



**Unclaimed Property Reciprocal Exchange Claim Form**

A reciprocal claim is hereby filed for Unclaimed Property turned over to the State of Mississippi in accordance with the Mississippi Unclaimed Property Act.

**Claiming State:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_

**Federal Tax ID#:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Contact Phone:** \_\_\_\_\_

**Contact Email:** \_\_\_\_\_

**DESCRIPTION OF PROPERTY CLAIMED**

Unclaimed Property with owner's last known address in the State of \_\_\_\_\_ and remitted to Mississippi. This includes property totaling \$\_\_\_\_\_ on Claim Number \_\_\_\_\_.

The State of \_\_\_\_\_, by its undersigned officer states and deposes that it is lawfully entitled to the property claimed herein and, upon receipt of said property, agrees to defend, indemnify, save and hold the State of Mississippi, its agents, officers and employees harmless from any and all claims or causes of action arising from any claim against said property and from any and all liabilities resulting from the payment of this claim.

(NOTARY SEAL)

\_\_\_\_\_  
(Please print or type name of official making claim)

\_\_\_\_\_  
(Title and State)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**Claim Form Must Be Signed and Notarized**  
**P. O. BOX 138 • JACKSON, MS 39205**  
**1101 WOOLFOLK STATE OFFICE BUILDING • 501 NORTH WEST STREET • JACKSON,**  
**MS 39201**  
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