



CHIEF FINANCIAL OFFICER
STATE OF FLORIDA

ALEX SINK

JOHN DOE
1234 ANY STREET
ANYTOWN, FL 31234-5678

This is an official mailing from the State of Florida, Department of Financial Services.

We believe you may own unclaimed funds currently being held by our office. If the last four digits of your Social Security Number are 1234, you are very likely entitled to the account(s) described on the enclosed claim form.

As Chief Financial Officer of the State of Florida, and as a statewide-elected member of the Florida Cabinet, my responsibilities include oversight of Florida's Unclaimed Property program. Unclaimed property includes lost or abandoned funds, such as inactive bank accounts, securities, forgotten insurance refunds and uncashed payroll or utility deposit checks.

We want to return these funds to you.

To file a claim, please follow the instructions on the enclosed claim form and return it, completed, along with a copy of your valid photo identification. **It is important that you fill the form out completely and include all of the requested documentation with your initial submission.** This will ensure prompt processing of your claim. Claims filed without the required information and documentation cannot be processed (Florida Statutes, Chapter 717).

Please visit Florida's Unclaimed Property website at www.FLtreasurehunt.org. The site will allow you to **verify the authenticity of this mailing**, search our database of accounts and learn more about the unclaimed property program. Our telephone numbers are (850) 413-5555 or 888-258-2253 (in Florida).

This service is provided to you by the State of Florida free of charge.

Thank you for allowing us to serve you.

Sincerely,

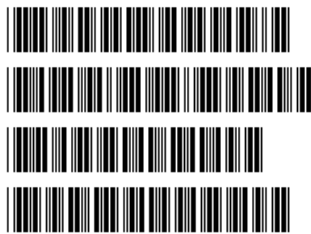
Alex Sink

www.FLtreasurehunt.org



ALEX SINK
CHIEF FINANCIAL OFFICER
STATE OF FLORIDA
 Florida Department of Financial Services

CLAIM NUMBER : XXXXXXXX Form DFS-UP-106



JOHN DOE
 1234 ANY STREET
 ANYTOWN, FL 31234-5678

If your address has changed, enter new address here :

Claim for Unclaimed Property Pursuant to Section 717.124, Florida Statutes - CLAIM FILED BY APPARENT OWNER

NAME OF OWNER(S)

DOE, JOHN
 NONE

CLAIM AMOUNT : \$300.00

ACCOUNT NUMBER : 123456789

COMPANY NAME : ANYCOMPANY INC.

TYPE OF PROPERTY : REFUNDS

CLAIMANT TYPE

PRIMARY
 UNKNOWN

CASH BALANCE : \$300.00

TO FILE YOUR CLAIM, FOLLOW STEPS 1-2-3-4. If filing on behalf of a business, also follow the instruction on the back of this form.

1. COMPLETE the following information.

Claimant's Social Security or FEID Number : _____ Date of Birth : _____
 Home Phone : (____) _____ - _____ Office Phone : (____) _____ - _____

2. ATTACH the following as proof of ownership of the property :

Copy of Social Security Card, medicare card, W-2 Wage and Earnings statement, tax return or another official document that has name and Social Security number. For business/ corporation accounts, attach a copy of an official document that has name and Federal Employer Identification number.

3. Each Claimant shall provide the Department with a LEGIBLE COPY OF A VALID DRIVER'S LICENSE of the claimant at the time the original claim form is filed. If the claimant has not been issued a valid driver's license at the time the original claim form is filed, the Department shall be provided with a legible copy of a photographic identification of the claimant issued by the United States or a foreign nation, a state or territory of the United States or foreign nation, or a political subdivision or agency thereof. In lieu of photographic identification, a Notarized Sworn Statement by the Claimant, Form DFS-UP-144, may be provided which affirms the claimant's identity and states the claimant's full name and address.

4. SIGN AND DATE THE CLAIM FORM. NOTE: EACH CLAIMANT MUST SIGN THE CLAIM FORM. If one of the original owners is deceased, please attach a certified copy of the death certificate for the deceased owner. This certificate will not be returned to you. By submitting this claim, I acknowledge that the Department will use physical and electronic process to verify the information submitted.

CLAIMANT AFFIRMATION

Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true; that all supporting documentation is valid and unaltered; that the unclaimed property is due and owing to the claimant; and that I am authorized to file this claim. I authorize the Bureau of Unclaimed Property to provide my name and address, as payee of the claimed property, to any claimant who may later come forward with the substantiated proof to claim the property of this claim.

 Claimant's Printed Name (Print Clearly) Claimant's Signature Date

 Joint Claimant's Printed Name (Print Clearly) Joint Claimant's Signature Date

Once your fully-completed claim form is received with all the required documentation, it will be deemed complete. **Please allow up to 90 days from the date your claim is deemed complete for the Bureau of Unclaimed Property to make a decision on your claim.** FAILURE TO PROPERLY COMPLETE THIS CLAIM FORM AND TO INCLUDE REQUIRED DOCUMENTATION WILL RESULT IN YOUR CLAIM BEING RETURNED TO YOU WITH INSTRUCTIONS TO PROVIDE ADDITIONAL INFORMATION.

Please return this completed claim form to :

Department of Financial Services, Bureau of Unclaimed Property, P.O.Box 8599, Tallahassee, FL 32314-8599
 Phone: 888-258-2253 (Inside Florida) (850) 413-5555 (Outside Florida) URL: <http://www.fltreasurehunt.org>

You may check the status of your claim on-line at www.fltreasurehunt.org