

FORM 5

DATE STAMP

UNCLAIMED FINANCIAL ASSETS AUTHORITY

Claimant/ Successor: Address: _____

Post Code City/Town County:

Asset claiming:

I, _____ is the undersigned claimant/successor in interest of the above-listed property, which is in the possession of the Unclaimed Financial Assets Authority, in consideration of receipt of some or all of the above-listed property, agree to indemnify the Unclaimed Financial Assets Authority and hold it harmless against any and all claims, judgments, decrees, cost, expenses (including reasonable attorney fees) or any other loss which the Unclaimed Financial Assets Authority might sustain by reason of delivering or relinquishing the property to me and by reason of the Authority's refusal hereafter to deliver the property or any part thereof to any other person or entity.

SIGNATURE _____

DATE _____

DECLARED AT: _____

BEFORE ME THIS _____ DAY OF _____ 20 ____

(NOTARY SEAL)

BY: _____
COMMISSIONER OF OATHS