

****Important**** Before paying a claimant, it is recommended that your company contact our office to ensure that the missing owner reported has not been paid by the State Treasurer's Office.

State Treasurer Michael L. Fitzgerald's
Great Iowa Treasure Hunt
www.greatiowatreasurehunt.com

MAIL COMPLETED FORM TO:
Michael L. Fitzgerald
Great Iowa Treasure Hunt
Lucas State Office Building
321 East 12th Street
1st Floor
Des Moines, Iowa 50319
(515) 281-5367

HOLDER REIMBURSEMENT FORM

Boxes 1-6 must be completed by holder.

* **Required Fields** - Any Required Field(s) left blank will result in the Holder Reimbursement Form being returned back to the holder.

1. Verified Legal Claimant Information (to whom the funds should be paid)	2. Holder Information (entity that filed yearly unclaimed property report)
Reported Owner Name: *	Federal Tax Id Number: *
Claimant Name: * (If holder reimbursed owner write "Same as Holder")	Holder's Name: *
C/O or Attention: *	Mailing Address: *
Mailing Address(street, city, state, zip): *	City, State, Zip: *
Claimant SSN Number / Tax ID Number: *	Phone Number: *

Information Regarding Reported Property (one form needed for each report year)	Treasurer's Office Use Only
Year Reported: * Was Property Reported in Aggregate? * Is Property Gift Card(s)? * _____ YES _____ NO _____ YES _____ NO	Property ID Number:
Requested Reimbursement (Indicate amount of cash or number of shares):* Cash: _____ Shares: _____	Claim ID Number:

4. REIMBURSEMENT INFORMATION: (check one to indicate your particular scenario and attach necessary documentation) *

_____ Reimburse the claimant at the above claimant address (holder chooses to have our office handle the paperwork but has identified the owner).

_____ Reimburse the holder - the missing owner has been reimbursed (If the holder repays the owner directly rather than sending them to our office).
Proof of payment requirements are **(choose from ONE of the following)**:

- a) Photocopy of the front and back of the cancelled check.
- b) A statement signed by the claimant acknowledging payment along with a copy of claimant's ID or drivers license.
- c) If an internal transaction took place, proof of internal reimbursement either on or accompanied by company letterhead signed by two company officers.
- d) If a gift card was redeemed at place of business, amount escheated, value of card at time of redemption, and card number.

_____ Reimburse the holder - Error with report or property submitted (report has been filed and a certain item(s) should not have appeared on report).
A letter on company letterhead with detailed explanation regarding error in report/property. Letter must be signed by two company officers.

5. Holder's Declaration ***IMPORTANT***	6. Notary Declaration ***IMPORTANT***
I certify that all above statements and attached documents are in good order and that this holder has verified the validity of this claim and therefore requests the release of the funds by the Office of the State Treasurer of Iowa according to the above indicated manner. <input checked="" type="checkbox"/> _____ Signature of Preparer _____ Title _____ Phone Number	Preparer of the form must have their signature notarized. On this day, the ___ of _____, 20___, _____ (name of preparer) appeared before me and signed this document. <input checked="" type="checkbox"/> _____ Signature of Notary Public _____ Commission Expires