

Reference number

Please print in block letters using black or blue ink.

For all claims inquiry email: claim@ouf-unclaimed.com

To be filled in by the beneficiary or beneficiaries

Each beneficiary must fill in this form. If there is more than one beneficiary, each beneficiary must fill in a separate form.
To find out exactly what documents you need to provide us with for your claim, please ask for our HOW TO SUBMIT A CLAIM information page.

1. BENEFICIARY DETAILS

Title Mr Ms Mrs Other Initials

First names

Surname

Occupation ID number/SSN

Type of Claim: Inheritance Investment Other (please explain)

Contact numbers
 (Work) Code Number
 (Home) Code Number

Date of Birth Status

Cellphone number

Email address

Residential address Postal code

Amount in words

General Note

2. BENEFICIARY BANK ACCOUNT DETAILS

Name of bank

Name of account holder

Branch name Routing

Account number Account type Checking Savings Brokerage

Swift/BAN/Sort code (for foreign bank accounts only)

- We pay all claims by Wire Transfer into each beneficiary's bank account.
- We don't pay in cash or by cheque.
- If you don't have a bank account, you need to open one.
- The bank account must be in your name.
- We do not pay into third party accounts.
- If you are a minor, you still need a bank account in your name.
- We are not responsible if we pay into an incorrect bank account based on incorrect banking information given to us.

3. DECLARATION OF BENEFICIARY

I confirm that the information I have provided on this form is true and correct to the best of my knowledge.
 I cannot hold Office of Unclaimed Funds (OUF) responsible if any money is paid into an incorrect bank account as a result of any information I have given.
 I give Office of Unclaimed Funds (OUF) consent to confirm the information on this form with any other source.
 I declare that I am legally entitled to the unclaimed money which is the subject of this claim.
 I acknowledge that under Unclaimed Money Act 1995, penalties apply for making a false or misleading statement in connection with a claim.
 I hereby claim funds held with Office of Unclaimed Funds (OUF), this claim supersedes any and all prior claims made by me or on my behalf

Signed at this day of 20

Signature of beneficiary

PERSONAL INFORMATION PROTECTION ACT

Personal information detailed on this claim form is guided by the Privacy Act which Prohibits disclosure of such records without the prior, written consent of the individual