

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

**Robert M. McCord**  
**Treasurer**



**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 [ ]  
PROPERTY CODE [ ]  
ACCOUNT / REFERENCE NUMBER / CHECK NUMBER [ ]  
IF IN AGGREGATE, SPECIFY AGGREGATE TOTAL [ ]  
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 [ ]

**TREASURY USE ONLY:**  
Property ID Number \_\_\_\_\_

REPORT YEAR [ ]  
PROPERTY CODE [ ]  
ACCOUNT / REFERENCE NUMBER / CHECK NUMBER [ ]  
IF IN AGGREGATE, SPECIFY AGGREGATE TOTAL [ ]  
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 [ ]

**TREASURY USE ONLY:**  
Property ID Number \_\_\_\_\_

**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

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AMOUNT  NUMBER OF SHARES

REPORT YEAR

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CITY

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AMOUNT

NUMBER OF SHARES

REPORT YEAR

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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