MINNESOTA DEPARTMENT OF COMMERCE

REPORT OF UNCLAIMED PROPERTY

SAFE DEPOSIT BOXES FORM (UP-SD)

A. HOLDER INFORMATION

HOLDER NAME	MN HOLDER ID#	FEDERAL IDENTIFICATION NUMBER

B. PROPERTY INFORMATION

SAFE DEPOSIT BOX NUMBER	OWNER SSN
OWNER (S) LASTNAME, FIRST MI	PROPERTY CODE
STREET ADDRESS	DATE OF LAST ACTIVITY
CITY, STATE, ZIP	BRANCH OFFICE WHERE PROPERTY WAS HELD

C. ITEMIZED DESCRIPTION OF CONTENTS (ONE ITEM PER LINE OR ATTACH ITEMIZED LIST)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____