COMMONWEALTH central credit union

Unclaimed Property Claim Form

This Form and Instructions are for submitting a claim for unclaimed property that was reported to the California State Controller. This form should only be used if you are unable to visit a local CommonWealth Central Credit Union branch.

To claim property reported to the California State Controller in your name, please provide the following:

- 1. Completed Unclaimed Property Claim Form signed by the primary property owner.*
 - A. You must notarize the Unclaimed Property Claim Form if:
 - 1) The total value of the claim is \$1,000 or greater
 - B. If the property lists multiple owners, please provide the following:
 - 1) Each owner's full name, daytime phone number, and mailing address.
 - If you believe you are entitled to a deceased co-owner's portion of the property, provide a copy of the deceased owner's certified death certificate, and all documents naming you the executor of the estate.

Note: A cashier's check will be issued to the primary property owner and mailed to the address we have listed on file unless stated otherwise.

2. Copy of your current Driver's License or State Issued Photo Identification Card.

- A. If you do not have a valid Driver's License or State Issued Photo Identification Card, you may provide:
 - 1) Color copy of the first and last page of your valid passport.
- 3. If you are claiming property on behalf of a minor, provide:
 - A. Proof of minor's SSN. Suggested documents:
 - 1) Copy of minor's Social Security card
 - 2) Copy of minor's birth certificate

Email all documents to: service@wealthcu.org

or Mail all documents to: CommonWealth Central Credit Union Unclaimed Property P.O. Box 641690 San Jose, CA 95164-1690

If you have any questions regarding these instructions or requested documents, please call us at (800) 564-1588.

* The claim form must be signed by the primary property owner, the property owner's guardian, custodian, conservator, or if the property is in the name of a trust, the trustee(s).



Unclaimed Property Claim Form

The undersigned claimant certifies, under penalty of perjury, the claimant has read the claim and knows the contents thereof and the claimant is the owner/authorized owner of said claim and the person entitled to receive the funds set forth in said claim.

The claimant agrees to indemnify and hold harmless CommonWealth Central Credit Union, and its agents, commissioners, directors, officers, and employees from and against any and all demands, claims, suits, or actions arising out of the payment of said claims.

The Unclaimed Property Claim Form must be printed and signed by claimant.

| Property Owner Account Number: | Amount of Claim | :\$ | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------|--|--|
| First Name or Business Name: | Middle Name: | Last Name: | | |
| Daytime Phone Number: | | | | |
| Current Mailing Address: | | | | |
| <u><i>Previous</i></u> Mailing Address (within the 7 years, if any): | : | | | |
| (Fill out this Section if there are multiple Property Ov | vners) | | | |
| First Name: | Middle Name: | Last Name: | | |
| First Name: | Middle Name: | Last Name: | | |
| (Fill out this Section if the Claimant Above is NOT the Property Owner) | | | | |
| Property Owner's First Name or Business Name: | Middle Name: | Last Name: | | |
| CLAIMANT OR AUTHORIZED AGENT SIGNATURE | | | | |
| The Unclaimed Property Claim Form must be printed and signed by claimant. For claims filed for a business, the authorized owner's signature is required. For claims filed for an estate or trust, the signature of the executor, administrator, or attorney is required. | | | | |
| | Today's Date: | | | |



Unclaimed Property Claim Form

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| NOTE: YOUR SIGNATURE MUST BE NOTARIZED IF THE CLAIM AMOUNT IS \$1,000 OR GREATER | | | |
|----------------------------------------------------------------------------------------------------------------------------------|--------|--|--|
| State of California County of Subscribed and sworn to (or affirmed) before 20, by, person(s) who appeared before me. | | | |
| Signature | (Seal) | | |