

[Amended Forms]



Controller *John Chiang*

California State Controller's Office

Unclaimed Property Division

AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER (SCO EFT-1)

Complete Section I Below:	Branch #	000000
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Please Check Appropriate Boxes	<input type="checkbox"/> New EFT Account <input type="checkbox"/> Change EFT Remittance Method <input type="checkbox"/> Change Bank Account <input type="checkbox"/> Change in Holder Contact Information
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HOLDER INFORMATION

FEDERAL EMPLOYER ID# (FEIN):	_____ - _____
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NAME	_____
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ADDRESS	_____
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CITY	STATE	ZIP	_____
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UNCLAIMED PROPERTY HOLDER TYPE CODE	_____	PHONE	(____) _____ - _____	EXT	_____
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CONTACT INFORMATION - REPORT FILER

NAME	_____
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EMAIL	_____
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PHONE	(____) _____ - _____	EXT	_____	FAX	(____) _____ - _____
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Complete Section II, III or IV Below:

SECTION II	<input type="checkbox"/> ACH DEBIT	If you have selected the ACH Debit option, you MUST either attach a voided check OR a letter, on company letterhead, noting your Bank Transit Routing Number and Bank Account Number. <i>This information will be used only to verify bank account, transit and routing numbers.</i>
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BANK NAME:	_____
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BANK ACCOUNT NUMBER (not to exceed 17 digits):	_____
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TRANSIT AND ROUTING NUMBER: (not to exceed 9 digits):	_____
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TYPE OF ACCOUNT:	<input type="checkbox"/> CHECKING	<input type="checkbox"/> SAVINGS
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Method of Communication: (Check One)	<input type="checkbox"/> Phone (Voice)	<input type="checkbox"/> Phone (Touch Tone)	<input type="checkbox"/> Web Payor	PAYCALIFORNIA.COM/SCO
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_____ SIGNATURE	_____ TITLE	_____ DATE
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SECTION III	<input type="checkbox"/> ACH CREDIT	
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I have verified our company's Financial Institution can originate an ACH Credit transaction in the required record field.

_____ SIGNATURE:	_____ TITLE	_____ DATE
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SECTION IV	<input type="checkbox"/> INTERNATIONAL FUNDS TRANSFER	
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_____ SIGNATURE	_____ TITLE	_____ DATE
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For EFT assistance Call (916) 464-6220 or EMAIL updscoeft@sco.ca.gov
 You may fax the completed EFT-1 Form to (916) 464-6224 or mail a copy to
 State Controller's Office, Unclaimed Property Division, Attention: EFT Unit
 P.O. Box 942850, Sacramento, CA 94250-5873

INSTRUCTIONS FOR COMPLETING THE EFT AUTHORIZATION AGREEMENT FORM (EFT-1)

General Instructions

Please type or print clearly.
 Fax to the California State Controller's Office at (916) 464-6224
 Or mail to the address shown on the front of this form.
 Retain a copy for your file before mailing.

Complete Section I

Complete All Applicable Fields

Complete Section II, III or IV:

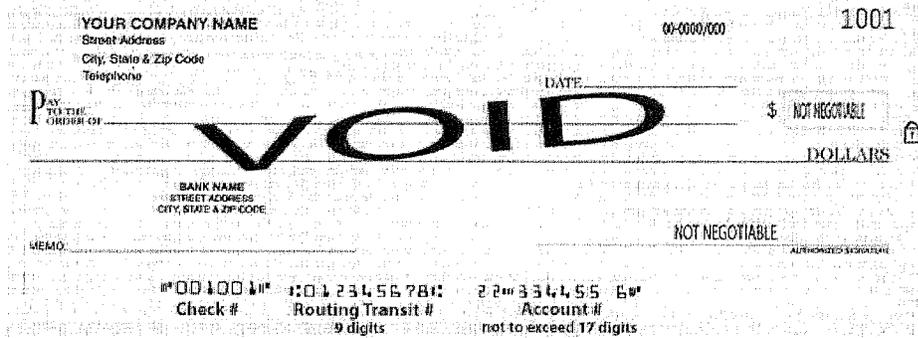
SECTION II ACH DEBIT

- This method allows you to transfer funds to the California State Controller's Office electronically by debiting an account you control in a financial institution for the amount that you report to the California State Controller's Office data collection service.
- You will have control of the transaction by using a personal security code of your choice.
- You will receive a reference number for your records that you can use to track the transfer.
- A REFERENCE NUMBER MUST BE NOTED ON YOUR UNCLAIMED PROPERTY REPORT FORM UFS-1 IN THE UPPER LEFT-HAND CORNER, OR ON ANY OTHER DOCUMENTS SUBMITTED.

Important: If you have selected the ACH Debit option, you **MUST** either:

- attach a voided check
OR
- a letter, on company letterhead, noting your Bank Transit Routing Number and Bank Account Number
This information will be used only to verify bank account, transit and routing numbers.

Sample Check: The example of a "voided" check, shown below, indicates where to locate the transit routing number for your bank and your bank account number. Remember to mark the word "void" across the face of the check that is returned with the authorization agreement.



SECTION III ACH CREDIT

This method allows you to transfer funds by instructing your ACH participating financial institution to debit your account and credit the California State Controller's Office Bank account.
 EFT Remittance must be in NACHA CCD + format using the Tax Payment Convention (TXP) and may only be initiated to the California State Controller's Office

SECTION IV INTERNATIONAL FUNDS TRANSFER

This method allows you to originate a transaction utilizing the international electronic payment system to transfer funds through federal reserve banks, whereby the holder debits their own bank account and credits the California State Controller's Office Bank account.

FOR USE OF THE CALIFORNIA STATE CONTROLLER'S OFFICE ONLY

Your enrollment in the California State Controller's EFT program has been approved to commence on:

 (Date)

Your method of remittance is:

- ACH DEBIT
 ACH CREDIT
 INTERNATIONAL FUNDS TRANSFER

Unclaimed Property Division By:

SIGNATURE: _____

TITLE: _____

DATE: _____



Controller John Chiang

California State Controller's Office

Unclaimed Property Division

REGISTRATION FOR REMITTANCE BY FEDWIRE (SCO EFT-3)

Complete Section I Below:							Branch #	000000
Please Check Appropriate Boxes		<input type="checkbox"/>	New EFT Account					
		<input type="checkbox"/>	Change Remittance Method					
		<input type="checkbox"/>	Change Bank Account					
		<input type="checkbox"/>	Change in Holder Contact Information					
HOLDER INFORMATION								
FEDERAL EMPLOYER ID# (FEIN):		_____ - _____						
NAME	_____							
ADDRESS	_____							
CITY	_____	STATE	_____	ZIP	_____			
UNCLAIMED PROPERTY HOLDER TYPE CODE	____	PHONE	(____) _____ - _____	EXT	_____			
CONTACT INFORMATION - REPORT FILER								
NAME	_____							
EMAIL	_____							
PHONE	(____) _____ - _____	EXT	_____	FAX	(____) _____ - _____			
Complete Section II Below:								
<p>This method allows the holder of Unclaimed Property to originate the transaction by utilizing the national electronic payment system to transfer funds through the federal reserve banks.</p> <p>The Unclaimed Property Division will provide the holder with the required banking information with the registration approval. The holder debits their bank account and credits the California State Controller's Office Bank account.</p> <p>YOU SHOULD REFERENCE THE DATE, DOLLAR AMOUNT, AND THE TRACKING NUMBER, IF AVAILABLE, OF YOUR FEDWIRE TRANSACTION ON YOUR UNCLAIMED PROPERTY REPORT FORM UFS-1 IN THE UPPER LEFT HAND CORNER OR ON ANY OTHER DOCUMENTS SUBMITTED.</p>								
SIGNATURE		TITLE			DATE			
FOR CALIFORNIA STATE CONTROLLER'S OFFICE USE ONLY								
<input type="checkbox"/>		Request Approved						
<input type="checkbox"/>		Request Denied						
Unclaimed Property Division By:								
SIGNATURE		TITLE			DATE			

For EFT assistance Call (916) 464-6220 or EMAIL updscoeft@sco.ca.gov
 You may fax the completed EFT-3 Form to (916) 464-6224 or mail a copy to
 State Controller's Office, Unclaimed Property Division, Attention: EFT Unit
 P.O. Box 942850, Sacramento, CA 94250-5873

UNIVERSAL HOLDER FACE SHEET (must be completed and attached with all reports)

UFS-1(Rev. 04/09)

Mail to: California State Controller's Office, John Chiang, State Controller, Unclaimed Property Division, P.O. Box 942850, Sacramento, CA 94250

Notice Report

- Due Before November 1 or
- Life Insurance Due Before May 1

Or

Remit Report

- Due Between June 1 and June 15 or
- Life Insurance Due Between December 1 and December 15

Section A—Holder Information

FEIN	Branch Number	Report As of Date	Check Number / EFT Debit Ref Number (Remit Report Only)
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Section B—Report Completion Contact

Holder Name

Street Address

P.O. Box Number	City	State	Zip Code	Country
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Contact Name (For report completion)	Title	Phone Number	Extension
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E-mail Address (Optional)

Section C—Property Owner Contact

Holder Name

Street Address

P.O. Box Number	City	State	Zip Code	Country
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Contact Name	Title	Phone Number	Extension
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E-mail Address (Optional)

Section D—Holder Agent Contact (If Applicable)

Agent Name

Street Address

P.O. Box Number	City	State	Zip Code	Country
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Contact Name (For report completion)	Title	Phone Number	Extension
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E-mail Address (Optional)

Section E—Prior Holder Name If you are the successor to a previous holder of property, or if you have changed your name, please list such prior name.

Name

Section F—Holder Report Totals

Total Reported/Remitted Dollars	Total Reported/Remitted Shares	Includes Safe Deposit Box <input type="checkbox"/> Yes <input type="checkbox"/> No
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Any Remittance of \$20,000.00 or more must be paid by Electronic Funds Transfer (EFT), pursuant to CCP Section 1532

Section G—Holder Business Information

Organization Type:	NAICS Code:
Incorporation State:	Charter <input type="checkbox"/> Federal <input type="checkbox"/> or State <input type="checkbox"/>
Incorporation Date: / /	Charter Date: / /

Section H—Demutualization Proceeds This report includes proceeds from the demutualization of an insurance company for the category checked below

- Date of Demutualization**
- Distribution not sent, because holder did not have a valid address (CCP Section 1515.5 (a)). Abandoned Immediately
 - Distribution sent but returned by the post office as undeliverable (CCP section 1515.5 (b)). Abandoned after two years
 - Distribution sent and not returned by the post office (CCP Section 1515.5 (c)). Abandoned after three years

Section I—Verification

Section I- **Verification** If made by an individual, shall be verified by the individual; if made by a partnership, by a partner; if made by an unincorporated association or private corporation, by an officer; if made by a public corporation, by its chief fiscal officer or other employee authorized by the holder (CCP Section 1530(e)).

The undersigned, _____ declares, under penalty of perjury, that, to the best of (his) (her) knowledge and belief, the following sheets contain a full, true, and complete report of unclaimed property which is presumed unclaimed under the provisions of Part 3, Title 10, Chapter 7, Code of Civil Procedure, commencing with Section 1500, and Title 2, California Administrative Code, Sections 1150 et seq. **The Undersigned also confirms that all properties not listed on the Remit Report, which were initially included on the Notice Report, were due to contact by the apparent owner, or the property being reactivated or returned to the rightful owner. Properties not included on the Notice Report cannot be listed on the Remit Report and must be reported on a Supplemental Notice Report.**

Signature	Title	Date
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