

STATE OF NEW YORK OFFICE OF THE STATE COMPTROLLER OFFICE OF UNCLAIMED FUNDS

## **Estate Hold Harmless Form**

**Limitation Statement** 

In consideration of the payment of this claim, the Estate 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.

| SIGNATURE OF ESTATE REPRESEN   | ITATIVE  | * ESTATE TAX IDENTIFI  | CATION NUMBER   |  |
|--|--|--|---|--|
| CURRENT ADDRESS  | APT#   |  |   |  |
| CITY STATE   | ZIP  | DAYTIME TELEPHONE I  | NUMBER  |  |
|  |  | EMAIL ADDRESS (if ava  | ilable)   |  |
| ESTATE of  |  |  |   |  |
| Limitation Statement: By initialing t<br>funds being collected for the Estate<br>Appointment submitted as of the da  | e don't exceed any l   | mitations imposed by the   |   |  |
| ESTATE REPRESENTATIVE INITI  | ALS  |  |   |  |
|  |  | SWORN TO BEFORE I  | ME THIS   |  |
|  |  |  | , 20  |  |
|  |  | NOTAR  | Y PUBLIC  |  |
| *An Estate Tax Identification Number (   | EIN) is only required  | when there is a court appoir   | ited estate representative.   |  |
| Return this form by mail: Office of<br>Unclaimed Funds 110 State Street<br>Albany, NY 12236  | Contact u  | Contact us through the online contact form at <u>https://www.osc.ny.gov/</u><br>unclaimed-funds/claimants/contact-us                     |   |  |
|  | Visit our webpage at <a href="https://www.osc.ny.gov/unclaimed-funds">https://www.osc.ny.gov/unclaimed-funds</a>                                     |  |   |  |
| Submit online:<br>https://ouf.osc.state.ny.us/ouf/cs   | We inv   | ite you to like us on Facebook.con<br>follow us on Twitter at @NYSC  |   |  |
| NYS Personal Privacy Protection Law Notification: The NY<br>Date of Birth on this form in order to verify your identity ar<br>Abandoned Property Law. Disclosing this information is vu<br>Internal Revenue Service and/or other taxing authorities. If<br>provide such information prior to payment. The informatic<br>Director of Services of OUF, 110 State Street, Albany, NY 13 | Id that you're entitled to claim the<br>pluntary and we will process your<br>your claim is subject to such a re<br>on provided will be maintained in | funds. OUF is authorized to collect this inf<br>claim without it. However, in certain cases<br>quirement, and you don't provide the requ | formation under Section 1406 of the NYS<br>SOUF is required to report the transaction to the<br>ested information at this time, we'll require that yo |  |