

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 year in which property became unclaimed. For information on the requirements of the remittance incentive, go to revenuquebec.ca. For help completing this form, see 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.

Sending the form and required documents

To send the form and required documents by secure email, **first** email us at produits-financiers@revenuquebec.ca. An employee will then send you instructions on how to register for our secure messaging service.

If you cannot send the form and required documents by secure email, mail them to:

Direction principale des biens non réclamés
Revenu Québec
C. P. 6500, succursale Place-Desjardins
Montréal (Québec) H5B 0B6

Québec enterprise number (NEQ)
(if applicable)

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

Name of holder	Contact person
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Address Street number, street name or PO box		Apartment or suite
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City, town or municipality	Province or state	Country	Postal code
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Area code	Phone	Extension	Area code	Fax	Extension	Email
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End date of the fiscal year during which the property became unclaimed

Y	Y	Y	Y	M	M	D	D

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

Name of promoter	Contract or plan registration number
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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 year 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

Y	Y	Y	Y	M	M	D	D

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



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Prescribed form

4 Description of the unclaimed property remitted

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							

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

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8	

Do not use this space.

Montant des intérêts de retard (art. 8 de la LBNR)

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 an 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, see **Unclaimed Property** at revenuquebec.ca.

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

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