

[Insert Date]

[Addressee]

[Street Address]

[City, State, Zip Code]

Re: *(Property Description)*

Account/Checking/Policy #:

Dear *(Owner Name(s))*:

We are currently holding unclaimed property, as defined by MN § 345, due to the person or persons 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 #]

Please contact us before *(insert last date by which the Holder can refund property before reporting to the state)*. Minnesota law requires us to submit this property to the Minnesota Department of Commerce Unclaimed Property Program by November 1st of each year. If we do not hear from you before this date, 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)

Signature: _____