

Mail to:

Illinois State Treasurer
Unclaimed Property Division
Attn: Reporting Manager
PO Box 19496
Springfield, IL 62794

ILLINOIS STATE TREASURER'S OFFICE
UNCLAIMED PROPERTY DIVISION
HOLDER REFUND REQUEST FORM
(For Property Reported in Error)

HOLDER INFORMATION

| | | | |
|------------------------------|--------|----------------------------|--|
| Holder Name: | | Tax ID Number: | |
| Mailing Address: | | | |
| City: | State: | ZIP Code: | |
| Phone(Area Code and Number): | | Fax(Area Code and Number): | |
| Contact Person: | | Department: | |
| Reason For Refund: | | | |
| | | | |
| | | | |

PROPERTY INFORMATION

| | | | | | |
|------------------------------------|----------------|----------------|--|------------------|-------------------|
| Report Year: | Report Amount: | Property Type: | Aggregate: Yes <input type="checkbox"/> No <input type="checkbox"/> | Property Amount: | Number of Shares: |
| Owner Name as Indicated on Report: | | | | | |
| Owner Address: | | | | | |
| Property Description: | | | | | |

Based upon my personal knowledge, this information provided and set forth above on this form is true and correct.

| | |
|---|--------|
| Holder Signature: Sign Here:  | Date: |
| Print Name: | Title: |

SUBSCRIBED AND SWORN TO BEFORE ME BY _____ (Holder(s))

THIS _____ DAY OF _____, 20 _____

Notary Seal

Signature of Notary Public _____ County / State _____ My Commission Expires: _____

| | |
|-----------------------------------|---|
| <u>For office use only</u> | Illinois State Treasurer Michael W. Frerichs Unclaimed Property Division Holder Form (Rev. 10-2007) |
| Property ID # _____ | |

If you have any questions, you may call (217)558-6227