

UP-1
08-10
Phone (609) 292-9200
Fax (609) 984-0593

State of New Jersey
Department of the Treasury
Unclaimed Property Administration
P.O. Box 214
Trenton, New Jersey 08695-0214

UNCLAIMED PROPERTY REPORT-HOLDER INFORMATION
(Please read & follow Holder Packet reporting instructions)

Personal Property Abandoned as of: June 30, _____ Holder ID # _____
or
Life Insurance Property Abandoned as of: December 31, _____ Holder's Federal ID # _____

Holder Name & Mailing Address Agent Name: _____

Report Contact: _____

Telephone number: _____

Fax number: _____

State of Incorp: _____

Date of Incorp: _____

Contact Mailing Address: _____
Report Contact E-mail Address: _____

If this report includes property held by subsidiary companies, attach a list of the names and Federal Tax ID numbers of those companies.

List the name(s) and Federal Tax ID number(s) of all previous holders of property if you are a successor. If you have changed your name during the time in which you held the property, list the prior name(s) and Federal Tax ID Number(s):

Electronic Media-e-mailed _____ Electronic Media-on CD _____ Paper Report UP-2 _____ (20 properties or less)

REPORT TOTAL(S)			
CASH	SECURITIES	NUMBER OF ITEMS	NUMBER OF PAGES/MEDIA
\$ _____	_____	_____	_____

Make checks payable to "Treasurer, State of New Jersey".
Securities registered in the nominee name: Neary Penco -address : P.O. Box 214, Trenton, New Jersey 08695-0214.

CERTIFICATION:

I hereby certify that this report was prepared on _____ and is a true and accurate statement of all unclaimed property held as of the close of the report cycle, updated for appropriate interest/income/dividends to the date of this report. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment according to the law.

Signature: _____ Title: _____ Date: _____

FOR OFFICE USE ONLY

Report Status: _____ Cash Remitted: \$ _____ Securities Remitted: _____

Receipt IDs _____

Report ID: _____ Date: _____ Employee: _____

Owners Added Date: _____ Employee: _____ Cleared Date: _____ Employee: _____

Stock ID s: _____