



## SERVICE AGREEMENT

This agreement is entered into by and between \_\_\_\_\_, hereinafter referred to as Claimant,” and TrustBank Financial Services (TFS), hereinafter referred to as “Asset Recovery Manager (ARM).”

- I. ARM, through their efforts, has located Claimant, who may be entitled to the assets in the possession of \_\_\_\_\_

OWNER’S NAME: \_\_\_\_\_

OWNER’S ADDRESS AS REPORTED TO THE STATE CONTROLLER’S OFFICE: \_\_\_\_\_

REPORTED BY: \_\_\_\_\_

TYPE OF ACCOUNT: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

SECURITIES: \_\_\_\_\_ PROPERTY ID: \_\_\_\_\_

☐ CHECK HERE IF THERE ARE ATTACHMENTS LISTING ADDITIONAL ACCOUNTS  
\_\_\_\_\_ Claimant’s Initials

- II. ARM and Claimant do hereby agree that in consideration of ARM’s efforts in locating Claimant and assisting in the actual recovery of the above-described assets to which Claimant may be entitled, Claimant assigns to the ARM a percentage not to exceed 10% of the net assets which Claimant in fact recovers. Claimant agrees that the ARM fee will be paid upon payment of the claim.

Agreed Percentage: \_\_\_\_\_ Claimant’s Initials: \_\_\_\_\_ ARM’s Initials: \_\_\_\_\_

- III. If ARM fails to disclose the nature and value of the property prior to the execution of this agreement, and ARM and Claimant agree that if the existence and whereabouts of the above-described assets are known to the Claimant, and Claimant believes that said assets would have been recovered without the information and advice given by ARM, then Claimant is under no obligation to ARM.

- IV. ARM and Claimant agree that in the event Claimant is not entitled to assets described above and such assets are not recovered, there is no obligation on either party to the other, all expenses being borne by ARM.

V. This agreement is valid for twelve (12) months from the date signed by Claimant.

Claimant: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Claimant's Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Claimant's Signature: \_\_\_\_\_

Claimant's SSN or Tax Identification Number: \_\_\_\_\_

ARM: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

ARM's Signature: \_\_\_\_\_

ARM's Tax Identification Number: \_\_\_\_\_

## UNCLAIMED FUNDS LOG ATTACHMENT

OWNER'S NAME: \_\_\_\_\_

OWNER'S ADDRESS AS REPORTED TO THE STATE CONTROLLER'S OFFICE:

\_\_\_\_\_

REPORTED BY: \_\_\_\_\_

TYPE OF ACCOUNT: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

SECURITIES: \_\_\_\_\_ PROPERTY ID: \_\_\_\_\_

\_\_\_\_\_ Claimant's Initials

\_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

OWNER'S ADDRESS AS REPORTED TO THE STATE CONTROLLER'S OFFICE:

\_\_\_\_\_

REPORTED BY: \_\_\_\_\_

TYPE OF ACCOUNT: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

SECURITIES: \_\_\_\_\_ PROPERTY ID: \_\_\_\_\_

\_\_\_\_\_ Claimant's Initials

\_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

OWNER'S ADDRESS AS REPORTED TO THE STATE CONTROLLER'S OFFICE:

\_\_\_\_\_

REPORTED BY: \_\_\_\_\_

TYPE OF ACCOUNT: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

SECURITIES: \_\_\_\_\_ PROPERTY ID: \_\_\_\_\_

\_\_\_\_\_ Claimant's Initials

\_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

OWNER'S ADDRESS AS REPORTED TO THE STATE CONTROLLER'S OFFICE:

\_\_\_\_\_

REPORTED BY: \_\_\_\_\_

TYPE OF ACCOUNT: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

SECURITIES: \_\_\_\_\_ PROPERTY ID: \_\_\_\_\_

\_\_\_\_\_ Claimant's Initials

\_\_\_\_\_