

***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.

1. Verified Legal Claimant Information	2. Holder Information
Reported Owner Name: (*)	Federal Tax Id Number: (*)
Claimant Name: (*)	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: (*)

3. Information Regarding Reported Property	Treasurer's Office Use Only
Year Reported: (*) Aggregate: (*) _____ _____ YES _____ NO	Property ID Number:
Type of Property Reported: (*) Amount: _____ Shares: _____	Claim ID Number:

4. REIMBURSEMENT INFORMATION: (CHECK ONE) (*)

_____ *Reimburse the claimant at the above claimant address.*

_____ *Reimburse the holder - the missing owner has been reimbursed.*
Proof of payment requirements are: photocopy of the front and back of the cancelled check, **OR** a statement signed by the claimant acknowledging payment along with a copy of claimant's ID or drivers license, **OR** if an internal transaction took place a print screen on company letterhead must be signed by two company officers and notarized by a public notary.

_____ *Error with report or property submitted.*
Proof of payment requirements are: 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***
<p>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.</p> <p><input checked="" type="checkbox"/> _____ Signature of Preparer</p> <p>_____</p> <p>Title</p> <p>_____</p> <p>Phone Number</p>	<p>Preparer of the form must have their signature notarized.</p> <p>On this day, the ___ of _____, 20___, _____ (name of preparer) appeared before me and signed this document.</p> <p><input checked="" type="checkbox"/> _____ Signature of Notary Public</p> <p>_____</p> <p>Commission Expires</p>

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

HOLDER REIMBURSEMENT FORM INSTRUCTIONS

The Holder Reimbursement Form is to be used in the following situations:

Holder repaid owner:

If the holder repays the owner directly rather than sending them to our office, you should complete this form. **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 Office.**

Holder reported in error:

There are times that after a report has been filed you realize a certain item or items should not have been reported.

Holder would like claimant reimbursed:

There are times where the holder chooses to send in the paperwork for the claimant instead of sending them to our office.

INSTRUCTIONS

- 1. Verified Legal Claimant Information:** Provide the reported owner's name, the claimant name (if different from the owner's name), any "attention to" or "in care of," and the mailing address for the claimant (address to which refund should be mailed). Please also provide the claimant's social security number.
- 2. Holder Information:** Provide the holder's name and Holder's Federal Tax Identification number, the mailing address, and the holder's phone number.
- 3. Information Regarding Reported Property:** Enter the year the property was reported to the treasurer's office, check whether it was reported in the aggregate, and enter the property type.
- 4. Reimbursement Information:** Please check the appropriate box.
- 5. Holder's Declaration:** Please sign and date the claim form.

- 6. Notary Declaration:** Please have claim form notarized by a public notary.

7. Holder Repaid Owner:

Complete the Holder Reimbursement Form as indicated above, except that in section 1, enter the reported owner's name and for claimant write "same as holder."

Acceptable Proof of Repayment Documents:

Photocopy of the front and back of the cancelled check, OR a statement signed by the claimant acknowledging payment along with a copy of claimant's ID or drivers license, OR if an internal transaction took place a print screen on company letterhead must be signed by two company officers and notarized by a public notary.

Reported in Error:

Complete the Holder Reimbursement Form as indicated above, except that in Section 1, enter the owner's name, and then for claimant write "same as holder." Include a detailed explanation and any documentation justifying why this was an error.