SAMPLE

Letter of Authorization and Fee Agreement

Claimant Name: _____

Claimant Current Address: _____

Claimant Day Time Phone No: _____

If the claimant is not the record owner of the funds, please type or print the record owner's name in the space below and indicate the claimant's relationship to the record owner (e.g., executor, guardian, custodian, or immediate heir, i.e. a person who would be entitled to inherit under the laws of intestacy, such as a surviving spouse, child over 18 years of age, father, mother, sister, brother, niece or nephew). If the owner is deceased, please indicate the date of death.

_____

I, (Claimant Name), hereby authorize (Finder Name) located at (Finder Address), to act as my agent in claiming funds held in the custody of the New York State Office of the State Comptroller (OSC) located at 110 State Street, Albany, NY 12236. This appointment is limited solely for the purpose of claiming unclaimed funds held by OSC and does not constitute the creation of a principal/agent relationship for any other purpose.

I understand that this claim may involve funds deriving from such organizations as banks, trusts companies, utility companies, insurance companies, brokers/dealers, corporations and municipal corporations. I further understand that I must sign all appropriate documents pertaining to this claim and that I will be named as the payee for all funds recovered on my behalf.

I authorize (Finder Name) to receive communications and confidential information concerning my claim from OSC. I also agree to compensate (Finder Name) in the amount of ____% for all funds recovered under this agreement. (Finder Name) is authorized to receive on my behalf from OSC any payments for properties which are held by OSC as cash or the cash value of securities which I have elected to receive as cash. OSC will arrange for the book entry shares returned in certificated form to be delivered to my mailing address; OR via journal entry, to the investment account specified, (i.e., my brokerage account, or re-established an account in my name with the mutual fund company). Also, any resulting cash accruals on book entry shares will be delivered to my mailing address. The value of securities returned in certificated or book entry form will, for fee computation purposes, be based on the value of the shares on the date on which the transfer agent transfers them from OSC to me.

_____
Claimant's signature

Agreed to by (Finder Name)

_____	_____	_____
Finder Signature	Title	Day Time Phone Number

On this _____ day of _____, in the year 20_____, before me _____ personally appeared and is personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name is (are) subscribed to the within instrument and acknowledge to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s), on the instrument, the individuals(s), or the person upon which the individual(s) acted, executed the instrument.

_____
Notary Public