A GUIDE TO CLAIM YOUR UNCLAIMED FUNDS

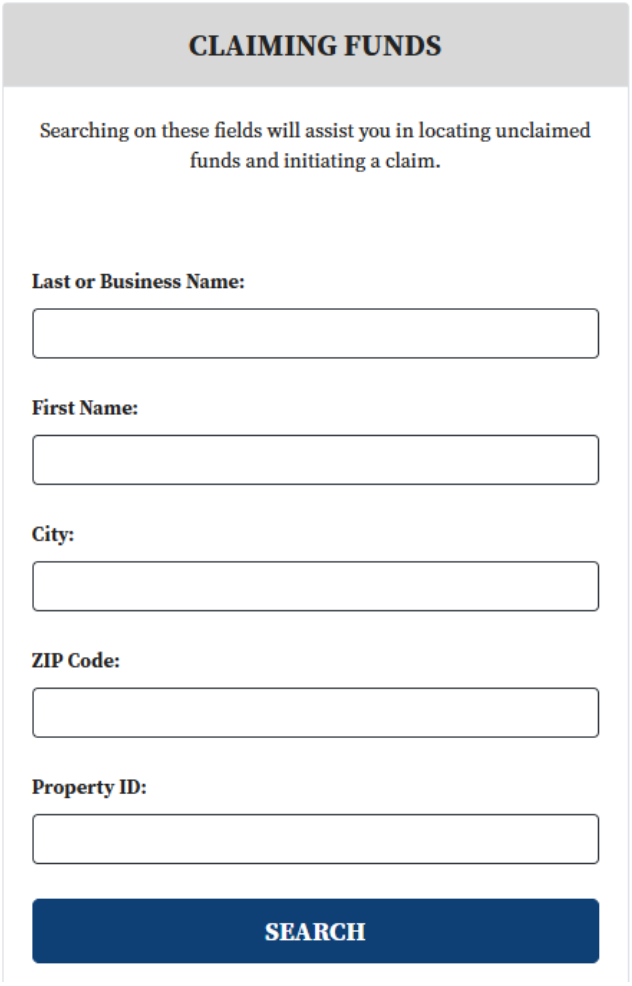
Go to https://unclaimedfunds.ohio.gov

STEP 1
Scroll down on the homepage to this section.

Type your name in the last name and first name field.
Or you can type your business name in the field.

***You do not need to put a CITY, ZIP CODE, or PROPERTY ID information in those fields unless you want to narrow your search.**

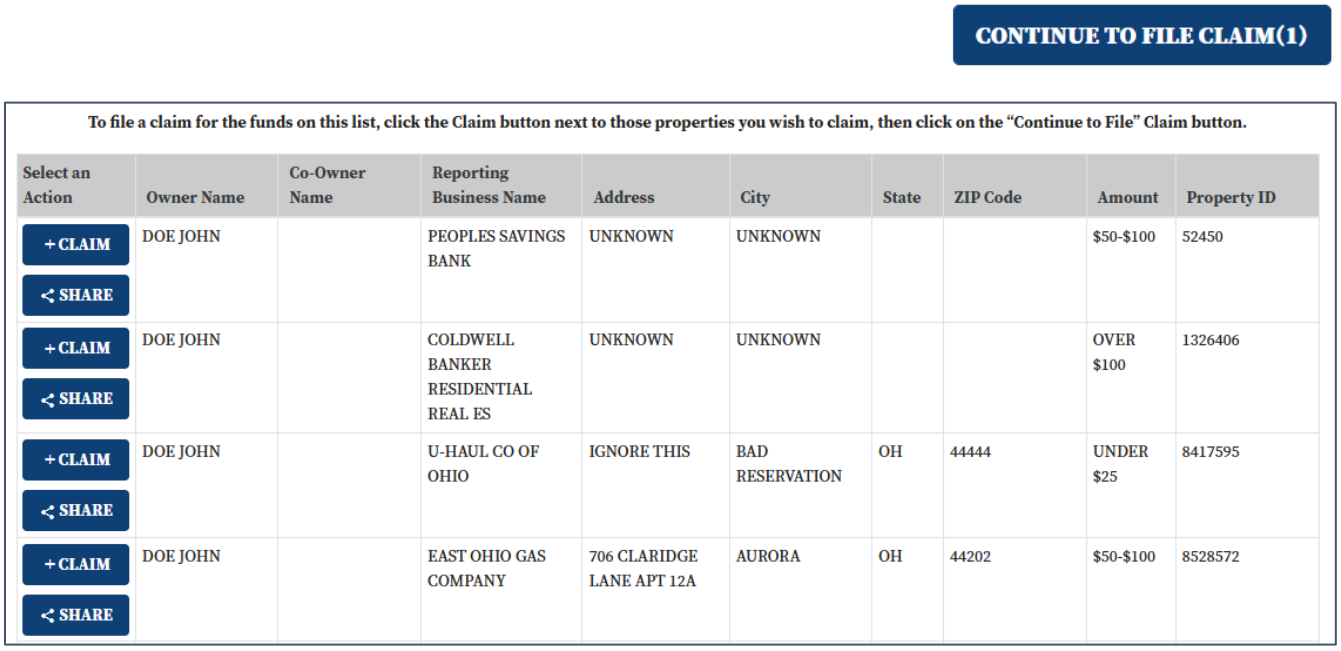
Click Search.



See more on the next page

STEP 2

Look for the claim that has your name and an address where you have lived.
Click on the Claim button for each one that belongs to you.
Click on the CONTINUE TO FILE CLAIM button.



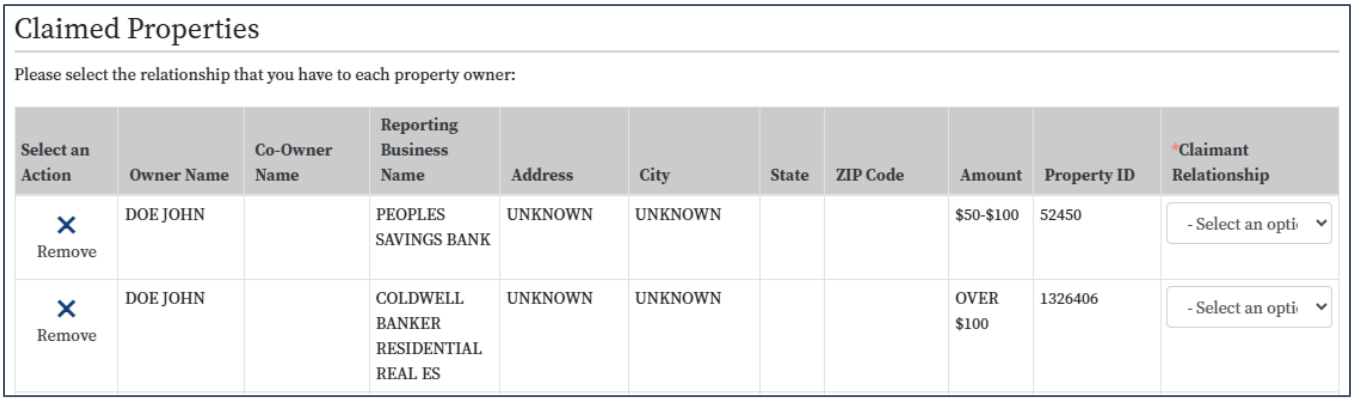
CONTINUE TO FILE CLAIM(1)

To file a claim for the funds on this list, click the Claim button next to those properties you wish to claim, then click on the "Continue to File" Claim button.

Select an Action	Owner Name	Co-Owner Name	Reporting Business Name	Address	City	State	ZIP Code	Amount	Property ID
+ CLAIM SHARE	DOE JOHN		PEOPLES SAVINGS BANK	UNKNOWN	UNKNOWN			$50-$100	52450
+ CLAIM SHARE	DOE JOHN		COLDWELL BANKER RESIDENTIAL REAL ES	UNKNOWN	UNKNOWN			OVER $100	1326406
+ CLAIM SHARE	DOE JOHN		U-HAUL CO OF OHIO	IGNORE THIS	BAD RESERVATION	OH	44444	UNDER $25	8417595
+ CLAIM SHARE	DOE JOHN		EAST OHIO GAS COMPANY	706 CLARIDGE LANE APT 12A	AURORA	OH	44202	$50-$100	8528572

STEP 3

Review the claimed properties.
Select "OWNER" from the claimant relationship drop down box.
Click the FILE CLAIM button.



Claimed Properties

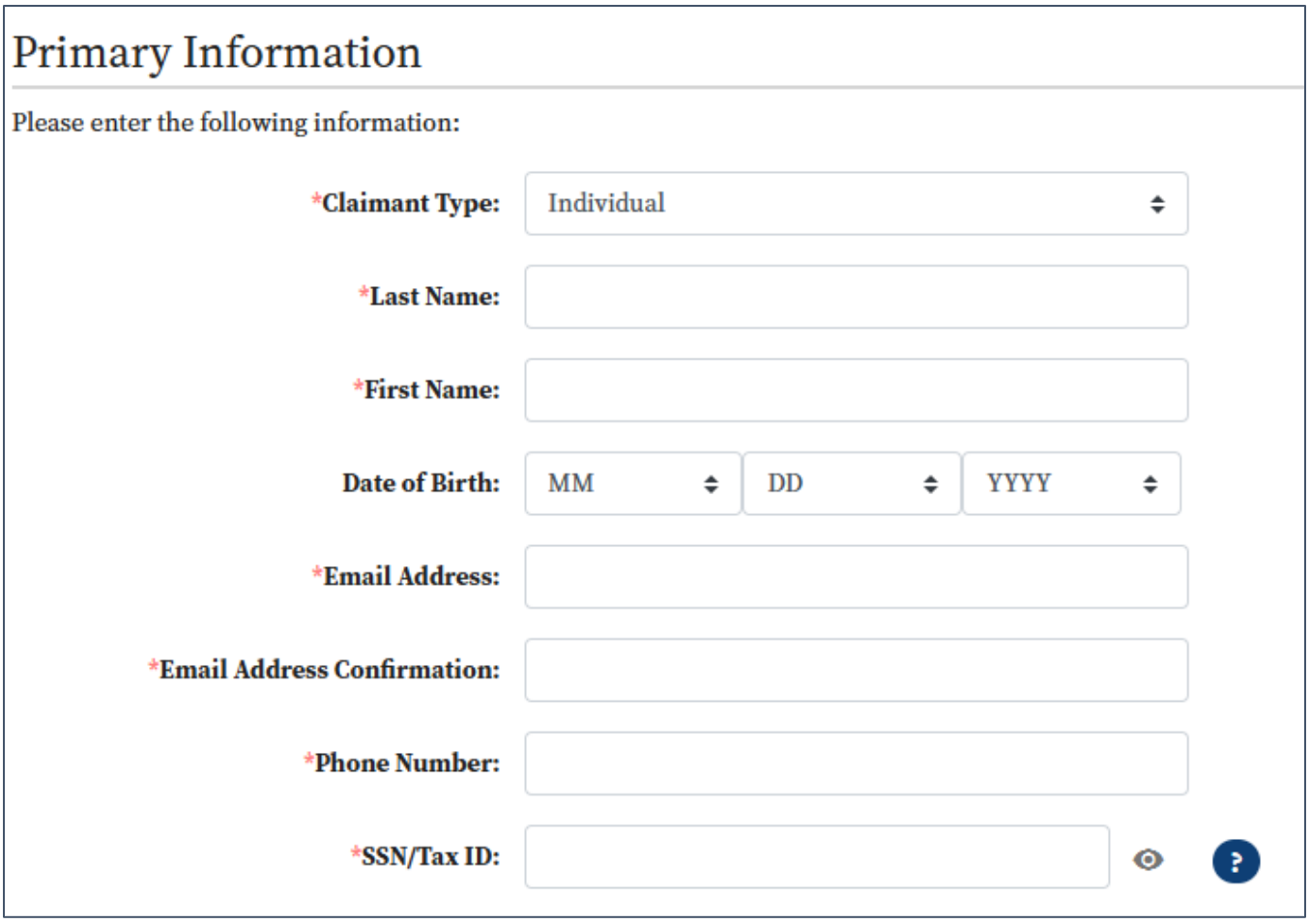
Please select the relationship that you have to each property owner:

Select an Action	Owner Name	Co-Owner Name	Reporting Business Name	Address	City	State	ZIP Code	Amount	Property ID	*Claimant Relationship
✕ Remove	DOE JOHN		PEOPLES SAVINGS BANK	UNKNOWN	UNKNOWN			$50-$100	52450	- Select an opti
✕ Remove	DOE JOHN		COLDWELL BANKER RESIDENTIAL REAL ES	UNKNOWN	UNKNOWN			OVER $100	1326406	- Select an opti

FILE CLAIM

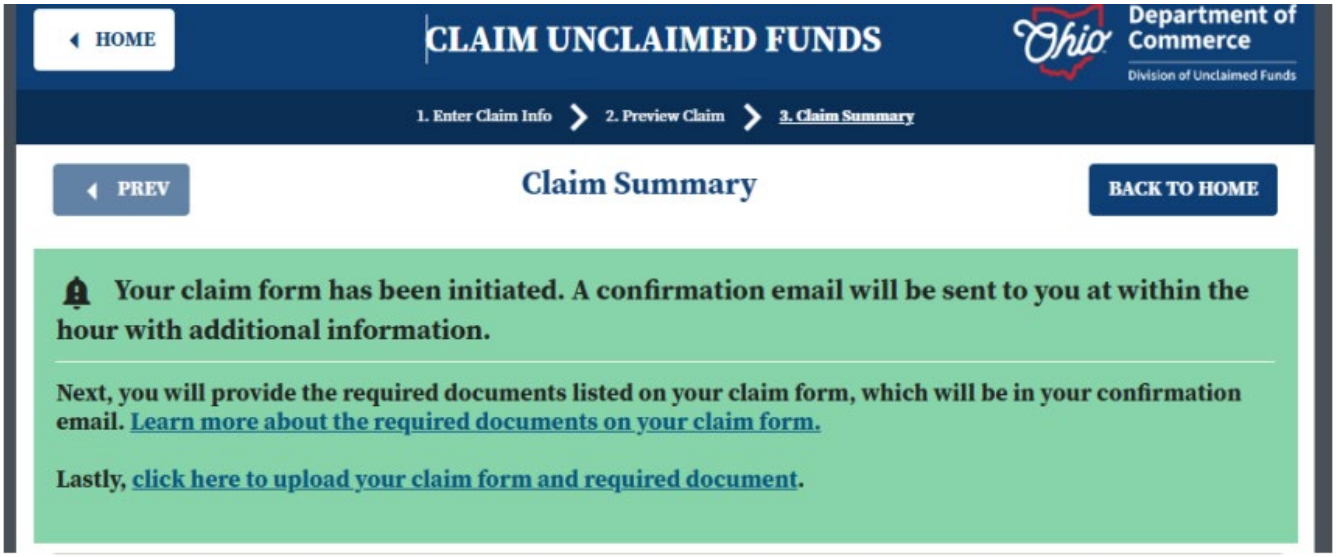
STEP 4
Fill out the form with YOUR current contact information. Put your name and current mailing address. This is where your check will be mailed once approved.

***We require your SSN to verify your information with the information that was reported to us. Please know our website is secure and will be kept confidential.**



STEP 5
Click the checkbox.
Fill out your first name and last name in the fields. Click SUBMIT.

Once you've successfully submitted the form, you will get this green screen.



Congratulations! You've completed the first step to claiming your funds.

You will get an email from OHUnclaimedfunds@com.ohio.gov.

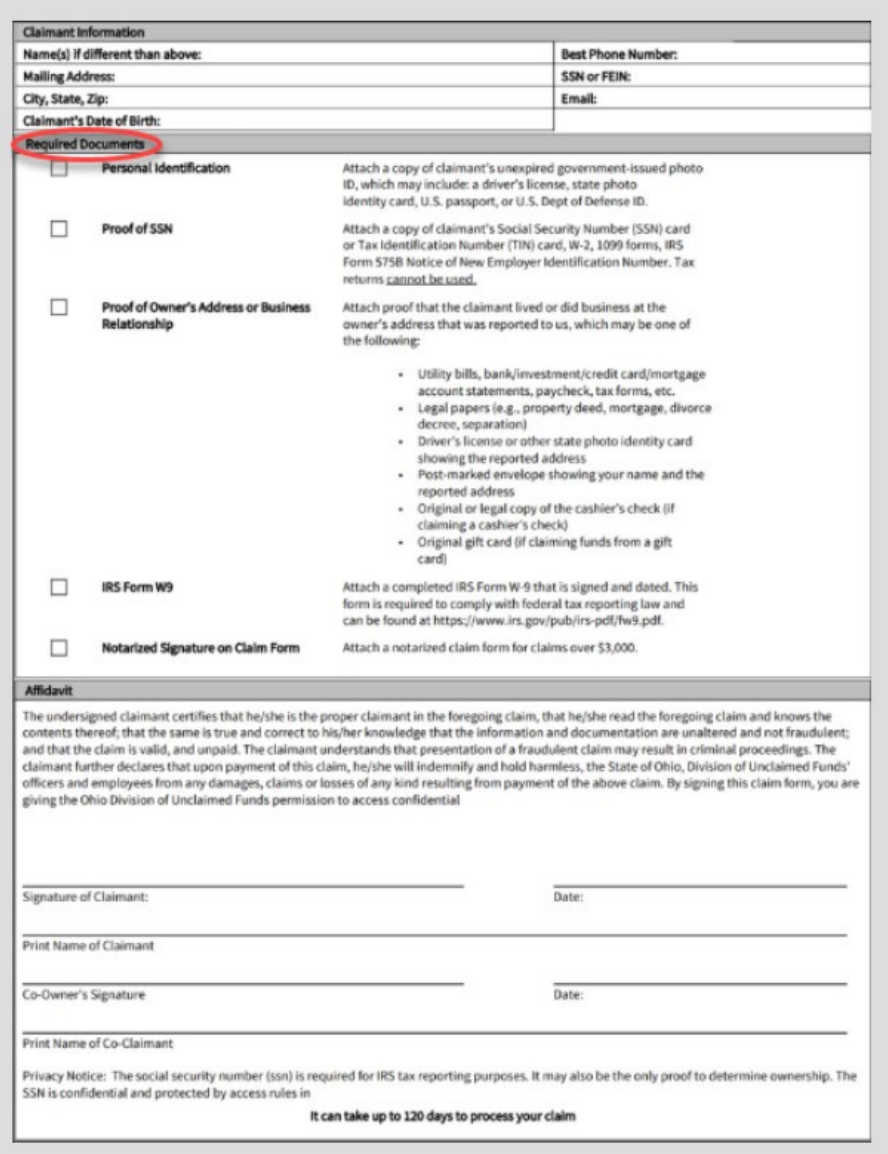
Your claim form will be an attachment in the email.

You are not finished yet.

Your claim form will list the required documents that we need to verify you are the rightful owner. (See next page for claim form example)

You still need to review the required documents on your claim form and send them to us.

Claim Form Example



Claimant Information

Name(s) if different than above:	**Best Phone Number:**
Mailing Address:	**SSN or FEIN:**
City, State, Zip:	**Email:**
Claimant's Date of Birth:	

Required Documents

☐ **Personal Identification**	Attach a copy of claimant's unexpired government-issued photo ID, which may include: a driver's license, state photo identity card, U.S. passport, or U.S. Dept of Defense ID.
☐ **Proof of SSN**	Attach a copy of claimant's Social Security Number (SSN) card or Tax Identification Number (TIN) card, W-2, 1099 forms, IRS Form 5758 Notice of New Employer Identification Number. Tax returns cannot be used.
☐ **Proof of Owner's Address or Business Relationship**	Attach proof that the claimant lived or did business at the owner's address that was reported to us, which may be one of the following: • Utility bills, bank/investment/credit card/mortgage account statements, paycheck, tax forms, etc. • Legal papers (e.g., property deed, mortgage, divorce decree, separation) • Driver's license or other state photo identity card showing the reported address • Post-marked envelope showing your name and the reported address • Original or legal copy of the cashier's check (if claiming a cashier's check) • Original gift card (if claiming funds from a gift card)
☐ **IRS Form W9**	Attach a completed IRS Form W-9 that is signed and dated. This form is required to comply with federal tax reporting law and can be found at https://www.irs.gov/pub/irs-pdf/fw9.pdf.
☐ **Notarized Signature on Claim Form**	Attach a notarized claim form for claims over $3,000.

Affidavit

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

Signature of Claimant: _____ Date: _____

Print Name of Claimant _____

Co-Owner's Signature _____ Date: _____

Print Name of Co-Claimant _____

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

It can take up to 120 days to process your claim

Once you send the required documents to us on our upload page, your claim will go into our que to be reviewed. Claims are reviewed in the order in which they are received.

Please allow 120 days for us to review your claim.
You can always check the status of your claim at https://unclaimedfunds.ohio.gov/app/claim-status-search.