

[Insert Date]

[Addressee]
[Street Address]
[City, State, Zip Code]

Re: *(Describe unclaimed property)*
Account/Checking/Policy #:

We are holding unclaimed property due to the person identified above. The owner may claim this property by completing and mailing the coupon below, or by contacting us using the information below:

[Holder Name]
[Holder Contact & email]
[Mailing Address]
[City, State Zip]
[Phone #]
[Fax #]

If you do not contact us before *(insert last date by which the Holder can refund property before reporting to the state)*, the law requires us to submit this property to the Minnesota Department of Commerce. You will have to contact the Department of Commerce after November 1, [insert year] to claim your property.

Please complete and sign this form to acknowledge ownership of the unclaimed property identified above.

Name _____ Date _____
Street Address _____
City _____ State _____ Zip _____ County _____

Action to be taken (check one):

- Reissue Check
- Update Account
- Close Account
- Other (explain)

Comments:
