

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF MASSACHUSETTS

**CORPORATE/BUSINESS IDENTIFICATION FORM FOR UNCLAIMED FUNDS**

Case Name \_\_\_\_\_

Case No. \_\_\_\_\_ Amount of dividend/refund \_\_\_\_\_

A dividend/refund check was previously issued in your name in accordance with an Order of this Court; however, said check was not cashed and has been deposited with the United States Treasury.

In order to insure payment to the proper party, please fill out the form completely including the identification portion on this form and mail it with a copy of a government issued photo ID to:

**U.S. Bankruptcy Court**  
**Attn:** Finance Department  
John W. McCormack Post Office and Court House  
5 Post Office Square, Suite 1150  
Boston, MA 02109-3945

Upon receipt of the completed documents, your request for payment of unclaimed funds held by the Court will be processed. **Please note** that additional documentation or proof of ownership or transfer of ownership may be required. For example, absent evidence of a merger or the consent of the subsidiary by a duly authorized officer of the subsidiary, a parent corporation does not have the authority to collect the receivables of the subsidiary.

I, \_\_\_\_\_, hereby state that I am the  
\_\_\_\_\_ of \_\_\_\_\_  
(Title) (Business Name)

and I am authorized to request payment of the above dividend.

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

**(Corporate Seal)**

Subscribed and sworn to before me in \_\_\_\_\_,  
(City/Town) (State)  
this \_\_\_\_\_ day of \_\_\_\_\_.

Notary Seal<sup>2</sup>

\_\_\_\_\_  
(Notary Public Signature)

My Commission Expires: \_\_\_\_\_

<sup>2</sup> For documents signed and notarized outside the United States, please contact the Embassy of the country of origin (where you are having the document notarized) for assistance.

**CORPORATE OFFICER'S CERTIFICATE OF AUTHORITY**

Case Name \_\_\_\_\_

Case No. \_\_\_\_\_ Amount of dividend/refund \_\_\_\_\_

I, \_\_\_\_\_, \_\_\_\_\_ of  
(Name of Corporate Officer) (Title)

\_\_\_\_\_, hereby certify that  
(Corporation)

\_\_\_\_\_, is authorized to  
(Name) (Title)

execute any and all documents pertaining to the recovery of undistributed, undelivered,

abandoned or unclaimed funds belonging to \_\_\_\_\_  
(Corporation)

or any of its entities or predecessors, held by the United States.

\_\_\_\_\_  
(Signature Corporate Officer)

\_\_\_\_\_<sup>3</sup>  
(Print Name and Title)

**NOTARY PUBLIC**

State/Commonwealth of \_\_\_\_\_

County of \_\_\_\_\_

The above named \_\_\_\_\_ personally appeared before me and is personally known to me to be the person described in and holding the position designated and whose name is subscribed to the foregoing instrument acknowledged to me that (he)(she) executed the same in (his)(her) authorized capacity and acknowledged the execution thereof to be (his) (her) free act and deed.

DATE: \_\_\_\_\_

\_\_\_\_\_  
(Notary Public)

(Notary Seal)<sup>4</sup>

My commission expires: \_\_\_\_\_

<sup>3</sup> Please include government issued photo ID with statement.

<sup>4</sup> For documents signed and notarized outside the United States, please contact the Embassy of the country of origin (where you are having the document notarized) for assistance.