

Treasury Use Only			
Claim Number			
Prepared by:	<input type="checkbox"/> 1	<input type="checkbox"/> 3	
	<input type="checkbox"/> 2	<input type="checkbox"/> Denied	

Michigan Holder Request for Refund

Issued under Public Act 29 of 1995. Filing is voluntary.

Use this form to request a refund of unclaimed property that was reported to the State of Michigan in error. Also use this form for items that you reimbursed to the rightful owner or for which you reestablished an account. Submit a separate request for each report year.

Holder Information				
Holder's Name	Federal Employer ID Number	Telephone Number	Report Year	UPD Branch ID Number
Street Address	City, State and Zip Code			Total Amount of Report

Claim Information							
Property Code	Account/Reference No. (If in aggregate, specify)	Owner's Name (Exactly as indicated on report.)	Owner's Address	Claimant's Name (If different from owner.)	Claimant's Address (If different from owner.)	Date paid to claimant or acct. reactivated. (include proof)	Amount Paid
a.							
b.							
c.							
d.							
If your refund is due to a reporting error, explain here.						TOTAL REFUND	

Holder Certification					
Subscribed and sworn to before me the ____ day of _____, 20 _____. _____ (Notary Signature) Notary Public in and for the county of _____ Michigan. My commission expires _____.	<i>I certify that the properties listed above which were included in the Report of Unclaimed Property or Securities filed for the report year in item 1d have been paid to the rightful owner or claimant. Upon payment of this request, I agree to hold the state harmless from all claims and loss, demands, costs and other expenses which the state may sustain by reason of turning over the property to the holder and by its further refusal to pay the property to any other person.</i>				
	<table border="1"> <tr> <td>Signature of Holder Representative</td> <td>Date</td> </tr> <tr> <td>Print or Type Representative's Name</td> <td>Date</td> </tr> </table>	Signature of Holder Representative	Date	Print or Type Representative's Name	Date
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