

ESCHEAT HAPPENS!!

**HOW NOT TO BE UP A CREEK WHEN IT
DOES.**

HISTORY

Romans

England

Magna Carta

Feudal Period

United States

- | | |
|---------------|---|
| 1940's | Escheatment laws begin |
| 1954 | First Uniform Unclaimed Property Law passed |
| 1965 | Texas vs New Jersey |
| 1966 | 2nd Uniform Unclaimed Property Law passed |
| 1981 | 3rd Uniform Unclaimed Property Law passed |
| 1985 | 4th Uniform Unclaimed Property Law passed |
| 2014 | Petition for next uniformed law established |

PURPOSE

Return

to the rightful owner

Return

to the rightful owner

Return

to the rightful owner

GENERAL FILING DATES – MAY 1

Mostly life insurance companies

Tennessee

Florida

Vermont

GENERAL FILING DATES - NOVEMBER 1

**Most non-life
insurance industries**

Alabama

Alaska

Hawaii

Idaho

Iowa

Kentucky

Louisiana

Mississippi

Oregon

Rhode Island

South Carolina

Utah

Washington

Wisconsin

Wyoming

ODD BALLS

California final –

June 1- June /15 -
December 1- December 15

Connecticut –

March 31

Delaware –

March 1, April 10, November
10, December 20

Guam –

January 31

Michigan –

July 1

Puerto Rico final –

December 10, December 20

New York –

February 10, February 15,
March 10, September 10,
October 10, November 10

Pennsylvania –

April 15

Texas –

July 1, November 1

PAYROLL PROPERTIES

Pay checks

Commission Checks

Pay Cards

PAYROLL PROPERTIES

Paychecks

Property/Dormancy Code: MS01

Dormancy Period: 1 year

2 years (ND, PA)

3 years (KY, MA, MD, MO, NY, OR)

5 years (DE, MS, PR)

PAYROLL PROPERTIES

Commissions

Property/Dormancy Code: MS02

Dormancy Period:

1 year (AL, AR, AZ, CA, CT, DC, FL, GA, HI, IA, ID, KS, ME, MI, MT, NC, NE, NH, NM, NV, OH, RI, SC, SD, TN, UT, VA, VI, WA, WI, WV)

2 years (ND, PA)

3 years (AK, GU, IN, KY, MA, MD, MN, MO, NJ, NY, OR, TX, VT)

5 years (CO, DE, IL, LA, MS, OK, PR, WY)

PAYROLL OPTIONS

Pay cards



NEW YORK

Filing Requirements:

Dormancy periods: 3 year for payroll
3 years for commissions

Filing dates: vary by industry type
corporate property types due 3/10

NEW YORK

Reporting Requirements:

Reporting methods: Paper, CD, Floppy Disk, Internet

Electronic filing requirement: 25 or more records

Reporting format: NAUPA text file

NYCD text file

HDT text file

NEW YORK

Reporting Requirements

Aggregate: amount: under \$20

Due diligence requirement: all amounts

Due diligence time frame: 365 to 90 days before file date

NEW YORK

Reporting Notes

Property type codes: Accepts Naupa codes (MS01)

Accepts NY codes (8A)

Advertising requirement: Generally for items \$50+

Primary publications should
be in English

Advertising time frame: varies depending on
industry

NEW YORK FORMS

Form AC 2709

Verification & Checklist (holder form)

must be included
with every report

does not require
notarization

AC2709 (Rev. 05/11)

New York State Comptroller
OFFICE OF UNCLAIMED FUNDS
110 State Street, 8th Floor
Albany, NY 12236-0001

VERIFICATION AND CHECKLIST FOR UNCLAIMED PROPERTY

Reporting Organization:

(name of business)

(area or department, e.g., Corp. Trust Division)

(street address)

(street address)

(city, state, zip code)

(service bureau, if used)

(service bureau contact name)

(service bureau contact phone)

Verification for Period Ended _____, 20____

State of Incorporation _____

Date of Incorporation _____

Are You Authorized To Do Business in NYS? _____

FEDERAL EMPL ID NO: _____

Contact Person _____

Contact Title _____

Contact Phone _____

Contact Fax _____

Address _____

Email Address _____

I certify that I am a duly authorized officer of the above named organization. To the best of my knowledge and belief this report is a true and complete statement of all abandoned property held by, or owing by, this organization as of the report period end date.

Signature

Payment Type: Electronic ☐ Totals: Cash _____

Check ☐ Issues _____

Securities ☐ Shares _____

RESERVED FOR USE OF STATE COMPTROLLER

Amount Received	Date Received	Ack. Number	Media Type	Class	Report Sequence	Year
Comments						

Be sure to complete the "checklist" sheet, indicating types and amounts of property being reported. Also, please verify that the property type(s) used on this form are the same as the ones used in your detailed Report of Abandoned Property. Detailed instructions for completing this form are in the Handbook for Reporters of Unclaimed Funds.

NEW YORK FORMS

Form AC 2709

Verification & Checklist (holder form)

must be included
with every report

does not require
notarization

1. ACCOUNT BALANCES	Dormancy Period	Cash	Shares
A. Demand Deposit Account(s)	3 yrs	1A. \$	
B. Savings Accounts (includes Club Accounts, Security Deposits & Retirement Accounts)	3 yrs	1B. \$	
C. Time Deposit Accounts	3 yrs	1C. \$	
D. Money on Deposits to Security Funds (if separate from A & B)	3 yrs	1D. \$	
E. Unidentified Deposits (if separate from A & B) & Suspense Accounts	3 yrs	1E. \$	
F. Escrow Funds (Mortgages, Performance Guarantee, Surety Bonds, etc.)	3 yrs	1F. \$	
G. Credit Balances Arising from Loans (includes Liquidated Mortgages, Consumer Loans, Remainder of Collateral Amounts, etc.)	3 yrs	1G. \$	
H. Credit Balances, Consumer Credit Accounts	3 yrs	1H. \$	
I. Credit Balances in Trading & Investment Accounts with Trusts, Brokers, Investment Firms, etc. (including O/S checks issued to customers)	3 yrs	1I. \$	
J. Credit Balances or Cash Due Renters of Safe Deposit Boxes	3 yrs	1J. \$	
2. NEGOTIABLE INSTRUMENTS			
A. Certified Checks	3 yrs	2A. \$	
B. Cashier, Teller Checks	3 yrs	2B. \$	
C. Bank Money Orders	3 yrs	2C. \$	
D. Treasurer & Registered Checks	3 yrs	2D. \$	
E. Drafts & Bank Traveler's Checks	3 yrs	2E. \$	
F. Warrants	3 yrs	2F. \$	
G. Outstanding Checks issued to Vendors (Accounts Payable)	3 yrs	2G. \$	
H. Travelers Checks (non-bank)	15 yrs	2H. \$	
I. Licensed Money Transmitter Receipts & Money Orders (non-bank)	5 yrs	2I. \$	
J. State Checks	1 yr	2J. \$	
3. PAYING AGENTS, FIDUCIARY, MUTUAL FUNDS, AMERICAN DEPOSITORY RECEIPT ACCOUNTS AND CORPORATION DISBURSING DIRECTLY TO THEIR OWN SHAREHOLDERS			
A. Cash Dividends (other than ADR)	3 yrs	3A. \$	
B. Bond Interest (other than ADR)	3 yrs	3B. \$	
C. Stock Dividends (other than ADR)	3 yrs	3C. \$	3P
D. Distributions from Ownership of Interest (other than ADR), includes Redemption Values, Warrants, Underlying & Unexchanged Shares & Accrued Dividends	3 yrs	3D. \$	3Q
E. Cash Dividends (ADR)	3 yrs	3E. \$	3R
F. Stock Dividends (ADR)	3 yrs	3F. \$	3S
G. Other Distributions Resulting From Ownership of Interest (ADR)	3 yrs	3G. \$	3T
H. Bond Redemption	3 yrs	3H. \$	3U
I. Mutual Fund & Dividend Reinvestment	3 yrs	3I. \$	
4. INVESTMENTS, TRADING (BROKER/DEALER) AND BANK TRUST DEPARTMENT ACCOUNTS REPRESENTING DISTRIBUTIONS RECEIVED FOR KNOWN AND UNKNOWN OWNERS			
A. Cash Over Receipts (Dividends & Other)	3 yrs	4A. \$	
B. Bond Interest Over Receipts	3 yrs	4B. \$	
C. Stock Over Receipts (Dividends & Other)	3 yrs	4C. \$	4P
D. Other Over Receipts	3 yrs	4D. \$	4Q
E. Unidentified Overages	3 yrs	4E. \$	4R
F. Other Distributions Resulting from Ownership Interest or Debt Obligation	3 yrs	4F. \$	4S
5. REFUNDS			
A. Utility Service Deposit	2 yrs	5A. \$	
B. Advance Payments for Utility Services Not Furnished	2 yrs	5B. \$	
C. Refunds Due on Overcharges by Utility Companies	2 yrs	5C. \$	
D. Refunds Due by Insurance Companies	3 yrs	5D. \$	
E. Amounts Due for Undelivered Goods and/or Services	3 yrs	5E. \$	
F. Rebates	3 yrs	5F. \$	
6. INSURANCE PROCEEDS			
A. Limiting Age (Superannuated) Contracts	N/A	6A. \$	
B. Matured Endowments	3 yrs	6B. \$	
C. Death Claims	3 yrs	6C. \$	
D. Amounts Due Under Policies of Insurance Other than Life	3 yrs	6D. \$	
E. Refunds & Other Amounts Due Under Policy Terms	3 yrs	6E. \$	
F. Annuities	3 yrs	6F. \$	
G. Retained Asset Accounts, Benefits Access Accounts or similar distribution Accounts	3 yrs	6G. \$	
7. FUNDS OWING BY COURTS AND GOVERNMENTAL UNITS			
A. Trust Funds	3 yrs	7A. \$	
B. Bail Funds	3 yrs	7B. \$	
C. Funds for Support of Spouse or Child	3 yrs	7C. \$	
D. Condemnation Awards	3 yrs	7D. \$	
X. Other	3 yrs	7X. \$	
8. OTHER AMOUNTS AND SECURITIES			
A. Wages, Payroll, Salaries, Commissions, Pension Payments	3 yrs	8A. \$	
B. Unredeemed Gift Certificates	5 yrs	8B. \$	
C. Amounts Owed by Sales & Insurance Finance Companies	3 yrs	8C. \$	
D. Surplus from Sale of Pledged Property	1 yr	8D. \$	
E. Lost Property	3 yrs	8E. \$	
F. Securities Long in Customers' Trading, Investment, Trust Accounts	3 yrs	8F. \$	8P
G. Securities Held As Transfer Agent	3 yrs	8G. \$	8Q
H. Securities Held in a Vault or Storage Area of a Bank	3 yrs	8H. \$	8R
I. Securities Lost & held by a Safe Deposit Company or Bank	3 yrs	8I. \$	8S
J. Securities Found in a Safe Deposit Box	3 yrs	8J. \$	8T
K. Other Securities Owed	3 yrs	8K. \$	8U
X. Late Filing Interest	3 yrs	8X. \$	
Y. Other Miscellaneous Property	3 yrs	8Y. \$	8Z

NEW YORK FORMS

Form AC2686 (property form)

used for reports
with 24 or less
properties

AC 2686 (1/02) STATE OF NEW YORK - OFFICE OF THE STATE COMPTROLLER - REPORT OF ABANDONED PROPERTY														Page _____ of _____							
Do Not Write in This Area OUF USE ONLY		Rec No.		Name of Reporting Organization				Address of Reporting Organization				City		State		Zip		For The Period Ending _____, 20____			
1	Owner Last Name (20)			First Name (10)			M.I.		Suffix (3)		Account Title (70)										
	Owner Address 1 (30)			Owner Address 2 (30)							Owner City (20)				State (2)		Zip (9)		Country if Not USA		
	Soc. Sec. No./Empl. ID No.		Property Type (2)		Property ID Number (20)				Date (MMDDYY)		Initial Amount		Escheated Amount		Removal Indication		Applicable, Enter "P" or "R"		Multiple Owners		
	Description of Security (70)														Owner Claimed		Reduced to Zero		Yes		
																CUSIP Number of Security		No. of Shares or Denomination		Method of Transfer	
2	Owner Last Name (20)			First Name (10)			M.I.		Suffix (3)		Account Title (70)										
	Owner Address 1 (30)			Owner Address 2 (30)							Owner City (20)				State (2)		Zip (9)		Country if Not USA		
	Soc. Sec. No./Empl. ID No.		Property Type (2)		Property ID Number (20)				Date (MMDDYY)		Initial Amount		Escheated Amount		Removal Indication		Applicable, Enter "P" or "R"		Multiple Owners		
	Description of Security (70)														Owner Claimed		Reduced to Zero		Yes		
																CUSIP Number of Security		No. of Shares or Denomination		Method of Transfer	
3	Owner Last Name (20)			First Name (10)			M.I.		Suffix (3)		Account Title (70)										
	Owner Address 1 (30)			Owner Address 2 (30)							Owner City (20)				State (2)		Zip (9)		Country if Not USA		
	Soc. Sec. No./Empl. ID No.		Property Type (2)		Property ID Number (20)				Date (MMDDYY)		Initial Amount		Escheated Amount		Removal Indication		Applicable, Enter "P" or "R"		Multiple Owners		
	Description of Security (70)														Owner Claimed		Reduced to Zero		Yes		
																CUSIP Number of Security		No. of Shares or Denomination		Method of Transfer	
4	Owner Last Name (20)			First Name (10)			M.I.		Suffix (3)		Account Title (70)										
	Owner Address 1 (30)			Owner Address 2 (30)							Owner City (20)				State (2)		Zip (9)		Country if Not USA		
	Soc. Sec. No./Empl. ID No.		Property Type (2)		Property ID Number (20)				Date (MMDDYY)		Initial Amount		Escheated Amount		Removal Indication		Applicable, Enter "P" or "R"		Multiple Owners		
	Description of Security (70)														Owner Claimed		Reduced to Zero		Yes		
																CUSIP Number of Security		No. of Shares or Denomination		Method of Transfer	
5	Owner Last Name (20)			First Name (10)			M.I.		Suffix (3)		Account Title (70)										
	Owner Address 1 (30)			Owner Address 2 (30)							Owner City (20)				State (2)		Zip (9)		Country if Not USA		
	Soc. Sec. No./Empl. ID No.		Property Type (2)		Property ID Number (20)				Date (MMDDYY)		Initial Amount		Escheated Amount		Removal Indication		Applicable, Enter "P" or "R"		Multiple Owners		
	Description of Security (70)														Owner Claimed		Reduced to Zero		Yes		
																CUSIP Number of Security		No. of Shares or Denomination		Method of Transfer	

NEW YORK

Contact information

New York State Office of the State Comptroller

Office of Unclaimed Funds

100 State Street,

Remittance Control, 2nd Floor

Albany, NY 12236

800-221-9311

nysrpu@osc.state.ny

<http://www.osc.state.ny.us/ouf/oufhandbook/index.htm>

NEW JERSEY

Filing Requirements:

Dormancy periods: 1 year for payroll
3 years for commissions

Filing dates: April 30 – Life Insurance Companies
October 31 – All other industries

NEW JERSEY

Reporting Requirements

Reporting methods: Paper, CD, DVD, Internet

Electronic filing requirement: 20 or more records

NEW JERSEY

Reporting Requirements

Aggregate amount: under \$20

Due diligence requirement: \$50 or more

certified mail with return
receipt

Due diligence time frame: 120 to 60 days before file
date

NEW JERSEY FORMS

Form UP-1

Holder Information

(holder form)

must be included
with every report

does not require
notarization

UP-1
08-10

State of New Jersey
Department of the Treasury
Unclaimed Property Administration
P.O. Box 214
Trenton, New Jersey 08695-0214

Phone (609) 292-9200
Fax (609) 984-0593

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UNCLAIMED PROPERTY REPORT-HOLDER INFORMATION
(Please read & follow Holder Packet reporting instructions)

Personal Property Abandoned as of: June 30, _____ Holder ID # _____
or
Life Insurance Property Abandoned as of: December 31, _____ Holder's Federal ID # _____

Holder Name & Mailing Address _____ Agent Name: _____
Report Contact: _____
Telephone number: _____
Fax number: _____
State of Incorp: _____
Date of Incorp: _____

Contact Mailing Address: _____
Report Contact E-mail Address: _____

If this report includes property held by subsidiary companies, attach a list of the names and Federal Tax ID numbers of those companies.

List the name(s) and Federal Tax ID number(s) of all previous holders of property if you are a successor. If you have changed your name during the time in which you held the property, list the prior name(s) and Federal Tax ID Number(s):

Electronic Media-e-mailed _____ Electronic Media-on CD _____ Paper Report UP-2 _____ (20 properties or less)

REPORT TOTAL(S)			
CASH	SECURITIES	NUMBER OF ITEMS	NUMBER OF PAGES/MEDIA
\$ _____	_____	_____	_____

Make checks payable to "Treasurer, State of New Jersey".
Securities registered in the nominee name: Neary Penco -address : P.O. Box 214, Trenton, New Jersey 08695-0214.

CERTIFICATION:

I hereby certify that this report was prepared on _____ and is a true and accurate statement of all unclaimed property held as of the close of the report cycle, updated for appropriate interest/income/dividends to the date of this report. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment according to the law.

Signature: _____ Title: _____ Date: _____

FOR OFFICE USE ONLY

Report Status: _____ Cash Remitted: \$ _____ Securities Remitted: _____

Receipt IDs _____

Report ID: _____ Date: _____ Employee: _____

Owners Added Date: _____ Employee: _____ Cleared Date: _____ Employee: _____

Stock ID s: _____

NEW JERSEY FORMS

Form UP-1S

Safe Deposit Report – Holder Information

(holder form)

must be included
with every report

does not require
notarization

UP-1S
08-08
Phone (609) 292-9200
Fax (609) 984-0593

State of New Jersey
Department of the Treasury
Unclaimed Property
P.O. Box 446
Trenton, New Jersey 08695-0446

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UNCLAIMED PROPERTY SAFE DEPOSIT REPORT-HOLDER INFORMATION

Property Abandoned as of: June 30, _____ Holder ID #: _____
Holder Federal ID #: _____
Business Code: _____ Agent Name: _____
Holder Name & Mailing Address Report Contact: _____
Telephone Number: _____
Fax number: _____
State of Incorporation: _____
Date of Incorp: _____
Contact Mailing Address: _____
Report Contact E-mail Address: _____
If this report includes property held by subsidiary companies, attach a list of the names and Federal Tax ID numbers of those companies.

List the name(s) and Federal Tax ID number(s) of all previous holders of property if you are a successor. If you have changed your name during the time in which you held the property, list the prior name(s) and Federal Tax ID Number(s):

Electronic Media _____ Paper Report UP-2 _____ (20 properties or less)

REPORT TOTAL

CASH	NUMBER OF BOXES	NUMBER OF PAGES/MEDIA
\$ _____	_____	_____

IF YOU ARE AUCTIONING SAFE DEPOSIT BOX CONTENTS, PLEASE ATTACH DETAIL.

CERTIFICATION:

I hereby certify that this report was prepared on _____ and is a true and accurate statement of all unclaimed property held as of the close of the report cycle, updated for appropriate interest/income/dividends to the date of this report. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment according to the law.

Signature: _____ Title: _____ Date: _____

FOR OFFICE USE ONLY

Report Status: _____ Cash Remitted: \$ _____
Receipt IDs: _____ Report ID: _____ Date: _____
Employee: _____
Owners Added Date: _____ Employee: _____ Cleared Date: _____ Employee: _____

NEW JERSEY FORMS

Form UP-2 (property form)

used for reports
with 19 or less
properties

UP-2 (8-09)

State of New Jersey
UP-2
UNCLAIMED PROPERTY REPORT – OWNER INFORMATION

HOLDER _____ Page _____ of _____ For Period Ended _____ 20____

OWNER LAST NAME	FIRST NAME	MIDDLE NAME	PREFIX	SUFFIX	OWNER TITLE
OWNER STREET ADDRESS		CITY	STATE	ZIP CODE	COUNTY
OWNER ID/SS#	OWNER BIRTH DATE	TRANSACTION DATE		PROPERTY TYPE CODE	
CASH REPORTED	STOCK ISSUE NAME			C.U.S.I.P. #	No. of SHARES
ACCOUNT NO.	CHECK NO.	RELATIONSHIP CODE	OWNER TYPE	# of OWNERS	
DATED DATE OF REMITTED SECURITIES	TRANSFER METHOD	OWNER CERTIFICATE NO.	UNEXCHANGED ISSUE NAME	UNEXCHANGED C.U.S.I.P. #	
DESCRIPTION					

OWNER LAST NAME	FIRST NAME	MIDDLE NAME	PREFIX	SUFFIX	OWNER TITLE
OWNER STREET ADDRESS		CITY	STATE	ZIP CODE	COUNTY
OWNER ID/SS#	OWNER BIRTH DATE	TRANSACTION DATE		PROPERTY TYPE CODE	
CASH REPORTED	STOCK ISSUE NAME			C.U.S.I.P. #	No. of SHARES
ACCOUNT NO.	CHECK NO.	RELATIONSHIP CODE	OWNER TYPE	# of OWNERS	
DATED DATE OF REMITTED SECURITIES	TRANSFER METHOD	OWNER CERTIFICATE NO.	UNEXCHANGED ISSUE NAME	UNEXCHANGED C.U.S.I.P. #	
DESCRIPTION					

NEW JERSEY

Contact information

Unclaimed Property

Attn: Report Section

50 Barrack Street,

6th Floor

Trenton, NJ 08695-0214

609-292-9200

nj.unclaimedreportsinquiries@treas.state.nj.us

<http://www.unclaimedproperty.nj.gov/reporting-info.shtml>

QUESTIONS

What method are you currently using to file?

Do you think you are filing correctly or are you just told to do it a certain way?

Has your company been audited for unclaimed property?

What are you biggest challenges as a holder?

Did the job get dumped on you?

THANKS SO MUCH!

Susan Vance

Compliance Officer, FSITrack

Susan@fsi-inc.com

www.fsi-inc.com

800.969.7979