

**STATE OF SOUTH CAROLINA
UNCLAIMED PROPERTY PROGRAM**

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, *with evidence the owner has been paid* (e.g., copy of the check issued, verification of an account being re-established), to the **State Treasurers Office Unclaimed Property Program, P. O. Box 11778, Columbia, SC 29211**. Normal processing time for a holder reimbursement is 4-6 weeks.

HOLDER INFORMATION

Holder Name _____

Mailing Address _____

City _____ State _____ Zip _____

Attn: _____ Phone number _____

Federal Tax Identification number _____ Fax number _____

OWNER ACCOUNT INFORMATION

If you are requesting reimbursement for a single account/owner, complete the information listed below. If you are requesting reimbursement for multiple accounts/owners, you may attach a list of all owners to a single form. Please note: If your company files under multiple FEINs, reimbursements for each FEIN should be submitted separately.

Owner's Name (As Reported)	Owner's Address (As Reported)	Year Reported	Amount Reported for Owner

The undersigned states, under penalty of perjury, that a payment of \$_____ was made by the undersigned holder to the owner(s) listed above/attached 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 _____, 20____

Signature of Holder Representative

Notary Signature

Name and title of Holder Representative:

Notary Public for _____

My commission expires _____