



Statement Concerning Unclaimed Property Remitted Under the Remittance Incentive: Unclaimed Financial Assets

This form must be completed by holders of unclaimed financial assets being remitted under the remittance incentive, in accordance with the *Unclaimed Property Act*. A separate copy must be completed for each fiscal period in which property became unclaimed. For information on the requirements of the remittance incentive, go to revenuquebec.ca. For help completing this form, consult the *Guide for Holders: Unclaimed Financial Assets* (BD-81.5.G-V).

Please note that the information in this form may be subject to review.

Filing the form

Send this form and any accompanying documents by secure email to produits-financiers@revenuquebec.ca, by fax to 514 285-9528 or by mail to the following address:

Direction principale des biens non réclamés
Revenu Québec
500, boulevard René-Lévesque Ouest, 10^e étage
Montréal (Québec) H2Z 1W7

Québec enterprise number (NEQ)
(if applicable)

1 Information about the holder of unclaimed property (please print)

Name of holder Contact person

Address
Street number, street name, P.O. box Apartment or suite

City, town or municipality Province or state Country Postal code

Area code Telephone Extension Area code Fax Extension Email

End date of the fiscal period during which the property became unclaimed

Holders of amounts payable under a contract or a pension plan must provide the following information.

Name of promoter Contract or plan registration number

2 Property remitted (please describe the property in Part 4)

Number of properties remitted
Total value of property remitted

3 Signature

I, _____, acting on my own behalf or as a duly authorized
First name and last name (please print)

representative of the institution, business or organization identified in Part 1, hereby file the statement required under the *Unclaimed Property Act* containing a description of all property held that became unclaimed property within the meaning of the Act during the fiscal period ending on the date shown above.

I declare that all information provided in this form and in any attached document is accurate and complete.

Signed at _____ on

First name and last name of the holder or the authorized person (please print)

Position

Signature

4 Description of the unclaimed property remitted

You must provide all the requested information.

Information about the owner of the property						Information about the unclaimed property	
Name	Address	Date of birth <small>Y Y Y Y M M D D</small>	Date of death <small>Y Y Y Y M M D D</small>	Date you were notified of the death <small>Y Y Y Y M M D D</small>	Social insurance number or Québec enterprise number (NEQ)	Description	Value of property remitted
1							
2							
3							
4							
5							
6							
7							
8							

Other required information (see the table on the next page)

1	
2	
3	
4	
5	
6	
7	
8	

Do not use this space.

Montant des intérêts de retard (art. 8 de la LBNR)	<input type="text"/>
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Appendix – Required information depending on the type of property

Pension or retirement contract or plan with a value under \$1,000	Pension or retirement contract or plan with a value of \$1,000 or more	Securities account and mutual fund securities	Amounts payable under a life insurance contract	Other property
<ul style="list-style-type: none"> • Reason for the remittance¹ • Date of cessation of employment • Total value of plan or pension • Amount of federal income tax deductions, if applicable • Amount of provincial income tax deductions, if applicable • Net value of plan • Other information • Information about the spouse or beneficiary (if available) <ul style="list-style-type: none"> – Last name and first name – Complete address – Social insurance number – Date of birth – Relationship to plan holder 	<ul style="list-style-type: none"> • Type of originating plan • Legislation applicable to the originating plan (provincial or federal statute) • Effective date of plan (if in effect before January 1, 1993) • Reason for the remittance¹ • Date of cessation of employment • Type of receiving plan • Total value of plan or pension • Other information • Information about the spouse or beneficiary (if available) <ul style="list-style-type: none"> – Last name and first name – Complete address – Social insurance number – Date of birth – Relationship to plan holder 	<ul style="list-style-type: none"> • Account number • Type of account (registered, unregistered) • Currency code • Description of securities according to account type <ul style="list-style-type: none"> – Name of security – Name of issuer – Stock symbol (share, type of mutual fund security) – Number of units – Price per unit on the date of the most recent enclosed statement – Type of income (interest, dividend or other) • Cash balance • Other information • Information about the spouse or beneficiary (if available) <ul style="list-style-type: none"> – Last name and first name – Complete address – Social insurance number – Date of birth – Relationship to account holder 	<ul style="list-style-type: none"> • Policy number (reference number) • Type of insurance product • In the case of a uncashed annuity cheque <ul style="list-style-type: none"> – Number of cheque – Date of cheque • Other information • Information about the spouse or beneficiary (if available) <ul style="list-style-type: none"> – Last name and first name – Complete address – Social insurance number – Date of birth – Relationship to insured 	<ul style="list-style-type: none"> • Other information relevant to finding the right-holder

For more information, consult the **Unclaimed Property** section of our website at revenuquebec.ca.

1. If a pension plan has been terminated, enclose a copy of the decision by Retraite Québec.