

**STATE OF SOUTH CAROLINA  
UNCLAIMED PROPERTY PROGRAM  
PO BOX 11778  
COLUMBIA, SOUTH CAROLINA 29211**

**HOLDER'S CLAIM FOR REIMBURSEMENT**

Section 27-18-210 (B) of the South Carolina Code of Laws allows a holder who has reported and remitted an account to the State Treasurer as unclaimed to make payment to the owner and then to seek reimbursement from the State Treasurer for that payment. **Before paying the rightful owner, we urge you to call the Unclaimed Property Program Office at (803) 737-4771 to verify the funds have not already been claimed.**

To request a reimbursement, return this form, *along with evidence the owner has been paid* (e.g., copy of the check issued, verification of an account being re-established), to State Treasurers Office Unclaimed Property Program, P. O. Box 11778, Columbia, SC 29211. Normal processing time for a holder reimbursement is three weeks.

HOLDER INFORMATION

Holder Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Attn: \_\_\_\_\_ Phone number \_\_\_\_\_

Federal Tax Identification number \_\_\_\_\_ Fax number \_\_\_\_\_

OWNER ACCOUNT INFORMATION

Owner(s) name and address **exactly** as reported \_\_\_\_\_

Year account reported \_\_\_\_\_ Amount reported for above owner \$ \_\_\_\_\_

The undersigned states, under penalty of perjury, that a payment of \$\_\_\_\_\_ was made by the undersigned holder to the owner(s) listed above who was (were) rightfully entitled to this money and that a claim for reimbursement is hereby made pursuant to the provisions of the laws of South Carolina.

Upon receipt of payment of this reimbursement, the undersigned holder agrees to indemnify and hold harmless the State of South Carolina, its officers and employees, from any loss or expense relating to the payment of such reimbursement.

Sworn to and subscribed before me,  
this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Signature

Notary Public for \_\_\_\_\_  
My commission expires \_\_\_\_\_

\_\_\_\_\_  
Print name and title

**THIS FORM MAY BE DUPLICATED.**