



STATE OF NEW YORK  
OFFICE OF THE STATE COMPTROLLER  
OFFICE OF UNCLAIMED FUNDS

**OFFICIAL CHECK / MONEY ORDER AFFIDAVIT FOR INDIVIDUALS**

I, \_\_\_\_\_, am of legal age(18 years or older) residing at \_\_\_\_\_,  
(name) (current address)  
and certify that I am the owner of and solely entitled to the proceeds of check/draft or money order number  
\_\_\_\_\_ which was:  
(check number)

Received by \_\_\_\_\_ on \_\_\_\_\_.

Purchased by \_\_\_\_\_ on \_\_\_\_\_.

The instrument was issued by \_\_\_\_\_, and the proceeds have been turned over to the  
(reporting organization name)  
Comptroller of the State of New York by that institution.

CHECK ONE OF THE FOLLOWING AND PROVIDE ANY INFORMATION REQUESTED.

- \_\_\_\_\_ A. The instrument is enclosed and made a part of this affidavit.
- \_\_\_\_\_ B. The instrument was received by me, but has been lost or misplaced. The instrument has not been sold, assigned, transferred or given away.
- \_\_\_\_\_ C. The instrument was purchased by me, but has been lost or misplaced. The instrument has not been used for the purpose intended, and it has not been sold, assigned, transferred or given away.

A diligent search has been made for the instrument. It is not known who has possession of the instrument, or knowledge of where it could be found. I realize the instrument may be in the possession of another who may make claim therefore.

In consideration of the payment of this claim, I / we will reimburse to the Office of the State Comptroller and the State of New York the amount due to any additional persons who are entitled to these funds. Under penalty of perjury, I certify that the information on this affidavit is true and correct and that the number shown on this affidavit is the correct Taxpayer Identification Number.

Signature \_\_\_\_\_

Sworn to before me this \_\_\_\_\_



Taxpayer Identification Number \_\_\_\_\_

day of \_\_\_\_\_, 20\_\_\_\_\_

Daytime Telephone Number :(\_\_\_\_\_) \_\_\_\_\_

Notary: \_\_\_\_\_

Return this form by mail:  
Office of Unclaimed Funds  
110 State Street  
Albany, NY 12236  
Submit online:  
<https://ouf.osc.state.ny.us/ouf/cs>.

Contact us: [nysouf@osc.ny.gov](mailto:nysouf@osc.ny.gov) or 800-221-9311.  
Visit our webpage at <https://www.osc.ny.gov/unclaimed-funds>.  
We invite you to like us on Facebook at facebook.com/nyscomptroller   
and follow us on Twitter at @NYSComptroller 

NYS Personal Privacy Protection Law Notification: The NYS Comptroller's Office of Unclaimed Funds (OUF) is requesting you to provide your Tax Payer Identification Number and/or Date of Birth on this form in order to verify your identity and that you're entitled to claim the funds. OUF is authorized to collect this information under Section 1406 of the NYS Abandoned Property Law. Disclosing this information is voluntary and we will process your claim without it. However, in certain cases OUF is required to report the transaction to the Internal Revenue Service and/or other taxing authorities. If your claim is subject to such a requirement, and you don't provide the requested information at this time, we'll require that you provide such information prior to payment. The information provided will be maintained in the Unclaimed Funds Processing System which is under the direction of the Assistant Director of Services of OUF, 110 State Street, Albany, NY 12236