

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.**

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

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 www.business.ohio.gov See pages 7 for additional information. The forms booklet is available at www.com.ohio.gov/unfd</p>		
<p>Does the Company listed above have unclaimed funds to report?</p> <p><input type="checkbox"/> NO 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"/> YES 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>		
Verification		
<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>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</p>		
For Division Use Only		
		Check No _____
		Check Amt _____
		Receipt ID _____

