



GEORGIA DEPARTMENT OF REVENUE UNCLAIMED PROPERTY RECOVERY AGREEMENT

This form must be completed if an unclaimed property claimant wishes to submit a claim through a properly registered claimant's designated representative ("CDR"). Buyers of unclaimed property should not use this form. Instead, buyers of unclaimed property should use the Unclaimed Property Purchase Agreement (Form UP-CD4).

Claims are limited to fifteen properties each. A separate form must be submitted for each claim. The claimant may revoke this Agreement for any reason permitted by law. If the claimant does so, the CDR must inform the Department.

If the total known value of the claimed property exceeds \$2,000, the CDR may add terms and conditions to this Agreement, provided that those terms and conditions are not inconsistent with O.C.G.A. § 44-12-224. Additional requirements for adding terms and conditions are explained in Section V, below.

Please complete this Agreement and submit it via email to ucp cdr claims@dor.ga.gov. Claims that are submitted without this Agreement or with an incomplete Agreement are void.

I. Unclaimed Property Identification Number(s)

Provide the Unclaimed Property Identification number (Property ID Number) for each property to be claimed.

Property ID	Dollar Value (if Applicable)
1	\$
2	\$
3	\$
4	\$
5	\$
6	\$
7	\$
8	\$
9	\$
10	\$
11	\$
12	\$
13	\$
14	\$
15	\$

II. Value of Property, Fees, and Costs

Complete either A or B, as applicable. The total fees and costs to be collected by the CDR may not exceed 30% of the claimed amount or of the unclaimed property's value, whichever is lower. Fees and costs that together exceed that amount will be reduced to the 30% maximum with the net balance returned to the claimant. The 30% maximum does not apply if a judicial order, judgment, or decree to establish entitlement is required. You must attach a copy of the court order.

A. If the information provided by the Unclaimed Property Section includes the property's value:

1. Total dollar value of unclaimed property to be claimed:	\$
2. Total percentage of unclaimed property's value to be paid as fees and costs to the CDR:	%
3. Total fees and costs to be deducted from unclaimed property's value and paid to the CDR:	\$
4. Net amount to be received by claimant:	\$

B. If the information provided by the Unclaimed Property Section does not include the property's value:

1. Percentage of net value of the claim that is due to the CDR:	%
2. Percentage of net value of the claim that is due to the claimant:	%

III. Claimant's Information

Claimant (Complete all fields.)

1. Name:	2. Phone Number:
3. Mailing Address:	
4. Email:	5. Tax ID or SSN:

Co-Claimant (complete only If applicable)

6. Name:	7. Phone Number:
8. Mailing Address:	
9. Email:	10. Tax ID or SSN:

IV. Claimant's Designated Representative's Information

Complete all fields.

1. Name of CDR:	2. Name of Agent/Employee
3. CDR's Identification Number (received from the Department upon registration):	
4. Address:	
5. Agent/Employee Email Address:	6. Agent/Employee Phone Number:

V. Additional Terms (optional)

If the total known value of the claimant's unclaimed property exceeds \$2,000, indicate below whether the CDR has added terms and conditions to this Agreement.

If the CDR has added terms and conditions, the claimant and the CDR must complete the Unclaimed Property Agreement Addendum (Form UP-CDR3) and submit it along with this Agreement. Any additional terms and conditions will be deemed void if this Agreement is not accompanied by a completed Unclaimed Property Agreement Addendum.

Has the CDR included additional terms and conditions to this Agreement?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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VI. Authorization of Claimant

This Recovery Agreement must be acknowledged by the Claimant before a notary public. Please include first and last names. Where remote notarization is allowed by law, an electronic signature is acceptable provided that it complies with Rule 560-1-1-.14(1)(a) of the Department's regulations. Pursuant to those regulations, and by affixing their signature below, Claimant demonstrates their intent to sign this Recovery Agreement and be bound by the terms herein.

I, _____, (Claimant), hereby authorize _____

(Claimant's Designated Representative) to act on my behalf to take all lawful necessary steps, procedures, and actions to prepare and file a claim for my recovery of the properties listed above.

I authorize my Claimant's Designated Representative to receive a share of the unclaimed property in accordance with Section II of this Agreement if the Department approves my claim. I understand that, if the value of the claimed property is known, my Claimant's Designated Representative shall receive the amount stated in Section II.A.3 and I shall receive the amount stated in Section II.A.4. I also understand that, if the value of the property is not known, my Claimant's Designated Representative shall receive the percentage of the net value of the claim stated in Section

II.B.1 and I shall receive the percentage of the net value of the claim stated in Section II.B.2. Further, I authorize the amount in Section II.A.3 or percentage in Section II.B.1 to be deducted from the total value of the unclaimed property and paid directly to my Claimant's Designated Representative. I understand that the Department shall not owe any amount to me or my Claimant's Designated Representative if the claim is not approved.

I understand that I may revoke this Agreement for any reason permitted by law and that the Agreement will terminate automatically once my claim has been satisfied and any funds disbursed. I understand that the Agreement applies solely to the properties identified above. I certify that this Agreement, as well as any attached terms and conditions added by my Claimant's Designated Representative in accordance with O.C.G.A. § 44-12-224(g) (if applicable), constitutes the entire and only agreement between myself and my Claimant's Designated Representative.

Please send the net amount of \$ _____ (or net percentage of ____ %) to Claimant at Claimant's mailing address above.

Claimant's Signature: _____

Date: _____

Co-Claimant's Signature: _____
(If applicable)

Date: _____

Acknowledgment of Agreement. The person(s) signing as the claimant in Section 6 above appeared this day before a notary public and acknowledged this agreement as a voluntary act and deed.

Signature of Notary Public

Printed Name of Notary Public

My Commission Expires: _____

Notary Seal

Sworn and subscribed before this _____ day of _____ 20____.