



State of Nevada Office of the State Treasurer
Unclaimed Property

555 East Washington Avenue, Suite 4200, Las Vegas, NV 89101-1075

REQUEST FOR HOLDER REIMBURSEMENT/REFUND

HOLDER INFORMATION
Holder Information: Tax/FEIN Number:
Mailing Address:
City: State: Zip Code:
Contact Person: Phone Number: Fax Number:

PROPERTY INFORMATION
Report Year: Report Amount: Property Type:
Date Paid to Owner: Amount Paid to Owner: Number of Shares:
Name as indicated on Report (owner): Is this Aggregate?
Owner Address:

FOR REIMBURSEMENT: COPY OF PROOF OF PAYEMNT MADE TO RIGHTFULL OWNER MUST ACCOMPANY REQUEST.

HOLDER INDEMNIFICATION AND AFFIDAVIT

I, _____, a duly authorized representative of the holder listed above, do hereby certify that the above listed funds, or other property that was listed in the report filed by the holder have been paid to the rightful owner(s) or their appointed representative. I agree, upon payment of the above described property, to indemnify the state of Nevada and hold it harmless from all claims and losses, demands, costs, and other expenses which the State may sustain by reason of turning over property to the holder and by reason further of its refusal to pay the property to any other person or persons:

FOR AMOUNT REPORTED IN ERROR, A DETAILED EXPLANATION WITH SUPPORTING DOCUMENTATION MUST ACCOMPANY REQUEST.

Name of Representative (type or print legibly) _____ Title _____

Signature of Holder Representative _____ Date _____

Notary
Sworn to and subscribed before me this
____ day of _____ 20 ____
Notary: _____
My Commission expires: _____