



Department of Commerce

Mike DeWine, Governor
Jon Husted, Lt. Governor

Division of Unclaimed Funds
Sheryl Maxfield, Director

Failure to complete this Claim Form including the submission of required Personal ID and other documentation will result in your claim being returned to you.

Claim No. 9072273



Claimant Information		
Claimant Name Laura Fox	Claimant Address 2430 mallards landing	Claimant City/State/Zip COLUMBUS, OH 43229
Best Phone Number (380) 209-7897	Email Address rinneyastarr@gmail.com	SSN# or FEIN(required)
Are you the Original Owner of the Funds? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	if no, what is your relationship to the owner? Other	Reason for claiming funds in place of owner
Did you use a Paid Professional Finder? Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, Finders Name is?	Claimant's Date of Birth

Property / Holder Information	
Property ID - 1918303	
(A) Original Owner's Name JACKSON, LAURA	(B) Original Owner's Address of Record 165 N 4TH ST, COLUMBUS, OH
(C) Holder Reporting Funds METROPOLITAN LIFE INSURANCE CO	(D) Last Transaction Date
(E) Date Funds Received	(F) Type of Funds Reported INDIVIDUAL POLICY CLAIM PMT
(G) Certificate, Policy or Check Number	(H) Amount Reported \$78.83
Additional Owner(s): JACKSON, GEORGE	

Property ID - 9818260	
(A) Original Owner's Name JACKSON, LAURA N	(B) Original Owner's Address of Record 3040 MORSETOWN COURT S, COLUMBUS, OH 43224
(C) Holder Reporting Funds MATERNOHIO CLINICAL ASSOCIATES	(D) Last Transaction Date
(E) Date Funds Received	(F) Type of Funds Reported CUSTOMER OVERPAYMENTS
(G) Certificate, Policy or Check Number	(H) Amount Reported \$352.74
Additional Owner(s):	

Property ID - 14482436	
(A) Original Owner's Name JACKSON, LAURA	(B) Original Owner's Address of Record 2009 HEGEMON CREST DRIVE, COLUMBUS, OH 43219
(C) Holder Reporting Funds CVS PHARMACY INC	(D) Last Transaction Date
(E) Date Funds Received	(F) Type of Funds Reported REFUNDS DUE
(G) Certificate, Policy or Check Number	(H) Amount Reported \$10.00
Additional Owner(s):	

Claim forms must be signed. Claims for \$1000 or more, or safe deposit box items must be notarized.

The undersigned claimant certifies that he/she is the proper claimant in the foregoing claim, that he/she read the foregoing claim and knows the contents thereof; that the same is true and correct to his/ her knowledge that the information and documentation are unaltered and not fraudulent; and that the claim is valid, and unpaid. The claimant understands that presentation of a fraudulent claim may result in criminal proceedings. The claimant further declares that upon payment of this claim, he / she will indemnify and hold harmless, the State of Ohio, Division of Unclaimed Funds' officers and employees from any damages, claims or losses of any kind resulting from payment of the above claim. By signing this claim form, you are giving the Ohio Division of Unclaimed Funds permission to access confidential personal information in order to process your claim for payment.

Claimant Signature _____ Date: _____

Print Name Of Claimant _____

Co - Claimant Signature _____

Print Name of Co - Claimant _____

Sworn to and subscribed before me the _____ Day of _____ Year _____

Notary Signature _____

State of _____ County of _____

Notary Stamp and Seal

Privacy Notice: The social security number (ssn) is required for IRS tax reporting purposes. It may also be the only proof to determine ownership. The SSN is confidential and protected by access rules in Ohio Revised Code 1347.15.

It can take up to 120 days to process your claim

Office Use Only

FORM OUF-6 COM5522 (Rev 12/2009)

Claim ID: 9072273

Approval Date/Examiner Initial

77 S. High Street
20th Floor
Columbus, OH 43215 - 6108 U.S.A.

614-466-4433
Toll Free 877 - 644 - 6823
www.com.ohio.gov

An Equal Opportunity Employer and Service Provider



Ohio Division of Unclaimed Funds Claim Form Instructions

Complete applicable information on claim form.

1. **PROVING YOUR IDENTITY IS IMPORTANT:** Please provide a legible copy of your ID (**for example:** driver's license, passport, work ID, social security card or similar document).
2. **TAX IDENTIFICATION NUMBERS** Providing documentary proof of your Social Security or Federal Employer Identification Number is required for IRS Tax reporting purposes (i.e. paystub, copy of social security card, W-2, or other tax documents). It may also be the only proof to determine ownership. The SSN is confidential and protected by access rules in Ohio Revised Code §1347.15.
3. **REQUIRED IRS FORM W-9 TAXPAYER ID NUMBER & CERTIFICATION:** Section 6109 of the Internal Revenue Code requires you to provide your correct TIN (Taxpayer Identification Number) to persons (including federal and state agencies) who are required to file information returns with the IRS to report interest, dividends, or other income paid to you. IRS Form W9 available at <https://www.irs.gov/pub/irs-pdf/fw9.pdf>
4. **PROVING THE FUNDS ARE YOURS IS IMPORTANT.** Claims are not paid based on identical names alone. Therefore, you must demonstrate that the address in *Box B/Original Owner's Address (last known address reported)* on the claim form is where you live now or previously lived. **Or** instead, you may prove that you did business with the company or institution in *Box C/Company Reporting Funds to the Division* on the claim form.
 - a. **Examples of proof** of Original Owner's Address shown in Box B include: utility bill, bank statement, tax records, mortgage/rent records, or post-marked envelope showing your name and the address in Box B. A copy of one of these needs to be sent with your claim form. **OR**
 - b. **Examples of proof** you did business with the business or organization in Box C: checks, original cashier's check, money order, insurance policy, bank statement, or dividend statement. One of these needs to be sent with your claim form.
5. **SIGN & DATE YOUR CLAIM FORM** or it will not be processed. If the funds are owned jointly with another person, both owners must sign the claim form unless you provide proof of joint owner's death (death certificate) and proof of survivorship rights. Note: You may be required to provide a Relinquishment form or Notarized Affidavit.
6. **HAVE YOUR CLAIM FORM NOTARIZED** if the value of the unclaimed property on which you file a claim is \$1,000 or more or if it is for the contents of a safe deposit box.
7. **HOW LONG WILL IT TAKE TO GET MY FUNDS?** Due to the high volume of claims, once a claim form is received in our office, it can require up to 120 days to process. It is important to include all required proof of ownership and identification when the claim is submitted to avoid delay.
8. **IF I AM CLAIMING THE FUNDS ON BEHALF OF ANOTHER PERSON,** how do I prove the claim? First, you must show that the account belonged to the owner (#3 above). Second, you must prove that you are the rightful recipient of the funds and you are legally entitled to claim the funds for the owner. If the owner is incapacitated, proper documentation from a court of law showing a guardianship or custodial relationship or Power of Attorney for the reported owner of the unclaimed property is required.

9. **IF THE OWNER IS DECEASED,** a photocopy of the death certificate and newspaper obituary must be provided. A probate court or trust document showing legal right to funds may be required. Legal documents showing your authority to collect the monies are required even if no estate was ever administered (i.e. Release from Administration, Letter of Authority, Report of Newly Discovered Assets) Probate orders must be dated within 2 years of filing the claim.
10. **WHAT IS A PROFESSIONAL FINDER?** A professional finder is in the business of finding the owners of Unclaimed Funds. **Claimants do not have to use a finder or pay a fee to file a claim.** If someone offers to help you locate unclaimed funds for a fee, contact the Division of Unclaimed Funds toll-free at 1-877-644-6823 to verify that the person is a registered finder.
11. If a **TRUST** is claiming the funds, an original notarized Certification of Trust signed by the trustee and meeting all the requirements of Ohio Revised Code §5810.13 is required.
12. If you are claiming funds in the name of an **ex-spouse**, divorce records must specify your rights to the unclaimed funds.
13. **CHILD SUPPORT:** If funds are being claimed due to child support arrearages, contact your child support enforcement officer. The child enforcement agency must claim the funds on your behalf.
14. **INTERNATIONAL:** If the claimant is outside the United States, the claim form (or power of attorney, relinquishment form or affidavit, if applicable) must be notarized and the claimant verified through the US Consulate or certified by a Hague Convention Apostille.
15. **BUSINESS CLAIMS:**
 - a. Provide the business' Federal Employer Identification Number (FEIN) in the space provided for Social Security number.
 - b. If original business on Line A is different than current company, show relationship to reported owner (example: subsidiary, merger, name change)
 - c. The person signing the claim form must provide **Proof of Authority** to claim funds on behalf of the company, such as a corporate resolution or affidavit from a senior officer as well as verification of the position of both individuals (example: board minutes, SEC filings, directories listing officers, annual report). Letterhead or business cards are not acceptable proof.
 - d. If a business has ceased to exist, provide dissolution agreement or other legal records showing the distribution of assets and personal ID of claimant.
 - e. If a business is in **bankruptcy** or receivership, provide a certified copy of the appointment of trustee or receiver.

To insure the funds are paid to the correct person or business, the Division reserves the right to request additional evidence and has sole discretion to determine the sufficiency of documentation to allow payment.

Return completed claim form along with a copy of a picture I.D., proof of your social security number or Federal Employer Identification Number, a completed and signed IRS Form W9 and all required documentation to:

Ohio Division of Unclaimed Funds
77 S. High Street, 20th Floor
Columbus, OH 43215-6108 USA

Allow 120 days for processing. To check the status of your claim, please go to our website at https://comapps.ohio.gov/unfd/unfd_apps/claimstatuslookup

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number	
	- -
or	
Employer identification number	
	-

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ►	Date ►
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.