



**SOUTH CAROLINA OFFICE OF STATE TREASURER  
UNCLAIMED PROPERTY REPORT  
SUBMISSION CONFIRMATION**

**This form is only required when payment is remitted by check or when delivering US Savings Bonds.**

Unclaimed property reports must be submitted electronically in the standard NAUPA format. Reports submitted on physical media (CDs, USB, etc.) will not be accepted.

**HOLDER INFORMATION**

REPORT YEAR: \_\_\_\_\_ FEIN: \_\_\_\_\_

HOLDER NAME: \_\_\_\_\_

HOLDER ADDRESS: \_\_\_\_\_

PRIMARY CONTACT: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

**REPORT & REMITTANCE INFORMATION**

The report was submitted to South Carolina via:

- ☐ Uploaded to State Website
- ☐ Uploaded via UPExchange/UPExpress

Date/Time: \_\_\_\_\_

Conf #: \_\_\_\_\_

The report totals # \_\_\_\_\_ properties for \$ \_\_\_\_\_ and includes # \_\_\_\_\_ shares\*.

Funds were remitted to South Carolina via:

- ☐ Company check (attached to this form)

Check #: \_\_\_\_\_

*\*All securities should be transferred to the State Treasurer's primary brokerage account. Securities and mutual funds that cannot be transferred using the instructions provided must be liquidated and the proceeds remitted to our office by November 1. If shares are being reported, please indicate the date the shares were transferred to our brokerage account: \_\_\_\_\_*

**SAFE DEPOSIT BOX CONTENT**

South Carolina **only accepts** US Savings Bonds located in an abandoned safe deposit box. If you are reporting US Savings Bonds please indicate the number of bonds being remitted and attach a list of the box holders associated with each reported bond.

Number of US Savings Bonds reported: \_\_\_\_\_

All other content located in an abandoned safe deposit box should be sold and the proceeds remitted to the State Treasurer's Office as unclaimed property.

**CERTIFICATION**

I certify that I have caused to be prepared and have reported all property presumed to be abandoned under the South Carolina Unclaimed Property Law for the report year indicated above. I am duly authorized to execute this verification by the holder and by law and that I believe that said report is true, correct and complete as of this date.

Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_