

## Application for Unclaimed Balance Business/Organization Account<sup>1</sup>

The Alberta *Credit Union Act* establishes the requirements for managing inactive deposit accounts transferred to the Credit Union Deposit Guarantee Corporation (CUDGC) as unclaimed balances from Alberta credit unions. If you believe you (claimant) are the rightful owner(s), heir(s) or authorized officer(s) to an inactive account that has been transferred to the CUDGC with a balance exceeding \$100, please complete this Application for Unclaimed Balance and provide documentation (see Appendix) to support your claim to the funds.

### Unclaimed Balance Account Information

Credit Union Account Number:	
Credit Union Name:	
Branch/Location (City/Town):	
Business/Organization Name on Account:	
Business Registry Number on Account:	
Is business dissolved (Y/N)?	
<b>Only Authorized Signing Officers identified on the account will be considered valid claimants.</b>	
Number of Signatures Required on the Account:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Authorized Signing Officer Name on Account (1):	
Authorized Signing Officer Name on Account (2): <i>(if applicable)</i>	
Authorized Signing Officer Name on Account (3): <i>(if applicable)</i>	
Authorized Signing Officer Name on Account (4): <i>(if applicable)</i>	
Address of Business/Organization on Account:	
Date of Last Known Transaction in Account:	

<sup>1</sup>This form is to be used for entities that are incorporated businesses or organizations only. If the business is a “sole proprietor” or an “operating as” please complete the “Application for Unclaimed Balance – Personal” form.

<b>Claimants' (Signing Officer on Account) Information:</b>	
Claimant (1):	
Last 3 Digits of Social Insurance Number:	
Mailing Address:	
Email:	
Phone Number:	
Claimant's Name (2): <i>(if applicable)</i>	
Last 3 Digits of Social Insurance Number:	
Mailing Address:	
Email:	
Phone Number:	
Claimant's Name (3): <i>(if applicable)</i>	
Last 3 Digits of Social Insurance Number:	
Mailing Address:	
Email:	
Phone Number:	
Claimant's Name (4): <i>(if applicable)</i>	
Last 3 Digits of Social Insurance Number:	
Mailing Address:	
Email:	
Phone Number:	
<i>Additional information to support claim: (if applicable)</i>	



**Claims Department**

Credit Union Deposit Guarantee Corporation  
Suite 2000, 10104 – 103 Avenue, Edmonton AB T5J 0H8  
Email: [claims@cudgc.ab.ca](mailto:claims@ cudgc.ab.ca)  
Website: [www.cudgc.ab.ca](http://www.cudgc.ab.ca)

---

By signing this document, I/we hereby certify that all information contained herein, and all documents and information submitted pertaining to this application, are true, accurate, and complete to the best of my/our knowledge. I/we further certify that there is no exaggeration, falsification, misrepresentation, or omission. I/we understand that all statements and documents are subject to verification and investigation.

---

Applicant Signature

---

Date

---

Applicant Signature *(if applicable)*

---

Date

---

Applicant Signature *(if applicable)*

---

Date

---

Applicant Signature *(if applicable)*

---

Date

## Appendix

### Documentation to Support a Claim - Business/Organization Account

**The Credit Union Deposit Guarantee Corporation assumes no liability for submissions or communications containing personal and confidential information that may be misdirected.**

Certain information requested in the claim application is personal and confidential information. Therefore, we recommend that you send the Application for Unclaimed Balance and all supporting documentation to the Credit Union Deposit Guarantee Corporation – Claims Department by Registered Mail.

#### Documentation Required to Support the Validation of the Claim

##### Valid Claimant(s):

- Copies of the business/organization's authorized signing officers' valid/current Canadian issued identification (i.e. passport, drivers license, military ID, Certificate of Indian Status)

The following additional documentation should be provided in support of the claim, as applicable.

- Copies of account statements or cheques
- Documentation relating to the business/organization's establishment or dissolution (Articles of Incorporation/Dissolution, Corporate Registry Annual Returns)
- Copy of the business/organization's Banking Resolution (banking authority) pertaining to the credit union account
- Documentation relating to any changes to authorized signing officer(s), including minutes or credit union correspondence

#### Payment Process

If the Application is deemed valid, a cheque will be issued in the name of the Business/Organization or name of Claimant (1) and sent to the mailing address provided for Claimant (1).

Subject to CRA requirements a T5 – Statement of Investment Income may be issued to the Claimant(s). Claimants will be contacted if any follow up information is required.