

STATE OF NEW YORK OFFICE OF THE STATE COMPTROLLER Office of Unclaimed Funds

Hold Harmless Form

In consideration of the payment of this claim, I will reimburse to the Office of the State Comptroller and the State of New York the amount due to any additional persons who are entitled to these funds. Under penalty of perjury, I certify that the information on this affidavit is true and correct and that the number shown on this affidavit is the correct Taxpayer Identification Number.

Internal Revenue Service and/or other taxing authorities. If your claim is subject to such a requirement, and you don't provide the requested information at this time, we'll require that you provide such information prior to payment. The information provided will be maintained in the Unclaimed Funds Processing System which is under the direction of the Assistant Director of Services of OUF, 110 State Street, Albany, NY 12236

SIGNATURE	
CURRENT ADDRESS APT#	
CITY STATE ZI	 >
TAXPAYER IDENTIFICATION NUMBER	
DATE OF BIRTH	
DAYTIME TELEPHONE NUMBER	
EMAIL ADDRESS (If available)	SWORN TO BEFORE ME THIS
	DAY OF, 20
	NOTARY PUBLIC
Return this form by mail: Office of Unclaimed Funds 110 State Street Albany, NY 12236 Submit online: <u>https://ouf.osc.state.ny.us/ouf/cs</u>	Contact us: <u>nysouf@osc.ny.gov</u> or 800-221-9311. Visit our webpage at <u>https://www.osc.ny.gov/unclaimed-funds</u> . We invite you to like us on Facebook at facebook.com/nyscomptroller and follow us on Twitter at @NYSComptroller
Date of Birth on this form in order to verify your identity and that	nptroller's Office of Unclaimed Funds (OUF) is requesting you to provide your Taxpayer Identification Number and/or you're entitled to claim the funds. OUF is authorized to collect this information under Section 1406 of the NYS y and we will process your claim without it. However, in certain cases OUF is required to report the transaction to the