



**Overpaid Estimated Payment** – if the estimated payment is in excess of the liability owed, must provide documentation of how the initial estimated payment was calculated and documentation regarding the new calculation, such as: the amount of the new calculation; how the new calculation was computed; a direct comparison between new calculation and estimated payment and if estimation was higher than ultimate liability, an explanation why.

**Return of Tangible Property** – financial institution, at a minimum, must provide a notatarized statement by the owner requesting that their safe deposit box contents be returned to the financial institution. By signing below, the financial institution certifies that it will assume all risk and liability for the property once placed into the custody of the parcel delivery service for the property to be shipped to the financial institution.

**Note:** Tangible property must be shipped to a physical address. Please provide physical address below:

\_\_\_\_\_

**6. CERTIFICATIONS**

This form **must** be signed and notarized by **two principal officers of the Holder or one principal officer and an authorized employee of the Holder.**

We have read, understand and agree to the indemnification provisions of N.C.G.S. § 116B-67(e). Specifically, we agree to indemnify, save harmless, and defend the State of North Carolina, the Treasurer, and the Escheat Fund from any claim arising out of or in connection with this refund. Furthermore, we hereby certify that we are principal officer(s) and/or an authorized employee of the original Holder or a legal successor thereto, and that this claim for a refund has been reviewed and the information provided is true and correct. We further certify that the documentary evidence provided as required in Section 4 is valid and accurate.

**Signature 1**

Print Name: \_\_\_\_\_  
Print Title: \_\_\_\_\_  
Signature: \_\_\_\_\_

Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_  
State of: \_\_\_\_\_ County of: \_\_\_\_\_  
Notary Public: \_\_\_\_\_  
My commission expires: \_\_\_\_\_

(Seal)

**Signature 2**

Print Name: \_\_\_\_\_  
Print Title: \_\_\_\_\_  
Signature: \_\_\_\_\_

Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_  
State of: \_\_\_\_\_ County of: \_\_\_\_\_  
Notary Public: \_\_\_\_\_  
My commission expires: \_\_\_\_\_

(Seal)

Please mail completed form and documentary evidence to:  
NC DEPARTMENT OF STATE TREASURER  
UNCLAIMED PROPERTY DIVISION  
PO BOX 20431  
RALEIGH, NORTH CAROLINA 27619-0431

If you have any questions, please call 919-814-4200, Option 3, and we will be glad to assist you.