



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

Change of Address Form

Use this form to change the address we have on file for you.

Claim Reference Number or Confirmation Number(s): _____

Name: _____
FIRST NAME MI LAST NAME

Address: _____
STREET/PO BOX (The address we currently have on file for you) APT

CITY STATE ZIP

➔ **New Address:** _____
STREET/PO BOX APT

CITY STATE ZIP

Effective Date: ___/___/___ **Phone Number:** (____) _____-_____

Requests to change an address have been associated with identity theft and fraud scams. For your protection, claims with a change of address now require additional verification and documentation before payments can be made.

You must submit a copy of a government issued photo ID showing your name and the new address with this request.

Your request will not be processed without your signature being acknowledged by a notary public in the space below.

Email Address: _____

Signature: _____ **Date:** _____

On this ___ day of _____, in the year 20 ____, before me _____
(Claimant Name) personally appeared and is personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledge to me that they executed the same in their capacity, and that by their signature, on the instrument, the individual, or the person upon which the individual acted, executed the instrument.

Notary Signature: _____

Notary Stamp:

Return this form by mail:
Office of Unclaimed Funds
110 State Street
Albany, NY 12236

Contact us: 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