

DECLARATION OF AUTHORITY

This Declaration of Authority is submitted in support of an Application for Payment of Unclaimed Funds and is subject to the terms and penalties listed in Section 6 of the Application for Payment of Unclaimed Funds.

With the **exception** of Applications for Refunds filed by original bankruptcy debtors and Applications for Payment of Unclaimed Funds filed by original, individual claimants, aka as “Owner of Record - Individual,” this Declaration of Authority is required to support **all** Applications for Payment of Unclaimed Funds.

I, _____, declare that I have the authority to submit an Application for Payment of Unclaimed Funds in the amount of \$_____ on behalf of

_____.

(Name of Company, Government Entity, Successor, Estate, or Non-Individual Claimant)

I am submitting this Declaration in support of an Application for Payment of Unclaimed Funds in my capacity as

_____.

(Position Held Within Company, Government Entity, Successor, Estate, or Other Claims Representative)

_____, is the:

(Name of Company, Government Entity, Successor, Estate, or Other Claims Representative)

Check One Box Below

_____ Original, Non-Individual Claimant

_____ Successor Claimant

For Claims acquired through assignment, purchase, acquisition, merger, transfer, court order, or any other means, provide additional details below and include relevant documentation when submitting this form.

Provide Additional Details Here (attach additional pages if necessary):

If applicable, any questions regarding my authority to file this Declaration of Authority in Support of an Application for Payment of Unclaimed Funds should be directed to:

(Name and Title of Superior)

(Telephone Number of Superior)

(Email Address of Superior)

By signing this Declaration of Authority, I verify the information provided on this form is complete, true, and accurate according to the best of my knowledge, information, and belief. I am aware that any false, fictitious, fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative penalties for fraud, false statements, false claims, or otherwise. 18 U.S.C., § 152.

Signature of Person Filing Declaration & Application for Unclaimed Funds

_____/_____/_____
Date

(Printed Name and Title)

(Telephone Number)

(Email Address)