. | Receipt No. | | | | |
| | | | | | |
| | | | | | |
| Check No. | Check Amount | | | | |
| | | | | | |
| | | | | | |

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4

ARIZONA FORMArizona Department of Revenue • Unclaimed Property Section650CREPORT OF SAFE DEPOSIT BOX CONTENTS

DATE STAMP

| | Entity Name (Holder) | | | | | | | |
|---|---|--|--|--|---|----------|--------------|----------------------|
| | Federal ID Number | | | Report Confirmati | tion Number (see n | 10. 3 be | low) | |
| | Holder Contact (for use by Unclaime | ed Property staff) | | Transfer/Reporti | ng Agent Contact | (for use | by Unclai | imed Property staff) |
| | Name | <u></u> | | Name | "J · J · | | ~ | |
| | Title | | | Title | | | | |
| | Direct Telephone Number | | | Direct Telephone | Number | | | |
| | E-mail Address | | | E-mail Address | | | | |
| | Mailing Address | | | Mailing Address | | | | |
| | City | State | ZIP code | City | | · | State | ZIP code |
| | Customer Contact (for use by owners | s of reported prop | perty) | | | | | |
| 2 | Name | | as Holder Contact | Telephone Numbe | er | E-mai | il Address | |
| | Mailing Address | | | | | | | |
| | City | | | | State | | ZIP Code | 9 |
| 2 | | Sumn If you are remitti If you are r | nary of Safe Deposing abandoned pro emitting securities | sit Box Contents Re perty, please use A , please use Arizona | eported vizona Form 650A a Form <u>650B</u> | | | |
| 9 | Number of Safe Deposit Boxes Repo | orted/Remitted | Previo | ous Holder (If you a | are a successor to | a previo | | of the property) |
| | After sub <u>Do no</u> tsend safe depo Attach a copy of this | osit box contents w | vithout a report confi | | n the Unclaimed Pro | operty V | ault Special | |
| 4 | 4a. I have attached a true and correct Reporting software is available | tlist (Schedule A) (for free downlo | of individual owner ad on our websit | s and properties, in e www.azunclaime | accordance with A ed.gov. | R.S. § | 44-307(B). | |
| | 4b. I have reviewed and understan The relationship codes reported | nd the State of A for each property | rizona payment p will allow accurate | rotocols (see the A e payment to the re | rizona Unclaimed eported owners. | Proper | ty Reportin | ıg Manual) |
| | 4c. Written notice has been sent to | the owners of all | properties being re | ported/remitted in a | accordance with A | R.S. § | 44-307(E) | I |
| 5 | I hereby certify that I have the authority to execute this report of Unclaimed Property on behalf of the above named holder. I declare under penalty of perjury that the foregoing information, the information set forth in the schedules, and all documentation I have or will provide is true and complete. Acting as the authorized representative of the entity named above, I agree to indemnify the State of Arizona and hold it harmless against any and all claims, judgments, decrees, costs, expenses (including reasonable attorney fees) or any other loss which either the State or owner might sustain in situations where the above described property is destroyed, damaged, lost, or stolen during the delivery of the property to the State of Arizona by a third party. | | | | | | | |
| | | | | | | | | |
| | Print Name | | Signature | | | | Date | |
| | Mailing address: Arizona Uncla | aimed Property S | Section • 1600 W | est Monroe Street | t, Phoenix, AZ 85 | 007 | | |
| | | FOR DE | PARTMENT U | SE ONLY | | | | |
| | Deposit No. | | Receipt No. | | | Hol | lder No. | |
| | | | | | | | | |
| | Check No. | | Check Amoun | | | Rer | port No. | |

Arizona Department of Revenue • Unclaimed Property Section <u>ARIZONA FORM</u> 650D **NEGATIVE REPORT OF ABANDONED PROPERTY** Entity Name (Holder) Federal ID Number State / Date of Incorporation Period Covered Prior Name (if Entity Name has changed) Previous Holder Holder Contact (for use by Unclaimed Property staff) Name **Direct Telephone Number** E-mail Address Mailing Address City ZIP code State

2

The undersigned declares under penalty of perjury, that to the best of his/her knowledge and belief, the above named entity has no property which would be presumed abandoned under the Arizona Uniform Unclaimed Property Act for the period covered as stated and that he/she is duly authorized to execute this report.

Print Name

Signature

Date

MAIL TO: Arizona Department of Revenue Unclaimed Property Unit 1600 W Monroe Street, Division Code 10 Phoenix, AZ 85007

For assistance in the Phoenix area: (602) 364-0380 or outside the Phoenix area toll free: (877) 492-9957 To speak to the reporting specialist: (602) 716-6031 Fax: (602) 716-7997 • www.azunclaimed.gov • Email: ReportingUnclaimedProperty@azdor.gov ARIZONA FORM 652

Arizona Department of Revenue • Unclaimed Property Section REPORT OF ABANDONED PROPERTY - SCHEDULE A

This Schedule A must accompany a Form 650A or 650B and should be utilized ONLY if your report contains 10 items or less.

| HOLDER NAME | | | | Federal | Employer | ion Numbe | Grand Total Remit | Grand Total Remitted | | | |
|--|-----------------|---------------|-----------------|---|--|-------------|--|-------------------------|-------------------------|---------------------|-------------------|
| | | | | | | | | | \$ | | |
| Item no Account # | | | | | Check # | | | | | NAUPA property type | |
| Cash amount remitted Inte | | | | Interest rate | nterest rate Last activity | | | | | | |
| Owner's last name Owner's first name / middle initial Owner's mailing address | | | | | | | | | | | |
| City, state, ZIP code Co | | | | Country | Owner's Tax ID (SSN or EIN) | | Owner's date of birth NAUPA relationsh | | A relationship code | | |
| Fee/Drilling | cost | No. of shares | remitted | Security/Mutu | ity/Mutual Fund name | | | | CUSIP no. | Date o | f Death |
| | COMF | PLETE THE | FIELDS BE | LOW IF TH | IERE IS | MORE 1 | HAN ON | IE OWN | ER FOR THIS PRO | PERT | (|
| Additional o | wner's last nam | ie | | Additional ow | dditional owner's first name / middle initial Additional owner's Tax ID (SSN | | | | l owner's Tax ID (SSN o | or EIN) | Relationship code |
| Additional owner's date of birth Additional owner's | | | ner's date of o | r's date of death Other information available | | | | | | | |
| Additional owner's last name Additional | | | Additional ow | ner's first i | name / mio | dle initial | Additiona | l owner's Tax ID (SSN o | r EIN) | Relationship code | |
| Additional owner's date of birth Additional owner's | | | | ner's date of o | death | Other info | ormation a | vailable | | | |

| Item no | Account # | | Check # | | | | | NAUPA property type | | | |
|---|------------------|--|---------------|-------------------|--|-------------------------|------------|-----------------------|-------------------------------|--------|----------|
| Cash amount remitted | | | | Interest rate | | | | | Last activity date (required) | | |
| Owner's las | t name | | | Owner's first n | ame / middle initial Owner's mailing address | | | | | | |
| City, state, | ZIP code | | | Country | Country Owner's Tax ID (SSN or EIN) | | | Owner's date of birth | NAUPA relationship code | | |
| Fee/Drilling | cost | No. of shares | remitted | Security/Mutua | Mutual Fund name | | | | CUSIP no. | Date o | of Death |
| | COM | PLETE THE | FIELDS BE | ELOW IF THI | ERE IS | MORE 1 | HAN ON | IE OWN | ER FOR THIS PRO | PERT | Y |
| Additional owner's last name Additional owner's first name / middle | | | | dle initial | Additiona | I owner's Tax ID (SSN o | or EIN) | Relationship code | | | |
| Additional owner's date of birth Additional owner's date of death Other information available | | | | | | , | | | | | |
| Additional o | owner's last nam | ne Additional owner's first name / middle initial Ad | | | Additiona | I owner's Tax ID (SSN o | or EIN) | Relationship code | | | |
| Additional o | owner's date of | birth | Additional ow | iner's date of de | eath | Other info | ormation a | vailable | | | |

ARIZONA FORM 670

Arizona Department of Revenue HOLDER REIMBURSEMENT REQUEST FORM

| | Owner Informa | ition | | | | | |
|---|--|--|---|---|---|--|--|
| 1 | Report Year | Report Amount | Property Type Code | | Aggregate YES | 🗖 NO | Property Amount |
| | Owner's Name | as Indicated on Report | | | | | |
| | Additional Owr | ner as Indicated on Report | | | | | |
| | Owner's Street | Address | | | | | |
| | Owner's City o | r Town | | | Owner's State | | Owner's ZIP Code |
| | Property Desc | ription | | | .1 | | |
| | Holder Informa | ition | | | | | |
| 2 | Holder Name | | | | | | |
| | Tax Identification | on Number | | | | | |
| | | | | | | | |
| | Mailing Address | 5 | | | | | |
| | City or Town | | | | State | | ZIP Code |
| | Contact Person | 1 | | Title | 1 | | |
| | Telephone Nun | nber | | E-mail Add | ress | | |
| 3 | information pro correct. By de is valid and jus herein named, losses, suits, c | wided by the reporting instit monstrating that the owner, st. Upon payment by the Ar agrees to indemnify and ho or actions, arising from or re | tution (holder) to substantiate , or his/her personal represe izona Department of Reven old harmless the State of Ari. | e payment to t ntative was pa ue of the reim zona, its empl io hereafter as | he owner or rein aid or reinstated, bursement descr oyees and agen | statement o I hereby ce ibed above s from any | ed upon personal knowledge, the f the remitted account is true and ertify this claim for reimbursement , the reporting institution (holder), and all liability, claims, demands, sh right to payment of the above |
| 4 | | | | | | | |
| | Signature | | Date | | | | |
| | Subscribed and | Affirmed before me by: | | | | | |
| | this | day of | , 20 | · | | | |
| | State of | | | County of _ | | | |
| | | | | | (Affix Se | eal Here) | |
| | Notary Public S | ignature | | | (* iiiii 0) | | |
| M | AIL TO: Arizon | a Department of Reve | enue • Unclaimed Pro | perty Unit | • PO Box 290 | 26 • Pho | enix, AZ 85038-9026 |

For assistance in the Phoenix area: (602) 364-0380 or outside the Phoenix area toll free: (877) 492-9957 Fax: (602) 542-2089 • www.azunclaimed.gov



Arizona Department of Revenue • Unclaimed Property Section

1600 W Monroe • Phoenix, AZ 85007

REPORT OF ABANDONED PROPERTY Verification and Checklist

Verification for Period Ended:

Every person, corporation or other business association, banking or financial organization, life insurance corporation, utility, court or public authority must complete the following checklist before filing their Arizona Annual Report of Property Presumed Abandoned. This checklist includes by way of illustration, but not limitation, those items which are covered by Section 44-301 et seq of the Arizona Revised Uniform Unclaimed Property Act. All of the following types of property, with the exception of travelers checks must be reported if they have remained unclaimed for one or more years. Travelers checks should be held fifteen (15) years. Please complete the checklist by checking the box next to each applicable item.

ACCOUNT BALANCES

- A. Checking accounts
- B. Savings accounts
- C. Matured certificates of deposit or savings certificates
- D. Christmas Club accounts
- E. Money on deposit to secure funds
- F. Security deposits
- G. Unidentified deposits
- H. Suspense accounts
- Any sum owing to a shareholder, certificate holder, member, bond holder or other security holder, or participating member of a cooperative, such as:
 - 1. dividends
 - 2. interest
 - 3. principal payments
 - 4. equity payments
 - 5. profits
 - 6. other distributions
- J. Escrow funds

TRUST, INVESTMENT AND ESCROW ACCOUNTS

- A. Paying agent accounts
- B. Unclaimed dividends
- C. Funds held in a fiduciary capacity
- D. Funds paid toward the purchase of shares, or interest in a financial or business organization
- E. Funds received for redemption of stocks and bonds
- F. Stocks
- G. Bonds
- H. Any other certificates of ownership
- I. Suspense liabilities

UTILITIES

- A. Utility deposits
- B. Membership fees
- C. Refunds or rebates

COURT DEPOSITS

- A. Escrow funds
- B. Condemnation awards
- C. Missing heirs funds
- D. Suspense accounts
- E. Victim's restitution
- \square F. Any other type of deposit made with a court or public authority

TANGIBLE PROPERTY

- A. Contents of safe deposit boxes
- B. Contents of any other safekeeping repository
- C. Other tangible property

MISCELLANEOUS CHECKS AND INTANGIBLE PERSONAL PROPERTY HELD IN THE ORIDINARY COURSE OF BUSINESS

- A. Wages, payroll or salary
- B. Commissions
- C. Expense checks
- D. Workman's Compensation benefits
- E. Pension checks
- F. Credit checks or memos
- G. Payments for goods and services
- H. Customer overpayments
- I. Unidentified remittance
- J. Unrefunded overcharges
- K. Accounts payable
- L. Credit balances accounts receivable
- □ M. Discounts due
- N. Refunds
- O. Unredeemed gift certificates
- P. Vendor checks
- Q. Mineral proceeds
- R. Royalties
- S. Any other miscellaneous outstanding checks
- T. Any checks that have been written off to income or surplus
- U. Any other miscellaneous intangible personal property

OFFICIAL CHECKS

- A. Certified checks
- B. Cashier's checks
- C. Registered checks
- D. Treasurer's checks
- E. Drafts
- F. Warrants
- G. Money orders
- H. Travelers checks
- I. Foreign exchange
- J. Any other official checks or exchange items

DISSOLUTIONS

□ A. All property distributable in the course of voluntary or involuntary dissolution or liquidation which is unclaimed within one year after the date for final distribution is presumed abandoned.

INSURANCE

- A. Amounts due and payable under terms of insurance policies
- B. Claim payments
- C. Drafts unpresented for payment
- D. Matured whole life, term or endowment insurance policies or annuity or supplementary contracts
- E. Other amounts due under policy terms