SOUTH CAROLINA OFFICE OF STATE TREASURER

ANNUAL REPORT OF UNCLAIMED PROPERTY

REPORT YEAR_____

HOLDER NAME

HOLDER ADDRESS

Check here if this is a new address ☐

HOLDER FEIN

HOLDER CONTACT NAME

PHONE NUMBER EMAIL ADDRESS

Remittance amount $

NOTE: Attach the Remittance Information Form with the emailed report.

I,_____, CERTIFY THAT I HAVE CAUSED TO BE PREPARED AND HAVE EXAMINED THIS REPORT AS TO PROPERTY PRESUMED ABANDONED UNDER THE SOUTH CAROLINA UNCLAIMED PROPERTY LAW FOR REPORT YEAR_____, THAT I AM DULY AUTHORIZED TO EXECUTE THIS VERIFICATION BY THE HOLDER AND BY LAW AND THAT I BELIEVE THAT SAID REPORT IS TRUE, CORRECT, AND COMPLETE AS OF THIS DATE. THIS REPORT TOTALS #_____PROPERTIES FOR $_____AND #_____SHARES.

Date_____Signature_____Title_____

Signed before_____

On the_____of_____20__ SEAL

My commission expires:_____