Department of Commerce
Division of Unclaimed Funds

RELINQUISHMENT FORM

THIS FORM MUST BE SIGNED AND DATED BEFORE A NOTARY PUBLIC. A COPY OF NON-EXPIRED GOVERNMENT ISSUED PHOTO ID FOR THE RELINQUISHER MUST ACCOMPANY THIS FORM

CLAIM NUMBER _____

I, _____, hereby relinquish and forever release to _____ the right to unclaimed funds in the amount of $_____ and held in the names of _____ which are presently in the custody of The Ohio Department of Commerce, Division of Unclaimed Funds.

I, _____acknowledge that by signing this relinquishment/release that _____ may, if sufficient documentation is presented, receive said unclaimed funds plus any interest payable.

Upon payment of this claim, I will hold harmless and indemnify 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 unclaimed funds.

I hereby acknowledge that I understand the terms of this release and have signed freely and of my own will.

Signature _____ Date _____

Witness _____ Date _____

The above individuals personally appeared before me, acknowledged that they understand the terms of this relinquishment/release, and affixed their signatures.

State of _____ County of_____

Subscribed and sworn to before me this _____ day of _____, 20_____

Notary Public Signature_____

Commission Expiration Date_____ (Seal)

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

614 | 466 4433
Fax 614 | 995-7535
Toll Free 877 | 644 6823
www.com.ohio.gov