

OFFICE OF MISSOURI STATE TREASURER
UNCLAIMED PROPERTY ADMINISTRATOR
P.O. BOX 1272
JEFFERSON CITY, MISSOURI 65102-1272

BULK RATE
U.S. POSTAGE
PAID
Jefferson City, MO
PERMIT NO. 55

WHAT'S NEW???

- 5-yr Abandonment Period (formerly 7 yrs)
- Negative Reporting Not Required!

SEE INSIDE FOR DETAILS!!

STATE OF MISSOURI
Unclaimed Property Report Form



Dear Unclaimed Property Holder,

On July 1, 1993, the Missouri State Treasurer's Office assumed responsibility for the administration of the state's Unclaimed Property Division. This information booklet and report form are to be utilized by Holders when reporting abandoned property pursuant to the Missouri Disposition of Unclaimed Property Act.

All financial institutions, business associations, insurance companies, government agencies, utility companies, and entities as defined in RSMo 447.503 are required to file an annual Unclaimed Property Report. Legislation approved in 1998 streamlines the reporting process required of Holders. Those Holders without unclaimed property no longer have to submit "Negative" reports. This and other changes were adopted in response to recommendations submitted by an advisory committee convened by our Office, which consisted of representatives of Holder groups as well as former claimants.

In recent years, Missouri has become more active in trying to locate missing owners. In addition to publishing the names of owners in newspapers throughout the state and sending postcards to the addresses provided by the Holders, we also distribute lists to the state legislators and county treasurers, who have had great success in finding owners. We've also made owner names available on the internet via a searchable on-line database.

The information provided by Holders is an essential part of the Office of the Missouri State Treasurer's effort to locate property owners and reunite them with their lost and abandoned property. Our success in returning property to its rightful owners is heavily dependent upon your timely filing and the accuracy of the information you submit.

All Unclaimed Property Reports are due on November 1, except for life insurance company reports, which are due on May 1.

Anyone requiring assistance in completing this form or who has questions relating to the Unclaimed Property Act or the filing of the Unclaimed Property Report, please do not hesitate to contact us at the address below:

Office of the Missouri State Treasurer
Unclaimed Property Division
P.O. Box 1272
Jefferson City, MO 65102-1272
(573) 751-0840
website: www.treasurer.mo.gov
email: ucp@treasurer.mo.gov



Clint Zweifel
State Treasurer

INSTRUCTIONS
FOR PREPARING
REPORT OF UNCLAIMED PROPERTY
State of Missouri

IF YOU HAVE ANY QUESTIONS CALL OR WRITE:

Mailing Address:

**OFFICE OF MISSOURI STATE TREASURER
DIVISION OF UNCLAIMED PROPERTY
PO BOX 1272
JEFFERSON CITY MO 65102-1272**

Street Address for Courier Deliveries:

**OFFICE OF MISSOURI STATE TREASURER
DIVISION OF UNCLAIMED PROPERTY
HARRY S TRUMAN BUILDING, ROOM 157
301 WEST HIGH STREET
JEFFERSON CITY MO 65101**

Phone: (573) 751-0840

Email: <mailto:ucp@treasurer.mo.gov>

REPORTING METHODS

Reporting Manually

The following form is provided for manual reporting of unclaimed property, accompanied by detailed step-by-step instructions on proper completion of the paper reporting form. *All information recorded must be typed or printed clearly and legibly.*

If additional forms are needed, you may photocopy the blank forms or request additional forms by contacting the Missouri Division of Unclaimed Property. An alternative customized reporting format (eg., a spreadsheet) is acceptable as long as all required information is included.

Diskette Reporting

Diskette reporting of unclaimed property items is encouraged. To receive a free Missouri Automated Reporting System diskette, contact the Missouri Division of Unclaimed Property or obtain a free download from our website. The standard NAUPA (National Association of Unclaimed Property Administrators) diskette-reporting format is also accepted. For more information on diskette reporting, visit our website at <http://www.treasurer.mo.gov/>

WHO MUST REPORT

The State of Missouri *Uniform Disposition of Unclaimed Property Act (RSMo 447.500-595)* requires that all financial institutions, business associations, insurance companies, governmental units, utility companies, nonprofit organizations and persons as further defined in the statute, report assets that have been presumed abandoned for **five** years (fifteen years in the case of travelers checks, seven years for money orders) to the Office of the Missouri State Treasurer.

NOTE: Pursuant to new legislation, the abandonment period changed from seven to five years beginning January 1, 2000 for most types of properties. Please refer to RSMo 447.536 or call the Unclaimed Property Division for more information.

All Holders are responsible for filing reports on behalf of their branches, divisions, or affiliated entities as applicable.

Holders may be allowed to report and remit property prior to the expiration of the applicable abandonment period. Please contact the Unclaimed Property Division prior to submitting an early remittance.

WHEN TO REPORT

The **Report of Unclaimed Property** must be completed annually and must be postmarked no later than November 1 for period ending June 30 preceding. Life insurers shall file by May 1 for preceding period ending December 31. A Holder may send a written request for an extension of 30 days in exceptional circumstances. The State of Missouri must approve all extensions.

Payment must accompany the Report. Checks should be made payable to the **Missouri State Treasurer**. If securities are reported, the underlying shares must be delivered via mail or DTC transfer to the State of Missouri at the time of remittance. Contact the Division of Unclaimed Property for information on DTC transfers. Certificates should be registered as follows:

**Office of Missouri State Treasurer
Division of Unclaimed Property
PO Box 1272
Jefferson City MO 65102-1272**

Federal ID: 43-1645862

WHAT TO REPORT

Any debt or obligation which has gone unpaid or security that has remained undelivered for the aforementioned abandonment period must be reported and remitted. Please refer to *Appendix A: Property Type Codes* for examples of reportable property types.

All such property that is held for a Missouri resident or business entity must be reported. If your organization is registered in Missouri, you must also report owners for which you have no last known address or the last known address is in a foreign country. Property for owners with a last known address in a state other than Missouri must be reported to the Unclaimed Property Division of the state of last known address.

Reciprocity Agreements

In an effort to make the reporting process less burdensome for their Holders, some states have entered into mutual agreements for the acceptance of property belonging to owners in other states. Please contact the Division of Unclaimed Property for a current list of states that have entered into reciprocity agreements with the State of Missouri.

Negative Reports are not required. Please do not submit if you do not have any unclaimed property to report.

Due Diligence

Holders are required to exercise such reasonable and necessary diligence as is consistent with good business practice to locate owners of property valued at fifty dollars or more within one year prior to reporting the property to the Missouri State Treasurer.

The Holder shall retain such records as necessary to verify the relationship of the owner to the Holder for a period of not less than five years subsequent to reporting the property. The Unclaimed Property Division may contact the Holder to verify previously reported information or to ask for any additional information that is available regarding the property.

HOW TO COMPLETE THE REPORT

SECTION A HOLDER REPORTING INFORMATION

PART I REPORT INFORMATION

DATE PREPARED The date the Report is completed.

REPORT PERIOD ENDING Period ending date covered by this report. Example, the report for the period ending June 30, 2000 is due November 1, 2000. For life insurers, the reporting period ending December 31, 1999 is due on May 1, 2000.

FEDERAL I.D. Provide your federal identification number or taxpayer identification number.

HOLDER NUMBER Enter your Holder Number, which is the seven-digit number on the mailing label affixed to the front of this booklet. Leave this space blank if your Holder Number is unknown or unavailable.

TOTAL NO. ITEMS/SHARES/SAFE DEPOSIT BOXES
Enter the total number of owners, shares, and safe deposit boxes included in Section B of the Report.

CHECK NUMBER The number of the check accompanying this Report.

CHECK AMOUNT Amount of payment being remitted, which is the Grand Total of all property items as recorded on the last page of Section B of the report (less Expenses, if applicable). Checks are to be made payable to the **Missouri State Treasurer**. Please submit one check for the Grand Total. *Remittance must accompany the Report.*

PART II HOLDER INFORMATION

NAME OF HOLDER Name of the company remitting the Report. If there is a label on the cover of this booklet, it should be peeled off and affixed to the area labeled **HOLDER INFORMATION**. This label includes the seven-digit holder number. Make corrections as necessary.

MAILING ADDRESS, CITY, STATE, ZIP, COUNTY
Address used by the Holder to receive mail, to include the county.

STATE OF INCORPORATION State in which company is incorporated.

DATE OF INCORPORATION Date company was incorporated.

PRIMARY PLACE OF BUSINESS IN MISSOURI Location of main business activity within this state. Please be as specific as possible. If reporting for a single branch, please provide the physical address of the branch location.

PART III PREVIOUS HOLDER INFORMATION

This section is to be used by a Holder that has had a name change or merger resulting in a name different from the name printed on the label, or if the Holder is a successor to other entities who previously held the property for the owner. List previous holder numbers, names and/or addresses under which you have previously filed unclaimed property reports with the State of Missouri.

PART IV PRIMARY BUSINESS ACTIVITY

Please provide a brief summary that best describes your organization's primary business activity.

PART V CONTACT PERSON

The contact person listed on the report is the name of the individual who prepared the report or whom the Division of Unclaimed Property can contact in the event there are any questions relating to the report.

PART VI AUTHORIZATION

The individual authorized to submit the Report of Unclaimed Property on behalf of the Holder.

SECTION B SUMMARY OF UNCLAIMED PROPERTY

HOLDER NUMBER and HOLDER NAME Enter your Holder Number and Holder Name as they appear in Section A of this Report or on the mailing label affixed to the front of this booklet. Leave the Holder Number space blank if it is unknown or unavailable.

REPORT PERIOD ENDING Enter the period ending date for which this report is being filed. Date should correspond with the reporting period listed in Section A of this report.

(continued)



**MAIL COMPLETED
REPORT AND
REMITTANCE TO:**

UNCLAIMED PROPERTY ADMINISTRATOR
OFFICE OF MISSOURI STATE TREASURER
P.O. BOX 1272
JEFFERSON CITY, MISSOURI 65102-1272

OFFICE OF MISSOURI STATE TREASURER
REPORT OF UNCLAIMED PROPERTY

**SECTION A
HOLDER REPORTING INFORMATION**

| PART I REPORT INFORMATION | | | | | |
|--|---|---|-------------------------|--|------------------------|
| DATE PREPARED | | REPORT PERIOD ENDING | | FEDERAL I.D. NUMBER | HOLDER NUMBER |
| TOTAL NO. OF ITEMS | TOTAL NO. OF SHARES | TOTAL NO. OF SAFE DEPOSIT BOXES | CHECK NUMBER | CHECK AMOUNT | |
| PART II HOLDER INFORMATION | | | | | |
| THIS REPORT INCLUDES: | | | | | |
| <input type="checkbox"/> ALL BRANCHES AND DIVISIONS | | <input type="checkbox"/> ALL SUBSIDIARIES | | <input type="checkbox"/> ONLY THIS COMPANY/BRANCH/DIVISION | |
| AFFIX LABEL | NAME OF HOLDER | | | | STATE OF INCORPORATION |
| | MAILING ADDRESS | | | | DATE OF INCORPORATION |
| | CITY | STATE | ZIP | COUNTY | |
| | PRIMARY PLACE OF BUSINESS IN MISSOURI (CITY, COUNTY, ZIP) | | | | |
| <p>PROVIDE PREVIOUS HOLDER INFORMATION IF YOU ARE A SUCCESSOR TO PREVIOUS HOLDERS OF THE PROPERTY. IF YOU HAVE CHANGED YOUR NAME OR ADDRESS DURING THE TIME PERIOD THAT YOU HAVE HELD THE PROPERTY, LIST THE PRIOR NAME(S) AND ADDRESS(ES) YOU HAVE REPORTED UNDER.</p> | | | | | |
| PART III PREVIOUS HOLDER INFORMATION | | | | | |
| PREVIOUS NAME OF BUSINESS | | FEDERAL I.D. NO. | HOLDER NUMBER | DATE OF CHANGE | |
| PREVIOUS ADDRESS (STREET, CITY, STATE, ZIP) | | | | | |
| PART IV PRIMARY BUSINESS ACTIVITY INFORMATION | | | | | |
| PLEASE PROVIDE A BRIEF BUSINESS DESCRIPTION | | | | | |
| PART V CONTACT PERSON | | | | | |
| CONTACT PERSON | | | TITLE | | |
| PHONE NUMBER () | | EXTENSION | FAX NUMBER () | | |
| PART VI AUTHORIZATION | | | | | |
| <p>I, _____ being first duly sworn under oath, state that I have examined this report of property presumed abandoned under the Missouri Unclaimed Property Act, and that I am duly authorized by the Holder herein to execute this report; and I declare by penalty of perjury that this report is true, correct, and complete, as of said date.</p> | | | | | |
| SIGNATURE | | | TITLE | | |
| <p>NOTE: This verification, if made by a partnership, shall be executed by a partner; if made by an unincorporated association or private corporation, by an officer; and if made by a public corporation, by its chief fiscal officer.</p> | | | | | |

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| SECTION B SUMMARY OF UNCLAIMED PROPERTY | FILE THIS REPORT WITH YOUR REMITTANCE ON NOVEMBER 1 (MAY 1 FOR LIFE INSURERS). ALL ITEMS LESS THAN \$50 MAY BE REPORTED IN AGGREGATE AND ENTERED BY PROPERTY TYPE AT THE END OF THIS REPORT. | PAGE NO _____ of _____ |
|--|--|---------------------------|

| | | | |
|--|---------------|-------------|----------------------|
| SEE INSTRUCTIONS (IF ADDITIONAL SPACE IS REQUIRED, PLEASE DUPLICATE THIS FORM) | HOLDER NUMBER | HOLDER NAME | REPORT PERIOD ENDING |
|--|---------------|-------------|----------------------|

| ORIGINAL OWNER NAME (LIST BY LAST NAME, FIRST NAME, MI) | OWNER STREET ADDRESS | CITY, STATE, ZIP, COUNTY | OWNER SOCIAL SECURITY NUMBER AND/OR DATE OF BIRTH | ACCT/ CHECK NUMBER | PROPERTY DESCRIPTION | PROP CODE (SEE APP. A) | DATE OF LAST TRANSACTION. DATE PROP. BECAME PAYABLE, REDEEMABLE, OR RETURNABLE | CHECK THIS BOX IF INTEREST BEARING ACCOUNT | AMOUNT DUE OWNER |
|--|----------------------|--------------------------|---|--------------------|----------------------|---------------------------|--|--|------------------|
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| DEDUCTED EXPENSES SUMMARY NONE DEDUCTED <input type="checkbox"/> If expenses have been deducted per RSMo 447.543, please outline these costs below: | NO. ITEMS THIS PAGE | <input style="width: 50px; height: 50px;" type="text"/> | PAGE TOTAL \$ | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">ITEM DESCRIPTION</td> <td style="width:20%;">AMOUNT</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table> | ITEM DESCRIPTION | AMOUNT | | | | | | | | | | | |
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| | | | GRAND TOTAL (IF LAST PAGE) \$ | | | | | | | | | | |

ORIGINAL OWNER NAME Last name, first name and middle name or initial, as available. Be sure to include any information that would aid in the identification of the owner, to include Jr., Sr., Dr., etc. (for example, Smith Jane Ann MD). Company names or corporate titles should be entered exactly as adopted, except the word "the" should be omitted when it is the first word of the title. If a single item has two or more owners, the names and addresses of each must be listed. When reporting certified checks or cashiers checks, list the names and addresses of both remitter and payee if available, specifying each. If no owner name is available, report the property as "Unknown" (include any other identifying information that may be available in the respective columns). Items that are \$50 or less may be reported in Aggregate totals by property type at the end of the report rather than individually. *However*, since our goal is to return as much property as possible to the rightful owners, we encourage the reporting of detailed owner information whenever it is available.

OWNER RELATIONSHIP Relationship of each owner listed (e.g. OWNER, JT TEN, CUSTODIAN, MINOR, PAYEE, REMITTER). Refer to table in Appendix B.

OWNER ADDRESS Include street, city, state, zip and county, if available, of the last known address of the original owner. If no address is available, write the word "Unknown" in the address column.

SS NUMBER/DATE OF BIRTH Provide original owner's social security number or taxpayer id number and date of birth if available.

ACCOUNT/CHECK NUMBER Enter any identification number(s) available regarding the property item, such as account number, policy number, check number, stock certificate number, etc.

PROPERTY DESCRIPTION Enter the property description of each item (e.g., Payroll checks, Savings Accounts, Safe Deposit Box Contents, etc.). Refer to Appendix A for listing of categories and descriptions.

In the case of safe deposit boxes, attach separate inventory sheets identifying contents, including a description of the contents (e.g., "4 insurance policies, 1 goldtone ring, and 2 letters"). Indicate in Section B "Safe Deposit Box information attached."

For securities, please include the issuing company name and number of shares remitted for each owner.

PROPERTY CODE Enter the appropriate property code for each type of unclaimed property according to Appendix A. Items that are \$50 or less may be reported in Aggregate within the appropriate category (e.g., "Aggregate of 5 items less than \$50, Vendor Checks, Code 56, total \$156.00").

Indicate date of last owner-initiated activity on account, date of check, or date of maturity.

CHECK IF INTEREST-BEARING Check box if account was accruing interest at the time of remittance, or if the owner would have been entitled to interest had the property not been presumed abandoned.

AMOUNT DUE OWNER Enter the total amount of cash value due the owner, including any interest earned on deposits.

PAGE TOTAL Enter the sum of the Amount Due Owner column for each page.

GRAND TOTAL To be entered on the last page of the report. The Grand Total is the sum of the Page Totals from each page of Section B of the report.

DEDUCTED EXPENSES SUMMARY This space may be used by the Holder pursuant to the Missouri Unclaimed Property Statute (RSMo 447.543). Expenses deducted must be itemized (expense description and amount). All expenses must be approved by the Missouri State Treasurer. If expenses are reported, deduct the expense total from the Grand Total to obtain the total amount of remittance. *Please contact the Unclaimed Property Division for an explanation of allowable expense deductions.*

HOLDER REIMBURSEMENTS AND REFUNDS

Periodically an owner will contact the Holder after their property has already been reported and remitted to the Unclaimed Property Division. If the owner is then paid or the account reinstated by the Holder, the Holder may submit a request for reimbursement to the Unclaimed Property Division. Proof of payment or account reinstatement is required for reimbursement.

Refunds will be issued to Holders who have overpaid their unclaimed property report because of an accounting error or other mistake made during the preparation of the report. To request a refund, make a written request to the Unclaimed Property Division and explain the nature of the mistake. Include documentation with your request that supports your explanation of the error.

If the amount remitted is less than the amount reported and no explanation is provided, a request for additional remittance will be submitted by the Unclaimed Property Division to the Holder. The additional payment must be remitted to the Unclaimed Property Division within 30 days of the request.

| APPENDIX B | | OWNER RELATIONSHIP CODES | | | |
|------------|--------------------------------------|--------------------------|-------------------------|------|------------------|
| OWNR | Owner | EXE | Executor | PYEE | Payee |
| INS | Insured | PERS | Personal Representative | REM | Remitter |
| BENE | Beneficiary | EST | Estate of | PLTF | Plaintiff |
| JT TEN | Joint Tenant | TTEE | Trustee | DEFN | Defendant |
| CUST UGMA | Custodian-Uniform Gift to Minors Act | TRST | Trust of | ATTY | Attorney for |
| MIN UGMA | Minor-Uniform Gift to Minors Act | FBO | For Benefit Of | | |
| GUARD | Guardian | UW | Under Will of | OTH | Other (describe) |

DATE OF LAST TRANSACTION/DATE PROPERTY BECAME PAYABLE, REDEEMABLE OR RETURNABLE

PROPERTY TYPE CODES

Appendix A

ACCOUNT BALANCES DUE

AC01 CHECKING ACCOUNTS
AC02 SAVINGS ACCOUNTS
AC03 MATURED CD OR SAV CERT.
AC04 CHRISTMAS CLUB FUNDS
AC05 MONEY ON DEP TO SECURE FUND
AC06 SECURITY DEPOSITS
AC07 UNIDENTIFIED DEPOSITS
AC08 SUSPENSE ACCOUNTS
AC09 MONEY MARKET
AC99 AGG. ACCT. BALANCES UNDER \$50

UNCASHED CHECKS

CK01 CASHIERS CHECKS
CK02 CERTIFIED CHECKS
CK03 REGISTERED CHECKS
CK04 TREASURERS CHECKS
CK05 DRAFTS
CK06 WARRANTS
CK07 MONEY ORDERS
CK08 TRAVELERS CHECKS
CK09 FOREIGN EXCHANGE CHECKS
CK10 EXPENSE CHECKS
CK11 PENSION CHECKS
CK12 CREDIT CHECKS OR MEMOS
CK13 VENDOR CHECKS
CK14 CHECKS WRITTEN OFF TO INCOME
CK15 OTH. OUTSTANDING OFFICIAL CKS.
CK16 CD INTEREST CHECKS
CK99 AGG. UNCASHED CKS. UNDER \$50

COURT DEPOSITS

CT01 ESCROW FUNDS
CT02 CONDEMNATION AWARDS
CT03 MISSING HEIRS FUND
CT04 SUSPENSE ACCTS.
CT05 OTHER COURT DEPOSITS
CT06 PUBLIC AID CHILD SUPPORT CKS.
CT99 AGG. COURT DEPOSITS UNDER \$50

INSURANCE

IN01 IND. POLICY BENEFITS/CLM. PAYMENTS
IN02 GRP. POLICY BENEFITS/CLM. PAYMENTS
IN03 PROCEEDS DUE BENEFICIARIES
IN04 PROCEEDS FROM MATURED POLICIES,
ENDOWMENTS, OR ANNUITIES
IN05 PREMIUM REFUNDS
IN06 UNIDENTIFIED REMITTANCES
IN07 OTHER AMTS. DUE UNDER POLICY TERMS
IN08 AGENT CREDIT BALANCES
IN99 AGG. INSURANCE PROPERTY UNDER \$50

MINERAL PROCEEDS & MINERAL INTERESTS

MI01 NET REVENUE INTEREST
MI02 ROYALTIES
MI03 OVERRIDING ROYALTIES
MI04 PRODUCTION PAYMENTS
MI05 WORKING INTEREST
MI06 BONUSES
MI07 DELAY RENTALS
MI08 SHUT-IN ROYALTIES
MI09 MINIMUM ROYALTIES
MI99 AGG. MINERAL INTERESTS UNDER \$50

MISC. CHECKS & INTANGIBLE PERSONAL PROP.

MS01 WAGES, PAYROLL, SALARY
MS02 COMMISSIONS
MS03 WORKERS' COMP. BENEFITS

MS04 PAYMENT FOR GOODS & SERVICES
MS05 CUSTOMER OVERPAYMENTS
MS06 UNIDENTIFIED REMITTANCES
MS07 UNREFUNDED OVERCHARGES
MS08 ACCOUNTS PAYABLE
MS09 CREDIT BALANCES- ACCTS RECEIVABLE
MS10 DISCOUNTS DUE
MS11 REFUNDS DUE
MS12 UNREDEEMED GIFT CERTIFICATES
MS13 UNCLAIMED LOAN COLLATERAL
MS14 PENSION & PROFIT SHARING PLANS
MS15 DISSOLUTION OR LIQUIDATION
MS16 MISC OUTSTANDING CHECKS
MS17 MISC INTANGIBLE PROPERTY
MS18 SUSPENSE LIABILITIES
MS99 AGG. MISC. PROPERTY UNDER \$50

SECURITIES

SC01 DIVIDENDS
SC02 INTEREST (BOND COUPONS)
SC03 PRINCIPAL PAYMENTS
SC04 EQUITY PAYMENTS
SC05 PROFITS
SC06 FUNDS PD TO PURCHASE SHARES
SC07 FUNDS FOR STOCKS & BONDS
SC08 SHARES OF STOCK (RETURNED BY P.O)
SC09 CASH FOR FRACTIONAL SHARES
SC10 UNEXCHANGED STOCK/SUCCESSOR CO.
SC11 OTHER CERT. OF OWNERSHIP
SC12 UNDERLYING SHARES OR OTHER
OUTSTANDING CERTS.
SC13 FUNDS FOR LIQ./REDEMPTION OF
UNSURRENDERED STOCKS OR BONDS
SC14 DEBENTURES
SC15 US GOVT SECURITIES
SC16 MUTUAL FUND SHARES
SC17 WARRANTS (RIGHTS)
SC18 MATURED BOND PRINCIPAL
SC19 DIVIDEND REINVESTMENT PLANS
SC20 CREDIT BALANCES
SC21 SUM OF VAR. STOCK RELATED CASH ITEMS
SC22 CASH IN LIEU
SC23 SUM OF VAR. STOCK RELATED STOCK ITEMS
SC24 MONEY MARKET
SC99 AGG. SECURITY RELATED CASH UNDER \$50

SAFE DEPOSIT BOXES & SAFEKEEPING

SD01 SAFETY DEPOSIT BOX CONTENTS
SD02 OTHER SAFEKEEPING
SD03 OTHER TANGIBLE PROPERTY

TRUST, INVESTMENT AND ESCROW ACCOUNTS

TR01 PAYING AGENT ACCTS.
TR02 UNDELIVERED OR UNCASHED ITEMS
TR03 FUNDS HELD IN FIDUCIARY CAPACITY
TR04 ESCROW ACCTS.
TR05 TRUST VOUCHERS
TR06 PRE-NEED FUNERAL PLANS
TR99 AGG. TRUST PROP. UNDER \$50

UTILITIES

UT01 UTILITY DEPOSITS
UT02 MEMBERSHIP FEES
UT03 REFUNDS OR REBATES
UT04 CAPITAL CREDIT DISTRIBUTIONS
UT99 AGG. UTILITY PROPERTY UNDER \$50

ZZZZ PROPERTIES NOT IDENTIFIED ABOVE
(WRITTEN DESCRIPTION MUST ACCOMPANY)

CHECKLIST

1. HAVE YOU COMPLETED SECTIONS **A** AND **B** OF THIS REPORT?
2. HAVE YOU VERIFIED THAT THE TOTAL OF THE INDIVIDUAL PROPERTIES EQUALS THE TOTAL AMOUNT OF YOUR CHECK?
3. ARE YOU DEDUCTING EXPENSES? IF SO, PLEASE COMPLETE THE EXPENSE SUMMARY IN SECTION B AND ADJUST YOUR TOTALS ACCORDINGLY.
4. HAVE YOU CHECKED THE BOX FOR INTEREST BEARING ACCOUNTS AS APPLICABLE?
5. IS YOUR CHECK MADE PAYABLE TO *THE MISSOURI STATE TREASURER* AND ATTACHED TO YOUR REPORT?
6. ARE THE FOLLOWING INCLUDED IN YOUR REPORT:
 - STOCK CERTIFICATES
 - SAFE DEPOSIT BOX CONTENTS
 - OWNER DETAIL LISTING (HARDCOPY AND/OR DISKETTE)
7. DID YOU INCLUDE ALL NAMES, ADDRESSES, ZIP CODES AND SOCIAL SECURITY NUMBERS THAT ARE AVAILABLE FOR OWNER ACCOUNTS?