

**OUF-1 Unclaimed Funds Reporting Form  
INSTRUCTIONS**

**PURPOSE:** This form provides information about the company reporting unclaimed funds. **THE OUF-1 IS ALSO USED TO FILE A NEGATIVE REPORT OF UNCLAIMED FUNDS.**

**MAILING LABEL:** Remove the mailing label from the front of the **Important Information for Unclaimed Funds Filers postcard** that was sent to you and affix in the upper left hand box as indicated. If there are any changes, do not use the mailing label. Please enter the company's name and address information, FEIN, contact person, contact phone number, contact fax number, state of incorporation and year incorporated in the space provided. The contact person should be the individual who would be able to answer any questions concerning the report.

**IF YOU DO NOT HAVE A MAILING LABEL:** Please enter the company's name and address information, FEIN or SSN, contact person, contact phone number, contact fax number, state of incorporation and year incorporated in the space provided. The contact person should be the individual who would be able to answer any questions concerning the report.

**REPORT YEAR:** For all entities, except Life Insurance companies, the Report Year for unclaimed funds reports due by November 1st is the four (4) digit calendar year of the preceding June 30th cut-off used to identify dormant accounts. For Life Insurance companies the Report Year for unclaimed funds reports due by May 1st is the four (4) digit calendar year of the preceding December 31st cut-off used to identify dormant accounts.

**DOES THE COMPANY LISTED HAVE UNCLAIMED FUNDS TO REPORT?** - Check either NO or YES and follow the filing instructions.

**VERIFICATION:** The report Verification on the OUF-1 Unclaimed Funds Reporting Form must be signed by the Holder, an Officer of the Holder or a duly authorized Agent for the report to be valid. Unclaimed funds reports will not be accepted without proper Holder signature and FEIN or SSN.

**AUTOMATIC EXTENSION:** To obtain an automatic extension of time to file your Annual Report of Unclaimed Funds beyond November 1 (May 1 for Life Insurance Companies) complete the Application for Automatic Extension to File the Annual Report of Unclaimed Funds.

**APPENDIX 4A**

# OHIO DIVISION OF UNCLAIMED FUNDS

77 S. High St., 20th Floor Columbus, OH 43215-6108, (877) 644-6823, FAX (614) 728-9769 Federal Tax ID# 31-1409347

John R. Kasich

Governor

David Goodman

Director

## OUF-1 UNCLAIMED FUNDS REPORTING FORM

Apply Mailing Label Below Or Enter Current Information	Please Provide
Company Name _____	FEIN or SSN
Address _____	Contact Phone Number
City/ State, Zip Code _____	Contact Email Address
Name of Contact Person _____	State of Inc. / Organization
Contact Person Title _____	Year Inc. / Organized
<input type="checkbox"/> Check if Information has Changed from Last Filing Date	Report Year
<input type="checkbox"/> Check for Final Report: Company is Out of Business	Must include a letter of explanation and / or documentation to be valid
<p>The Ohio Division of Unclaimed Funds encourages companies file their Annual Report of Unclaimed Funds through the Ohio Business Gateway at <a href="http://www.business.ohio.gov">www.business.ohio.gov</a>            See pages 7 for additional information.            The forms booklet is available at <a href="http://www.com.ohio.gov/unfd">www.com.ohio.gov/unfd</a></p>	
<p align="center"><b>Does the Company listed above have unclaimed funds to report?</b></p> <p><input type="checkbox"/> <b>NO</b> If NO, sign the report Verification below and either mail your Negative Report to the address listed below or fax it to (614) 728-9769. Negative Reports submitted without an FEIN and Signed Verification will not be accepted.</p> <p><input type="checkbox"/> <b>YES</b> If YES, complete the reverse side of Form OUF-1, sign the report Verification and mail your report, remittance check, securities and safe deposit</p>	
<h3>Verification</h3>	
<p>Being first duly sworn the undersigned certifies they are the Holder or an Officer of the Holder or an Agent duly authorized to sign this report and to the best of their knowledge and belief the foregoing report and supporting records, is a true and complete report of all unclaimed funds required to be reported to the State of Ohio, inclusive of interest and dividends thereon in accordance with Chapter 169 of the Revised Code, and the required notices have been sent to owners and beneficiaries of record.</p>	
Signature	Title or Agent Relationship
Print Name	Date
<p><b>MAIL THE REPORT, REMITTANCE CHECK, SECURITIES AND SAFE DEPOSIT BOX CONTENTS TO:</b>  <b>OHIO DIVISION OF UNCLAIMED FUNDS</b>  <b>77 SOUTH HIGH STREET, 20TH FLOOR</b>  <b>COLUMBUS, OHIO 43215-6108</b></p>	
<p><b>For Division Use Only</b></p>	
	Check No
	Check Amt
	Receipt ID



## OUF-2 List of Owners of Unclaimed Funds INSTRUCTIONS Page 1 of 3

**PURPOSE:** This form is used to report the cash value of unclaimed accounts. Use form OUF-4 to report shares of stock, bonds or debentures in certificate form and related cash such as dividends or interest.

**PAGE NUMBER:** Form OUF-2 pages should be numbered consecutively (Example: Page 1 of 24) at the top, right hand corner of the form.

**AGGREGATE AMOUNT: ALL ACCOUNTS LESS THAN \$50.00 MUST BE REPORTED AS AN AGGREGATE TOTAL.** Enter the total number of items and amount being remitted (Example: 20 items less than \$50.00 totaling \$964.50) on the first line, first page of the OUF-2 form. You must maintain a list of the accounts and balances that make up the aggregate total in your annual reporting file to provide verification of the report year and the amount remitted if the owner makes a claim.

**ACCOUNTS WITH AN UNKNOWN OWNER AND/OR ADDRESS:** Please list account number, amount and date of last transaction for accounts with a balance of \$50.00 or more with an unknown name and address. Please list the owner's name, account number, amount and the date last active for accounts with a balance of \$50.00 or more with an unknown address.

**DESCRIPTION:** You may enter a description or note up to fifty (50) characters in this field for the unclaimed account.

**ACCOUNT NO.:** Enter an identifying number for the unclaimed funds submitted, such as the account number, check number, certificate number or insurance policy number.

**NATURE OF FUNDS CODE:** Enter the Nature of Funds Code corresponding to the description of funds. The Nature of Funds Codes and descriptions are listed on page 26 of this booklet.

**AMOUNT REMITTED:** The unclaimed amount includes accrued interest, dividends, payment of principal or other sum held or owed to the owner, less any lawful claims. A lawful claim may be defined as any reasonable charge applied to an account, authorized by federal and state statutes or administrative rules. Also, a valid contract must exist between the owner of the funds and the holder of the funds, the terms of which the owner has full knowledge and to which they consent prior to imposition of the charge.

**DATE LAST ACTIVE:** The date last active is the date the funds became payable, demandable, returnable or the date of the ~~last~~ **owner generated transaction** on the account. The issue date for checks and drafts is the date last active. The date of last deposit or withdrawal could be the date last active for savings or checking accounts at a financial institution. The date of computer conversion, the crediting of interest or dividends or other transaction automatically generated by the holder is **NOT** the date last active.

**LAST NAME OR BUSINESS NAME:** Enter the owner's last name or if a business list the corporation, partnership, association or trade name exactly as it appears on the unclaimed account for each account with a balance of \$50.00 or more.

**FIRST NAME:** Enter the owner's first name for each unclaimed account with a balance of \$50.00 or more.

**INITIAL:** Enter the owner's middle initial for each unclaimed account with a balance of \$50.00 or more.

**STREET ADDRESS:** Report the last known address of the owner, beneficiary, payee, or trustee as shown by your records, even though mail has been returned from such address. If the address is unknown, insert "Unknown".

Some companies mistakenly believe that if their records do not reflect the owner's current address then this field should contain "Unknown". **This field should contain the last known address as reflected by the company's records.**

**STREET ADDRESS:** This second address line may be used as needed. See the instructions above.

**CITY:** Enter the city for the owner's last known address. **DO NOT** abbreviate city names.

**STATE:** Enter the state for the owner's last known address. Use standard Post Office abbreviations for state.

**ZIPCODE:** Enter the zipcode for the owner's last known address.

**SOCIAL SECURITY NUMBER OR FEDERAL ID NUMBER:** Other than the owner's name, the most important information that you can furnish is the owner's Social Security Number (SSN) or Federal Tax Identification Number (FEIN). *This greatly assists the Division in its owner location activities and in the correct payment of claims.*

**The Division will hold all Social Security Numbers in strictest confidence. They will be disclosed only to those State of Ohio employees involved with the identification of owners and payment of claims.**

**RELATIONSHIP CODE:** Enter the appropriate Relationship Code which best describes the owner's relationship to the funds. There are examples of owner records for most relationships with explanations on page 16-17. The Relationship Codes with descriptions and the Requirements for Reporting Joint Account Information are listed on pages 27-28 of this booklet.

**PAGE TOTAL:** Enter the sum of the "Amount Remitted" for the accounts on the page.

**REPORT TOTAL:** Enter the sum of the "Amount Remitted" for all accounts reported on the last page of the report, and on line 1 on the back of the OUF-1 form.

### APPENDIX 4B

## OUF-2 List of Owners of Unclaimed Funds INSTRUCTIONS-Page 2 of 3

EXAMPLES OF OWNER RECORDS FOR UNCLAIMED FUNDS DUE													
Example	Account Number	Nature of Funds Code	Amount Remitted	Last Name or Business Name	First Name	Initial	Street Address	Street Address	City	State	Zipcode	Social Security # or FEIN	Relationship Code
#1		CK99	\$115.00	Aggregate									
#2	35687	CK07	\$3,536.00	Unknown			Unknown						
#3	875-01	AC03	\$15,906.78	Ryan	William	B	Unknown						SO
#4	8587	MS19	\$78.95	ling Station T			425 Northwest St		Celina	OH		34-8974536	SO
#5	923456	AC01	\$10,456.35	Smith	Jill	A	129 Red Rd		Akron	OH	44320	343-55-6646	SO
#6	978	AC02	\$250.00	Jones	John	G	23 Park Pl		Columbus	OH	43215	126-99-8877	JY
	978	AC02	\$0.00	Jones	Sally		23 Park Pl		Columbus	OH	43215	127-55-6543	JY
#7	432196	SC03	\$800.00	Brown	Sarah		5675 Clark St		Dayton	OH	45309	315-69-2741	TI
	432196	SC03	\$0.00	Brown	Jim	B	42 E. Second St		Dayron	OH	45309	237-29-4378	TI
#8	5647213	MI50	\$56.29	Case	Thomas	K	10187 Crater Dr		Youngstown	OH	44512	451-72-9216	TI
	5647213	MI50	\$0.00	Case	Roberta	C	10187 Crater Dr		Youngstown	OH	44512	896-45-1237	TI
#9	4397	IN01	\$5,000.00	Jones	Nancy		493 Fifth Ave		Columbus	OH	43215	432-55-1739	BF
	4397	IN01	\$0.00	Smith	John		153 N. 3rd St		Columbus	OH	43215	432-55-1739	IN
#10	285746	TR03	\$2,750.00	McScott	Judy		423 E. 22nd St		Middletown	OH	45042	278-43-2169	BF
	285746	TR03	\$0.00	Holworth	Marva		326 Maytown Rd		Columbus	OH	43229	859-46-2187	E
	285746	TR03	\$0.00	Veley	John	X	C/O Brunswick & Mailer LLP	427 N. High St.	Worthington	OH	43228		AF
#11	45-25867	IN01	\$25,000.00	Mathers	Scott		65 S. Oak St		Perrysburg	OH	43228	846-75-3924	BF
	45-25867	IN01	\$0.00	Mathers	Jennifer		715 Danninger Apt #11		New Bremen	OH	43276	243-45-2157	CF

### EXPLANATION OF OWNER RECORD EXAMPLES

- Example 1 AGGREGATE RECORD:** 23 checks less than \$50.00 totaling \$115.00 are reported in the aggregate in this example. All unclaimed accounts less than \$50.00 are reported as an aggregate total by Nature of Fund Code.
- Example 2 UNKNOWN OWNER:** Money order #35687 for \$3,536.00, the owner's name and address are unknown. Please list account #, amount and date of last transaction for accounts with unknown name and address that have a balance greater than \$50.00.
- Example 3 UNKNOWN ADDRESS:** William B. Ryan is the only known owner of Certificate of Deposit #875-01 for \$15,906.78. His address is unknown. The Relationship Code for a single owner account is "SO" - Sole Owner.
- Example 4 BUSINESS OWNER:** The name of the corporation, partnership, association or trade name should be listed exactly as it was on the account that is being reported. The Relationship Code for a single owner account is "SO" - Sole Owner.
- Example 5 SINGLE OWNER:** Jill A. Smith is the only known owner of checking account number 923456 for \$10,456.35. The Relationship Code for a single owner account is "SO" - Sole Owner.
- Example 6 JOINT OWNER w/ OR RELATIONSHIP AND RIGHT OF SURVIVORSHIP:** John G. OR Sally Jones are the joint owners of a \$250.00 savings account. Because of the "OR" relationship between the owners, either owner is entitled to claim the entire amount of the unclaimed funds.
- The holder has account documentation that states that each owner has the Right of Survivorship therefore, the surviving owner is entitled to claim the entire balance of the account if the other has died. With the "OR" relationship and Right of Survivorship both owners would be coded "JY".

## OUF-2 List of Owners of Unclaimed Funds INSTRUCTIONS-Page 3 of 3

- Example 7** **JOINT OWNER w/ AND RELATIONSHIP & NO RIGHT OF SURVIVORSHIP:** Sarah Brown AND Jim B. Brown as the joint owners of the \$800.00 of bond principle. Because of the "AND" relationship between the owners both owners must present a claim in order to claim the unclaimed funds.
- The holder has account documentation that states that there is **NO Right of Survivorship** for the surviving owner, therefore, the surviving owner is entitled one-half of the balance of the account if the other has died. The deceased owner's estate would be entitled to the other half of the account. With the "AND" relation and **NO Right of Survivorship** both owners would be coded "TI".
- Example 8** **JOINT OWNER w/ UNKNOWN RELATIONSHIP & UNKNOWN RIGHT OF SURVIVORSHIP:** Thomas K. Case AND/OR Roberta C. Case are the joint owners of \$56.29 of mineral proceeds. The relationship of the owners to the account is **UNKNOWN** and there is **no documentation of the Right of Survivorship**. If no information is evident of the relationship of the owners then an "AND" relationship is assumed. Based on the Ohio Supreme Court decision Wright v. Bloom 69 Ohio St. 3d 596 (1994) if no information is evident of the existence of the Right of Survivorship then it is assumed that it does not exist. With an **UNKNOWN** relationship and **UNKNOWN Right of Survivorship** both owners would be coded "TI".
- Example 9** **MULTIPLE RELATIONSHIP - INSURED & BENEFICIARY:** Nancy Jones is the beneficiary of the \$5,000.00 insurance policy of John Smith. Since Nancy Jones is the beneficiary of the \$5,000.00, this amount is listed on the line with her name. She would be assigned a "BF" (Beneficiary) relationship code. The insured party John Smith is then listed on a separate line with a \$0.00 amount reported. He would be assigned an "IN" (Insured) relationship code.
- Example 10** **MULTIPLE RELATIONSHIP - HEIR, ESTATE OF & ATTORNEY FOR:** Judy McScott is the heir to \$2,750.00 from the Estate of Marva Holworth. The attorney for the estate is John X. Veley. Since Judy McScott is the heir to the \$2,750.00, this amount is listed on the line with her name. She would be assigned an "BF" (Beneficiary) relationship code. The funds are payable from the Estate of Marva Holworth which is listed on a separate line with a \$ 0.00 amount reported. The estate would be assigned an "E" (Estate of) relationship code. Finally, as attorney for the estate John X. Veley would be listed on a third line with a \$0.00 amount reported. He would be assigned an "AF" (Attorney for) relationship code.
- Example 11** **MULTIPLE RELATIONSHIP - BENEFICIARY & CUSTODIAN/ GUARDIAN:** Scott Mathers is the beneficiary of a \$25,000.00 individual life insurance policy benefit. Jennifer Mathers is his Custodian/ Guardian. Since Scott Mather is the beneficiary of the \$25,000.00 this amount is listed on the line with his name. He would be assigned a "BF" (Beneficiary) relationship code. Jennifer Mathers as his Custodian/ Guardian would be listed on a separate line with a \$ 0.00 amount reported. She would be assigned a "CF" (Custodian for) relationship code.
- Note:** See page 27-28 for further explanation and table that will help you select the proper Relationship Code for joint owners and accounts with multiple relationships. Account documentation that identifies owner relationships should be retained with your annual reporting records.

### HOLDER GENERATED REPORTING FORMS

The Ohio Division of Unclaimed Funds will accept computer generated reporting forms, as long as the owner and account information required by statute is provided in the order listed on page one (1) of the instructions for the OUF-2 List of Owners of Unclaimed Funds. Please submit reports on 8 1/2" X 11" white paper and use the largest possible font size when printing reports to be substituted for the OUF-2 as they are manually entered into our data processing system.

**OHIO DIVISION OF UNCLAIMED FUNDS**  
**OUF-2 LIST OF OWNERS OF UNCLAIMED FUNDS**

Please Type or Print **LEGIBLY**

Applicable accounts less than \$50.00 must be reported as an AGGREGATE total

**Joint Accounts or Accounts with Multiple Relationships:** Use two (2) or more account information blocks to list the owner information for these types of accounts. Enter duplicate account information of the owners related to the accounts. Enter the Amount Remitted for the first owner record only, enter \$0.00 for the Amount Remitted for additional related records. See pages 16-17 for examples.

COMPANY NAME		FEIN OR SSN		REPORT YEAR		
1	DESCRIPTION:					Deducted: \$
	ACCOUNT NO.:	DATE OF BIRTH	SSN OR FEIN		Deduct Certified Mail Fee for accounts \$1000 or more ONLY	
	NATURE OF FUNDS:	LASTNAME OR BUSINESS NAME	FIRST NAME	INITIAL	RELATIONSHIP CODE  <input type="text"/>  See page 27-28	
	AMOUNT REMITTED	STREET ADDRESS:				
	DATE LAST ACTIVE	CITY	STATE	ZIPCODE		
2	DESCRIPTION:					Deducted: \$
	ACCOUNT NO.:	DATE OF BIRTH	SSN OR FEIN		Deduct Certified Mail Fee for accounts \$1000 or more ONLY	
	NATURE OF FUNDS:	LASTNAME OR BUSINESS NAME	FIRST NAME	INITIAL	RELATIONSHIP CODE  <input type="text"/>  See page 27-28	
	AMOUNT REMITTED	STREET ADDRESS:				
	DATE LAST ACTIVE	CITY	STATE	ZIPCODE		
3	DESCRIPTION:					Deducted: \$
	ACCOUNT NO.:	DATE OF BIRTH	SSN OR FEIN		Deduct Certified Mail Fee for accounts \$1000 or more ONLY	
	NATURE OF FUNDS:	LASTNAME OR BUSINESS NAME	FIRST NAME	INITIAL	RELATIONSHIP CODE  <input type="text"/>  See page 27-28	
	AMOUNT REMITTED	STREET ADDRESS:				
	DATE LAST ACTIVE	CITY	STATE	ZIPCODE		
4	DESCRIPTION:					Deducted: \$
	ACCOUNT NO.:	DATE OF BIRTH	SSN OR FEIN		Deduct Certified Mail Fee for accounts \$1000 or more ONLY	
	NATURE OF FUNDS:	LASTNAME OR BUSINESS NAME	FIRST NAME	INITIAL	RELATIONSHIP CODE  <input type="text"/>  See page 27-28	
	AMOUNT REMITTED	STREET ADDRESS:				
	DATE LAST ACTIVE	CITY	STATE	ZIPCODE		
5	DESCRIPTION:					Deducted: \$
	ACCOUNT NO.:	DATE OF BIRTH	SSN OR FEIN		Deduct Certified Mail Fee for accounts \$1000 or more ONLY	
	NATURE OF FUNDS:	LASTNAME OR BUSINESS NAME	FIRST NAME	INITIAL	RELATIONSHIP CODE  <input type="text"/>  See page 27-28	
	AMOUNT REMITTED	STREET ADDRESS:				
	DATE LAST ACTIVE	CITY	STATE	ZIPCODE		

	PAGE TOTAL
	REPORT TOTAL

See page 2 for a current listing of accounts exempt from OH unclaimed funds reporting requirements.

**\*IMPORTANT:** Please include the owner's SSN or FEIN. It greatly assists them when claiming funds.

**Certified Mailing Requirement:** Effective October 21, 2003 Holders are required to provide the mandatory notice of unclaimed funds to the owners of accounts with a value of \$1,000.00 or more by certified mail, return receipt requested. The Holder is authorized to charge up to \$20.00 against each account subject to the mailing to reimburse themselves for the certified mail cost. Enter the certified mailing fee in the **Deducted: \$** box, deduct it from the reportable cash account balance, enter the difference as the **Amount Remitted**.

## OUF-4 List of Owners of Unclaimed Stock & Other Securities INSTRUCTIONS

**PURPOSE:** This form is used to report unclaimed stock, bonds and other securities, and any interest or dividends associated with them. Attach reportable unclaimed securities to the OUF-4 form. Reportable unclaimed securities must be canceled and reregistered in the name of the Ohio Department of Commerce, Division of Unclaimed Funds. Remit one certificate for each issue. Use the OUF-2 List of Owners of Unclaimed Funds to report the cash value of securities unclaimed from cash for stock acquisitions or mergers. Unclaimed securities from safe deposit boxes or other safekeeping repositories are reported on the OUF-5 List of Owners of Contents of Safe Deposit Boxes or Other Safekeeping Repositories as found.

The Federal Tax Identification Number is 31-1409347, Ohio Department of Commerce, Division of Unclaimed Funds-MIF.

**PAGE NUMBER:** Form OUF-4 pages should be numbered consecutively (Example: page 1 of 24; 2 of 24) at the top, right-hand corner

**ACCOUNTS WITH AN UNKNOWN OWNER AND/OR ADDRESS:** Please list account number, amount and date of last transaction for accounts with an unknown name and address. Please supply the owner's name, account number, amount and date last active for accounts with an unknown address.

**ISSUE NAME:** List the name of the company which issued the securities.

**DESCRIPTION:** You may enter a description or note up to fifty (50) characters in this field for the unclaimed account.

**ACCOUNT NO.:** Enter the shareholder identification number for the unclaimed account submitted.

**NATURE OF FUNDS CODE:** Enter the Nature of Funds Code corresponding to the description of funds. The Nature of Funds Codes and descriptions are listed on page 26 of this booklet.

**RELATED CASH REMITTED:** The related cash remitted includes accrued interest, dividends, payment of principal or other sum held or owed to the owner less any lawful claims. A lawful claim may be defined as any reasonable charge applied to an account that is authorized by federal and state statutes or administrative rules. Also, a valid contract must exist between the owner of the funds and the holder of the funds, the terms of which the owner has full knowledge and to which they consent prior to imposition of the charge.

**DATE LAST ACTIVE:** The date last active is the date the funds became payable, demandable, returnable or the date of the **last owner generated transaction** on the account. The issue date for checks and drafts is the date last active. The date of last deposit or withdrawal could be the date last active for savings or checking accounts at a financial institution. The date of computer conversion, the crediting of interest or dividends or other transaction automatically generated by the holder is not the date last active.

**LAST NAME OR BUSINESS NAME:** Enter the owner's last name or if a business list the corporation, partnership, association or trade name exactly as it appears on the unclaimed account.

**FIRST NAME:** Enter the owner's first name for each unclaimed account.

**INITIAL:** Enter the owner's middle initial for each unclaimed account.

**STREET ADDRESS:** Report the last known address of the owner, beneficiary, payee, or trustee as shown by your records, even though mail has been returned from such address. If the address is unknown, insert "Unknown".

Some companies mistakenly believe that if their records do not reflect the owner's current address then this field should contain "Unknown". **This field should contain the last known address as reflected by the company's records.**

**STREET ADDRESS:** This second address line may be used as needed. See the instructions above.

**CITY:** Enter the city for the owner's last known address. **DO NOT** abbreviate city names.

**STATE:** Enter the state for the owner's last known address. Use standard Post Office abbreviations for state.

**ZIPCODE:** Enter the zipcode for the owner's last known address.

**SOCIAL SECURITY NUMBER OR FEDERAL ID NUMBER:** Other than the owner's name, **the most important information that you can furnish is the owner's Social Security Number (SSN) or Federal Tax Identification Number (FEIN).** This greatly assists the Division in its owner location activities and in the correct payment of claims. All SSN and FEIN information should contain nine numbers with no alpha characters. The Division will hold all Social Security Numbers in strictest confidence. They will be disclosed only to those State of Ohio employees involved with the identification of owners and payment of claims.

**NO. OF SHARES:** Enter the number of unclaimed shares remitted for the owner.

**RELATIONSHIP CODE:** Enter the appropriate Relationship Code which best describes the **owner's relationship to the funds.** There are examples of owner records for most relationships with explanations on pages 16-17. The Relationship Codes with descriptions and the Requirements for Reporting Joint Account Information are listed on pages 27-28 of this booklet.

**PAGE TOTAL & PAGE TOTAL SHARES:** Enter the sum of the Related Cash Remitted & No. of Shares for the accounts on the page.

**REPORT TOTAL & REPORT TOTAL SHARES:** Enter the sum of the Related Cash Remitted & No. of Shares for all accounts reported on the last page of the report. Enter the sum of the Amount Remitted and Related Cash Remitted for all accounts from the OUF-2 and OUF-4 on line 1 on the back of the OUF-1 Annual Report of Unclaimed Funds form.

### APPENDIX 4C

**OUF-4 LIST OF OWNERS OF UNCLAIMED STOCK & OTHER SECURITIES**

**Joint Accounts or Accounts with Multiple Relationships:** Use two (2) or more account information blocks to list the owner information for these types of accounts. Enter duplicate account number information for the owners related to the account. Enter the *No. of Shares and Related Cash Remitted* for the first owner record only, enter zero (0) shares and zero (\$0.00) dollars for additional related records. See pages 16-17 for examples.

COMPANY NAME	FEIN OR SSN	REPORT YEAR
<b>1</b>	DESCRIPTION OR NOTE	
	ACCOUNT NO.:	SSN OR FEIN
	NO. OF SHARES	ISSUE NAME
	NATURE OF FUNDS:	LASTNAME OR BUSINESS NAME
	RELATED CASH REMITTED	STREET ADDRESS:
	DATE LAST ACTIVE	CITY
	DATE OF BIRTH	Deducted: \$
	FIRST NAME	INITIAL
	Deduct Certified Mail Fee for accounts \$1000 or more ONLY	
	RELATIONSHIP CODE	
	<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div> See page 27-28	
<b>2</b>	DESCRIPTION OR NOTE	
	ACCOUNT NO.:	SSN OR FEIN
	NO. OF SHARES	ISSUE NAME
	NATURE OF FUNDS:	LASTNAME OR BUSINESS NAME
	RELATED CASH REMITTED	STREET ADDRESS:
	DATE LAST ACTIVE	CITY
	DATE OF BIRTH	Deducted: \$
	FIRST NAME	INITIAL
	Deduct Certified Mail Fee for accounts \$1000 or more ONLY	
	RELATIONSHIP CODE	
	<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div> See page 27-28	
<b>3</b>	DESCRIPTION OR NOTE	
	ACCOUNT NO.:	SSN OR FEIN
	NO. OF SHARES	ISSUE NAME
	NATURE OF FUNDS:	LASTNAME OR BUSINESS NAME
	RELATED CASH REMITTED	STREET ADDRESS:
	DATE LAST ACTIVE	CITY
	DATE OF BIRTH	Deducted: \$
	FIRST NAME	INITIAL
	Deduct Certified Mail Fee for accounts \$1000 or more ONLY	
	RELATIONSHIP CODE	
	<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div> See page 27-28	
<b>4</b>	DESCRIPTION OR NOTE	
	ACCOUNT NO.:	SSN OR FEIN
	NO. OF SHARES	ISSUE NAME
	NATURE OF FUNDS:	LASTNAME OR BUSINESS NAME
	RELATED CASH REMITTED	STREET ADDRESS:
	DATE LAST ACTIVE	CITY
	DATE OF BIRTH	Deducted: \$
	FIRST NAME	INITIAL
	Deduct Certified Mail Fee for accounts \$1000 or more ONLY	
	RELATIONSHIP CODE	
	<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div> See page 27-28	
<b>5</b>	DESCRIPTION OR NOTE	
	ACCOUNT NO.:	SSN OR FEIN
	NO. OF SHARES	ISSUE NAME
	NATURE OF FUNDS:	LASTNAME OR BUSINESS NAME
	RELATED CASH REMITTED	STREET ADDRESS:
	DATE LAST ACTIVE	CITY
	DATE OF BIRTH	Deducted: \$
	FIRST NAME	INITIAL
	Deduct Certified Mail Fee for accounts \$1000 or more ONLY	
	RELATIONSHIP CODE	
	<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div> See page 27-28	
PAGE TOTAL \$		PAGE TOTAL SHARES
REPORT TOTAL \$		REPORT TOTAL SHARES

**Certified Mailing Requirement:** Effective October 21, 2003 Holders are required to provide the mandatory notice of unclaimed funds to the owners of accounts with a value of \$1,000.00 or more by certified mail, return receipt requested. The Holder is authorized to charge up to \$20.00 against each account subject to the mailing to reimburse themselves for the certified mail cost. Enter the certified mailing fee in the *Deducted: \$* box, deduct it from the reportable cash account balance, enter the difference as the *Related Cash Remitted*.

# NATURE OF FUNDS CODES

See page 2 of this booklet for a current listing of accounts exempt from unclaimed funds reporting in Ohio.

Code	Description of Funds	Dormancy Period	Code	Description of Funds	Dormancy Period
<b>ACCOUNT BALANCES</b>			<b>UNCASHED CHECKS</b>		
AC01	Checking Accounts or Share Draft Accounts	5	CK01	Cashier's Checks	5
AC02	Savings Accounts or Share Accounts	5	CK02	Certified Checks	5
AC03	Matured CD's, Savings Certificates or Share Certificate Accounts	5	CK03	Registered Checks	5
AC04	Christmas or Vacation Club Accounts	5	CK04	Treasurer's Checks	5
AC05	Money on Deposit to Secure Funds	1	CK05	Bank Drafts	5
AC06	Security Deposits	1	CK06	Warrants	5
AC07	Unidentified Deposits	1	CK07	Money Orders	5
AC08	Suspense Account Credits	3	CK08	Travelers Checks	15
AC09	IRA or Keogh Accounts	3	CK09	Foreign Exchange Checks	5
AC50	Other Account Balances Owning	3	CK10	Expense Reimbursement Checks	3
AC99	Aggregate Reporting of Account Balances Less Than \$50.00		CK11	Pension Checks	1
			CK12	Credit Refund Checks	3
			CK15	Other Miscellaneous Outstanding Checks	3
			CK16	CD Interest Checks	5
			CK17	Refund or Rebate Checks	3
			CK99	Aggregate Reporting of Unclaimed Checks Less Than \$50.00	
<b>MINERAL PROCEEDS INTEREST</b>			<b>SECURITIES</b>		
MI01	Oil, Gas, Mineral Net Revenue Interest	1	SC01	Dividends	5
MI02	Royalties	1	SC02	Interest Payable Bonds or Debentures	5
MI50	Other Mineral Proceeds Owning	1	SC03	Principal Payments Due for Bonds or Debentures	5
MI99	Aggregate Reporting of Mineral Interests Less Than \$50.00		SC04	Equity Payments	5
			SC05	Unidentified Overages (Cash Over Receipts)	5
			SC06	Funds Paid to Purchase Shares	5
			SC07	Funds Paid for Stocks	5
			SC08	Undeliverable Shares of Stock (RPO)	5
			SC09	Cash for Fractional Shares	5
			SC10	Unexchanged Stock of a Successor Corp.	5
			SC11	Other Certificates of Ownership	5
			SC12	Underlying Shares of Stock	5
			SC13	Cash Held for Redemption/ Liquidation of Stocks	5
			SC14	Debentures	5
			SC15	US Government Securities	5
			SC16	Mutual Fund Shares	5
			SC17	Warrants (Rights)	5
			SC18	Matured Bonds	5
			SC19	Dividend Reinvestment Plans (DRIP)	5
			SC20	Credit Balances	5
			SC21	Intangible Property Held or Owed by Securities Broker/ Dealer	5
			SC50	Other Equity Securities Funds Held or Owning	5
			SC99	Aggregate Reporting of Securities and/or Related Cash Less Than \$50.00	
			<b>INSURANCE</b>		
			IN01	Individual Policy Benefits or Claim Payments	3
			IN02	Group Policy Benefits or Claim Payments	3
			IN03	Proceeds Due Beneficiaries	3
			IN04	Proceeds from Matured Policies, Endowments or Annuities	3
			IN05	Premium Refunds	3
			IN06	Unidentified Remittances	3
			IN07	Other Amounts Due Under Policy Terms	3
			IN08	Agent Credit Balances	3
			IN09	Drafts Not Presented for Payment	3
			IN50	Other Insurance Monies Owning	3
			IN99	Aggregate Reporting of Insurance Property Less Than \$50.00	
			<b>UTILITIES</b>		
			UT01	Utility Deposits	1
			UT02	Utility Membership Fees	1
			UT03	Utility Refunds or Rebates	1
			UT50	Other Utility Monies Owning	1
			UT99	Aggregate Reporting of Intangible Utility Property Less Than \$50.00	
			<b>PROPERTY NOT LISTED ABOVE</b>		
			ZZZZ	Intangible Property Not Identified Above	3
<b>MISC CHECKS &amp; INTANGIBLE PROPERTY</b>			<b>TRUST &amp; ESCROW ACCOUNTS</b>		
MS01	Wages- Payroll or Salary	1	TR01	Securities Paving Agent Accounts	5
MS02	Commissions	1	TR02	Undelivered or Uncashed Dividends	5
MS03	Worker's Compensation Benefits	1	TR03	Funds Held or Owed by a Fiduciary	3
MS04	Payments for Goods & Services	1	TR04	Escrow Accounts	3
MS05	Customer Overpayments	3	TR05	Trust Vouchers	3
MS06	Unidentified Remittances	3	TR06	Funds Paid for Bonds or Debentures	3
MS07	Unrefunded Overcharges	3	TR07	Cash Held for Redemption/ Liquidation of Bond or Debentures	3
MS08	Accounts Receivable Credit Balances or Memos	3	TR50	Other Paving Agent Funds Held or Owning	3
MS10	Discounts Due	3	TR99	Aggregate Reporting of Intangible Trust Property Less than \$50.00	
MS11	Refunds Due	3			
MS13	Unclaimed Loan Collateral	3			
MS14	Sums Payable Under Pension or Profit Sharing Plans	1			
MS15	Distributions for Dissolution or Liquidations	1			
MS16	Any Other Miscellaneous Checks	3			
MS17	Any Other Miscellaneous Intangible Property	3			
MS18	Funds Held in Suspense Liabilities	3			
MS19	Deposits for Rent, Leases or Unused Services	1			
MS20	Other Deposits or Advance Payments	1			
MS21	Funds Due Ohio Residents by the US Government or Other States	3			
MS22	Real Estate Escrow Funds	2			
MS23	Funds Held for Liabilities	3			
MS99	Aggregate Reporting of Miscellaneous Property Less Than \$50.00				
			<b>SAFE DEPOSIT BOXES &amp; SAFEKEEPING</b>		
SD01	Coins	3			
SD02	Currency	3			
SD03	Stamps	3			
SD04	Stocks	3			
SD05	Bonds	3			
SD06	Funds from Sale of Safe Deposit Box Contents	3			
SD07	Funds from Sale of Personal Property in a Self Service Storage Facility	2			
SD50	Other Intangible Property in Safekeeping	3			