



Department of the Treasury
Division of Unclaimed Property
 P O Box 2485 Richmond, VA 23218-2485

Claim Form

Approved	User	Date
1st Level		
2nd Level		
3 rd Level		

Owner Information Please enter the requested information. Personal information submitted on this form is kept confidential and is NOT shared with any other State Agency, business or individual.

1. The name as listed in this paper: _____

 (Former names, different surnames, spouse, if applicable) (SSN of person or Federal Tax Id of organization)

2. The account number listed _____

3. Please select one of the following:

- I am the person listed in Part I or authorized to represent the company
- The person listed in Part 1 is deceased
- The person listed in Part 1 is my: ___ spouse ___ child ___ sibling ___ parent ___ other

4. Please direct correspondence to me:

Name _____
 Address _____
 email: _____ Telephone _____

5. Previous mailing addresses for the name in Part I: (for additional address, please use back of this page)

1. _____
 2. _____
 3. _____
 House/Building # and Street name or Box # City State ZIP

6. In order to process my claim, I am enclosing copies of both:

my photo ID (such as driver's license) AND a document with my Social Security Number on it (tax form, SS card or similar document). We will accept fax copies of your personal identification documents at **804-692-0576**, but your claim cannot be processed unless you return this Form with your original signature by mail to the address in the top left corner of this form.

7. Please read and sign the following affidavit:

Under the penalty of perjury, I certify that I am the claimant above; I have not received the money or property involved in this claim; I accept fiduciary responsibility for the distribution of these assets, if appropriate, and do not know of anyone else with a superior claim to these assets. I agree to return the property to the State Treasurer if it is later determined that it belongs to someone else, and to reimburse the State for any loss resulting in payment of this claim to me. Any and all accounts that I am entitled to claim based on the documentation I have provided are hereby incorporated into this request.

 Signature



 Date

Form Instructions:

Part 1. Enter in the name of the person or company listed in this advertisement. You may use the second line to enter the name of a spouse (if any) any former names used, and the social security number or Federal Tax Identification Number of the person or company you entered. This information will be used to search our records and locate all accounts for the listed owner. You may make a copy of this form if you want to search for accounts for more than one person or company.

Part 2. Enter the Account number as listed in this advertisement. If you are sending in a general inquiry and there is no account advertised for the name you entered in Part 1, leave this space empty.

Part 3. Please identify your role in completing this form. Is it for yourself, a family member, a business you represent, a deceased person?

Part 4. Please provide the contact information for yourself. If you have an email address and that is your preferred method of contact, please enter that information, and we will correspond with you by email.

Part 5. Please list all previous mailing addresses for the person or company listed in Part 1.

Part 6. Please submit a copy of personal identification for yourself (or the person who intends to claim the account). Acceptable identification types are drivers' license, security badge with signature and photo, passport, etc. Also required is a copy of a document with your full social security number. Acceptable document types are social security card, W-2 forms, completed income tax returns, notices from the Social Security Administration, Health Insurance cards, etc.

Part 7. Please read and sign the affidavit. This affidavit incorporates all accounts reported that you are entitled to claim. **Mail** a copy of this Form bearing your original signature to the address at the top left corner of the form. Please include photocopies of the requested documents from Part 6. If you do not wish to mail copies of your personal identification, mail this Form by itself, then fax a copy of your completed Form and your copies of documents from Part 6 to: **804-692-0576**.