
INSTRUCTIONS FOR HOLDER REQUEST FOR REIMBURSEMENT

PURPOSE: A holder of abandoned and unclaimed property must complete this form to seek reimbursement from the Treasury Department for funds or shares which were paid by the holder to the Treasury Department and for which the rightful owner (or his representative) has submitted a claim to the holder for the monies or shares.

INSTRUCTIONS:

- 1) Complete the form as outlined below.
- 2) If claim is greater than \$10,000, provide signature identification in the form of a drivers license or signed work identification card or badge.
- 3) Provide proof of payment. No reimbursement will be honored without proof of payment in the form of a legible, readable copy of the cancelled check or reissued stock certificate, or documentation that the customer's account has in fact been reactivated, including the date of said reactivation.

COMPLETION OF FORM: All information must be accurate and complete. As long as the report year is listed on each line, multiple owners may be listed on one AP-5 form. An original form must be submitted; **no photocopies will be accepted.**

Part I. Holder Information: Company Name, address to send reimbursement check, telephone number and EIN (Employer Identification Number) of the holder.

Part II. Claim Information: Enter all data necessary to identify property for which the holder is seeking reimbursement. The identification data entered on this form must be identical to the information included on the Report of Abandoned and Unclaimed Property (AP-2) submitted to the Treasury Department. The basic information data includes:

- 1) Report Year.
- 2) Property Code - the two digit code for the property claimed as defined on the Summary Sheet of Reported Items (AP-3) or Property Codes (AP-3A).
- 3) Account/Reference/Check/Number - the identification number for the property which was entered in Column 1 of the AP-2.
- 4) If the property was reported in the aggregate, specify the aggregate total.
- 5) Owner(s) Name and Address - the full name(s) and address(es) of the owner(s) as shown on the AP-2. If "unknown" at time of report, provide name and current address on form.
- 6) Claimant(s) Name and Address - the full name(s) and address(es) of the person(s) who filed the claim if different than the owner.
- 7) Date Paid to Claimant or Date Stock Reissued - the date the claim was paid to the owner (or his representative) or when the account was reactivated by the holder, or when the stock certificate was reissued.
- 8) Amount - the dollar amount or number of shares originally transmitted by the holder to the Treasury Department.
- 9) Total Amount (all pages); Total Number of Shares (all pages) - the amount/number of shares expected to be reimbursed to the holder by the Treasury Department.

Part III. Holder Certification: **This notarized statement must be completed before Treasury will process the request for reimbursement and make payment.** Proof that the claimant was paid and entitled to the property must be submitted with each and every holder request for reimbursement. Signature must be of a corporate officer.

INTEREST: The Treasury Department shall pay interest at the prevailing rate for overpayments pursuant to section 806.1 of the Fiscal Code. 72 P.S. Section 1301.14.

AP- 5 HOLDER REQUEST FOR REIMBURSEMENT For funds paid to the Department



TREASURY USE ONLY:	
Claim Number	_____
Date Received	_____
Holder EIN	_____
Prepared By	_____

PART I HOLDER INFORMATION: (see instructions for claim completion) (Please print or type)

EIN NUMBER

NAME OF HOLDER

STREET ADDRESS

CITY STATE ZIP CODE

CONTACT PERSON TELEPHONE EXT

PART II CLAIM INFORMATION:

REPORT YEAR <input type="text"/>	TREASURY USE ONLY:
PROPERTY CODE <input type="text"/>	Property ID Number _____
ACCOUNT / REFERENCE NUMBER / CHECK NUMBER <input type="text"/>	
IF IN AGGREGATE, SPECIFY AGGREGATE TOTAL <input type="text"/>	
REPORTED OWNER(S) NAME (exactly as indicated on report) <input type="text"/>	
CLAIMANT(S) NAME <input type="text"/>	
CLAIMANT(S) ADDRESS: STREET ADDRESS <input type="text"/>	
CITY <input type="text"/> STATE <input type="text"/> ZIP CODE <input type="text"/>	
DATE PAID TO CLAIMANT OR DATE STOCK REISSUED <input type="text"/>	
AMOUNT <input type="text"/> NUMBER OF SHARES <input type="text"/>	

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CLAIMANT(S) NAME <input type="text"/>	
CLAIMANT(S) ADDRESS: STREET ADDRESS <input type="text"/>	
CITY <input type="text"/> STATE <input type="text"/> ZIP CODE <input type="text"/>	
DATE PAID TO CLAIMANT OR DATE STOCK REISSUED <input type="text"/>	
AMOUNT <input type="text"/> NUMBER OF SHARES <input type="text"/>	

PART II CLAIM INFORMATION: (CONTINUED)

REPORT YEAR

TREASURY USE ONLY:

Property ID Number

PROPERTY CODE

ACCOUNT / REFERENCE NUMBER / CHECK NUMBER

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REPORTED OWNER(S) NAME (exactly as indicated on report)

CLAIMANT(S) NAME

CLAIMANT(S) ADDRESS: STREET ADDRESS

CITY STATE ZIP CODE

DATE PAID TO CLAIMANT OR DATE STOCK REISSUED

AMOUNT NUMBER OF SHARES

REPORT YEAR

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PART II CLAIM INFORMATION: (CONTINUED)

REPORT YEAR

TREASURY USE ONLY:

Property ID Number

PROPERTY CODE

ACCOUNT / REFERENCE NUMBER / CHECK NUMBER

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CLAIMANT(S) ADDRESS: STREET ADDRESS

CITY

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AMOUNT

NUMBER OF SHARES

REPORT YEAR

TREASURY USE ONLY:

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CITY

STATE

ZIP CODE

DATE PAID TO CLAIMANT OR DATE STOCK REISSUED

AMOUNT

NUMBER OF SHARES

TOTAL AMOUNT (all pages)

TOTAL NUMBER OF SHARES (all pages)

PART III HOLDER CERTIFICATION:

I, , a duly authorized corporate officer of the holder listed above, do hereby certify that the above listed funds or shares, which were listed in the Report of Abandoned and Unclaimed Property filed by the holder have been paid to the rightful owners or their representatives. The holder therefore requests reimbursement for such payment.

Signature of Corporate Officer _____ Date _____

Sworn to and subscribed before me this _____ day of _____, 20_____.

Notary

My commission expires: _____

COMMONWEALTH OF PENNSYLVANIA
TREASURY DEPARTMENT
BUREAU OF UNCLAIMED PROPERTY
PO Box 1837
Harrisburg, PA 17105-1837