

**COMPANY LETTERHEAD
STREET ADDRESS
CITY, STATE, ZIP**

<enter date>

State of New Jersey
Unclaimed Property Administration
50 W. State St, 6th Floor
P.O. Box 214
Trenton, NJ 08625

RE: Holder Reimbursement from a reported Aggregate

Dear UPA Holder Claim Section,

We are requesting the authorization of reimbursement for \$xx.xx to <enter Holder name or actual property owner>. This amount was originally reported in an aggregate in the amount of <enter amount> under NAUPA code <enter code> in report year <enter year>. This aggregate was included in a report in which the total amount reported was <enter total report amount>. If any additional information is needed, please contact me at <enter phone number> or <enter email>.

Thank you,

<sign name>

<type name>

<title>