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| **Form B - Detailed Owner Information** | |
| **Name of Owner:**  **(first middle last)** |  |
| **Last known mailing address:** |  |
| **Balance ($):** | **Date deposit was made:** |
| **Member #:** | **SIN (if available):** |
| **Date of Birth:** | **Date of Death (if applicable):** |
| **Phone #:** | **Driver’s License #:** |
| **Named Beneficiary:** | **Other identifying information (e.g., PHN, etc.):** |

**Please attach any supporting documentation that will assist our office in matching an owner with their unclaimed property.**