

## **HOLDER'S CLAIM FOR REIMBURSEMENT**

***Instructions and Requirements begin on Page 2***

Holder's Name: \_\_\_\_\_

### **SECTION 1—HOLDER INFORMATION (Required)**

Officer or Authorized Agent: \_\_\_\_\_ Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone number: \_\_\_\_\_ (ext.) \_\_\_\_\_ Fax Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
Holder's Federal Identification Number (FEIN): \_\_\_\_\_  
Reason for Reimbursement and provide explanation. Check all that apply:  
Owner Reimbursed \_\_\_ Account Reinstated \_\_\_ Overpayment \_\_\_ Duplicate names listed on report \_\_\_ Duplicate payment made \_\_\_ Other \_\_\_  
Explanation: \_\_\_\_\_  
Report Year: \_\_\_\_\_ Report "As of Date": \_\_\_\_\_ Remit Report ID Number: \_\_\_\_\_

### **SECTION 2—REPORT INFORMATION (Required)**

Information should mirror what was originally provided on the UFS-1 and 14-F forms when the Unclaimed Property report was filed/submitted

Total Reported/Remitted Dollars: \$ \_\_\_\_\_ Total Reported/Remitted Shares (Securities): \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Owner's Tax Identification Number (SSN/FEIN): \_\_\_\_\_

### **SECTION 3—OWNER INFORMATION (Required)**

Information should mirror what was originally provided on the Unclaimed Property report when filed/submitted. If reimbursement is for more than one owner/account—use fillable spreadsheet on page 4, or Excel spreadsheet at [http://sco.ca.gov/Files-UPD/upd\\_rptg\\_hcr-1\\_spreadsheet.xls](http://sco.ca.gov/Files-UPD/upd_rptg_hcr-1_spreadsheet.xls).

Owner's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Check Number (if negotiable instrument): \_\_\_\_\_ Holder Account/ Policy Number: \_\_\_\_\_ NAUPA Code: \_\_\_\_\_  
Reimbursement Claimed Dollars: \$ \_\_\_\_\_ Shares: \_\_\_\_\_ Check here if owner was reported as Unknown: \_\_\_\_\_  
Check if claiming a single property: \_\_\_\_\_ Property ID number as shown on State Controller's public website: \_\_\_\_\_

### **SECTION 4 (A) —HOLDER AFFIRMATION (Required)**

#### **AFFIRMATION AND SIGNATURE**

I hereby affirm, under penalty of perjury, that I am an officer or authorized agent of the holder named in this Holder's Claim for Reimbursement and duly authorized to make said claim upon the State Controller's Office. The above-named holder hereby agrees to indemnify and hold harmless the State, its officers and employees from any loss as a result of payment of the amount claimed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **SECTION 4 (B)—NOTARY**

**YOUR SIGNATURE(S) MUST BE NOTARIZED IF THE CLAIM AMOUNT IS \$1,000 OR GREATER**  
**ALL CLAIMS FOR SECURITIES OR SAFE DEPOSIT BOXES MUST BE NOTARIZED**

State of \_\_\_\_\_, County of \_\_\_\_\_  
Subscribed and sworn to (or affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_, (20)\_\_\_\_, by  
\_\_\_\_\_, proved to me on the basis of satisfactory evidence to be the  
person(s) who appeared before me.

SIGNATURE: \_\_\_\_\_ (seal)

#### **PRIVACY NOTIFICATION**

The Information Practices Act of 1977 and the Federal Privacy Act require this Bureau to inform you that your Social Security number and other documents are requested for property identification and processing of your claim.

You have the right to view your records at this office by sending a request to:  
Chief, Unclaimed Property Division, P.O. Box 942850, Sacramento, CA 94250-5873

**MAIL YOUR CLAIM TO:**  
**CALIFORNIA STATE CONTROLLER'S OFFICE**  
**UNCLAIMED PROPERTY DIVISION**  
**ATTN: HOLDER REIMBURSEMENTS**  
**P.O. BOX 942850**  
**SACRAMENTO, CA 94250-5873**

# INSTRUCTIONS AND REQUIREMENTS FOR COMPLETING FORM HCR-1

## INSTRUCTIONS

### Section 1. Holder Information:

- Enter the holder's name, street address, city, state, zip code, phone number including extension (if any), fax, email address, and FEIN.
- Enter company officer's name and title, or authorized representative/agent name and title (*An authorized representative or agent has the authority to file a claim for reimbursement on behalf of the Holder when evidenced by a Letter of authorization. A representative or agent cannot authorize themselves*).
- Check appropriate Reason for Reimbursement and provide explanation.

### Section 2. Report Information:

**(Information should mirror what was provided on the UFS-1 and 14-F forms completed when your Unclaimed Property report was filed/submitted)**

- Enter the report year, report "As of Date", remit report identification number, and the total reported/remitted dollars (\$) and/or total reported/remitted shares.

### Section 3. Owner Information:

**(Information should mirror what was provided on the Unclaimed Property report when filed/submitted)**

- Enter the owner's name, SSN/FEIN, address, city, state, and zip code.
- For Negotiable Instruments, enter the check number for cashier's check, money order, or traveler's check.
- Enter the owner's account or policy number if applicable.
- Enter the NAUPA Code for the type of account held by the owner.
- Enter the amount claimed for reimbursement (cash and shares if applicable). This amount must match the amount of property reported to the Controller.
- If the owner was reported as "Unknown" check the appropriate space.
- Check the appropriate space if claiming only one property.
- To ensure the property has been uploaded to our system and available to claim, and has not been previously claimed by the property owner, check the State Controller's Public website for the property and enter the Controller's property identification number. The Property ID number will also help us to quickly process your claim.

**Note:** If reimbursement is for more than one owner/account, provide the spreadsheet shown on page 4, or use the Excel spreadsheet located on the Controller's website at [http://sco.ca.gov/Files-UPD/upd\\_rptg\\_hcr-1\\_spreadsheet.xls](http://sco.ca.gov/Files-UPD/upd_rptg_hcr-1_spreadsheet.xls). It can also be emailed to you by contacting us at [CAHCR@sco.ca.gov](mailto:CAHCR@sco.ca.gov).

### Section 4 (A) Holder Affirmation:

- Read the affirmation language and sign and date the completed HCR-1 form.

### Section 4 (B) Notary:

- Your signature must be notarized if the claim amount is \$1,000 or greater. ALL claims for shares securities) or safe deposit boxes must be notarized.

## **REQUIREMENTS**

The requirements below need to be followed when submitting a Holder's Claim for Reimbursement, form HCR-1. Claims that do not have the required information may be returned. All reimbursements will be issued to the holder.

### **Form Requirements**

- If the HCR-1 is not signed by an officer of the company, a letter signed by an officer authorizing a representative of the company to claim on behalf of the company is required, including the officer's title and contact information. The letter must be currently dated, on holder letterhead, and contain the name of the individual(s) or third party authorized to claim on behalf of the holder.
- Claim packages may be submitted with a single authorization letter, but require a separate HCR-1 for each report year included in the package. To expedite processing, the entire claim package should not contain over 100 properties. However, if one report year contains over 100 properties, the package for that one report year need not be split.
- An HCR-1 for \$1,000 or greater or containing security property must be notarized.

### **Required Documentation**

- Proof is required that payment was made to the owner or that the owner's account has been reinstated.
  - ⇒ For negotiable instruments (including check, money order, cashier check, or travelers check), include proof that the instrument was presented to the holder and paid to the owner.
  - ⇒ Holders may provide a system-generated document showing reactivation of an account under certain conditions.
  - ⇒ For reinstated life insurance accounts, proof may be required that the owner consented to the reinstatement of the account.
  - ⇒ Proof of payment is not required for a reimbursement occurring as a result of an overpayment.
- Before a holder reimburses a property owner, the holder should search for the property on the State Controller's public website to ensure the Controller has not already returned the property to the owner. If the property appears on the website, make a note of the property ID number and notify the Controller's Office at [CAHCR@sco.ca.gov](mailto:CAHCR@sco.ca.gov) to avoid a duplicate return of the property.
- A copy of the Universal Holder Face Sheet (UFS-1) from the original Holder Remit Report is required.
- Unless the property was reported in aggregate, a listing of the owner's name, account number, property description, and the State Controller's property ID number must be provided to facilitate processing.

Send all documents and questions regarding the claim process to [CAHCR@sco.ca.gov](mailto:CAHCR@sco.ca.gov) or the mailing address below. Contact us if you would like to submit proof of payment by means other than paper, such as a .PDF file.

California State Controller's Office  
Unclaimed Property Division  
Attn: Holder Reimbursements  
P.O. Box 942850  
Sacramento, CA 94250-5873

The HCR-1 may also be used for requests to return properties for reasons other than owner reimbursement or reinstated accounts; however, such requests require a written explanation of the remittance error. If you wish to confirm that your explanation will be acceptable, please contact the Reporting Unit at (916) 464-6284 or [UCPReporting@sco.ca.gov](mailto:UCPReporting@sco.ca.gov).

# HOLDER'S CLAIM FOR REIMBURSEMENT

Report ID # - Must use a separate spreadsheet for each report: \_\_\_\_\_

Report Date: \_\_\_\_\_

Report Total for Cash: \_\_\_\_\_

Report Total for Shares: \_\_\_\_\_

## Itemized Listing of Properties to Be Reimbursed

	Check Number (If Negotiable Instrument)	Holder Account or Policy Number	Check [x] if Aggregate Account	Check [x] if Owner Reported as "unknown"	Controller's Property ID Number	Owner Name	Street Address	City	State	Zip	Naupa Code	Cash Amount	Number of Shares
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
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