

John R. Kasich, Governor Jacqueline T. Williams, Director

# OUF-1 Unclaimed Funds Reporting Form INSTRUCTIONS

This form provides information about the company reporting unclaimed funds. This form may also be used to file a negative report of unclaimed funds.

#### If company has a mailing label:

- Remove the mailing label from the front of the Important Information for Unclaimed Funds Filers postcard that was sent and affix in the upper left-hand box, as indicated.
- If there are any changes, do not use the mailing label. Instead, enter the company's name and
  physical address information, mailing address (if different than the physical address), Federal
  Employer Identification Number (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 company does not have a mailing label:

Enter the company's name and physical address information, mailing address (if different than
the physical address), FEIN or Social Security Number (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 Nov. 1 is the four-digit calendar year of the preceding June 30 cut-off used to identify
  dormant accounts. For example, if the report is due Nov. 1, 2018 then the cutoff period is June
  30, 2018. The reporting year would be 2018.
- For life insurance companies, the report year for unclaimed funds reports due by May 1 is the four-digit calendar year of the preceding Dec. 31 cut-off used to identify dormant accounts. For example, life insurance companies would have a cut-off date of Dec. 31, 2018 with a filing date of May 1, 2019. The reporting year would be 2018.

#### 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. Online filing through the Ohio Business Gateway are considered signed and authorized once filed.

#### **Automatic Extension:**

- To obtain an automatic extension of time to file the Annual Report of Unclaimed Funds beyond Nov. 1 (May 1 for life insurance companies) complete the Application for Automatic Extension to File the Annual Report of Unclaimed Funds.
- File Your Request for Extension Online: Companies may also file a request for extension online on the division's website: www.com.ohio.gov/unfd. Click on the "Holders" drop-down menu at the top of the page and then click on "File an Extension Online."



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### OUE-1 Unclaimed Funds Reporting Form

OUF-1 Unclaimed Funds Repo	шиу г	OHH			
Apply Mailing Label Below or Enter Current Information					
Company Name	FEIN or S	SN			
Company Physical Address	Contact Phone Number				
Company Mailing Address	Contact Email Address				
Name of Contact Person	State of Inc / Organization				
Contact Person Title	Year Inc. /	Organized			
MUST Check if Information Has Changed from Last Filing Date	Report Year				
MUST Check for Final Report: Company is Out of Business  Must include a letter of explanation and/or documentation to be valid.					
The Ohio Division of Unclaimed Funds encourages companies to file their Annual Report of Unclaimed Funds through the Ohio Business Gateway at <a href="www.business.ohio.gov">www.business.ohio.gov</a> . Reports filed online are considered signed and authorized. See page 7 in the Annual Report of Unclaimed Funds available at <a href="www.com.ohio.gov/unfd">www.com.ohio.gov/unfd</a> .  Does the Company listed above have unclaimed funds to report?  If NO, sign the report verification below and either mail your Negative Report to the address listed or fax it to 614-728-9769. Negative Reports submitted without a FEIN and signed verification will not be accepted.  If YES, complete the remainder of this form and sign the report verification.					
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 Ohio Revised Code, and the required notices have been sent to owners and beneficiaries of record.					
Signature		ent Relationship			
Print Name	Date				
Mail the report, remittance check, securities and safe deposit box contents to: Ohio Division of Unclaimed Funds 77 South High Street, 20th Floor Columbus, Ohio 43215-6108					
For Division Use Only					
		Check No			
		Check Amt			
		Receipt I D			



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

Company Name			FEIN OR SSN	Reporting Year	
	Remi	ittance to Di	rector of Commerce		
1. Grand Total from last page of OUF-2 plus cash amount from last page of OUF-4.			1.		
Cash transmitted by check from sale of safe deposit box contents.			2.		
3. Accrued earnings to date of payment (Pursuant to 169.05(A) O.R.C.)			3.		
4. Total of lines 1 thru 3			4.		
Holders that elect Holders that elect	-	•	ceed to line 14 suant to O.R.C. 169.05(A) pro	oceed to line 5	
5. Multiply line 4 by	10 percent. (Line 4 x	( 0.10)		5.	
6. Subtract line 5 from line 4. Amount credited to the Mortgage Insurance Fund				6.	
7 N			which holds the funds in line	6	
7. Name of Institution	n:	8.	Address of Institution:		
9. Type of Account:	10. Acco	ount Number:	11. Interest Rate:	12. Maturity Date:	
	ent between holder ar lortgage Insurance F				
	Total	Remittance to	Director of Commerce	_	
14. Total line 4 if remitting 100 percent, or total line 5 if retaining 90 percent.			14.		
15. Penalties and/or interest assessed by the state			15.		
16. Total remittance (Add lines 14 and 15).			16.		
17. Enter Check Number			17.		
	Stock Certificat	es Remitted v	vith this Unclaimed Funds R	eport	
CERTIFICATE NUMBER	CUSIP	NUMBER OF SHARES		ISSUE NAME	