

Application for Unclaimed Balance Business/Organization Account¹

The Alberta *Credit Union Act* establishes the requirements for managing inactive deposit accounts transferred to the Credit Union Deposit Guarantee Corporation (Corporation) 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 Corporation with a balance exceeding \$100, please complete this Application for Unclaimed Balance to provide documentation to support your claim to the funds. Refer to the attached Appendix - Documentation to Support a Claim for a Business/Organization.

Unclaimed Balance Account Information:	
Credit Union Account Number:	
Credit Union Name:	
Branch/Location:	
Business/Organization Name on Account:	
Only Authorized Signing Officers detailed on the account will be considered as valid claimants.	
Authorized Signing Officer Name:	
Authorized Signing Officer Name:	
Authorized Signing Officer Name:	
Authorized Signing Officer Name:	
Number of Signatures Required on the Account:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Address of Business/Organization:	
Date of Last Transaction:	

¹ 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.

Claimants' (Signing Officer(s)) Information:	
Claimant (1):	
Address:	
Social Insurance Number:	
Claimant's Name (2):	
Address:	
Social Insurance Number:	
Claimant's Name (3):	
Address:	
Social Insurance Number:	
Claimant's Name (4):	
Address:	
Social Insurance Number:	
<i>Additional information to support claim:</i>	

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

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

Mandatory

- 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)
- Authorized Signing Officer's Social Insurance Number

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

- Documentation relating to the business/organization's establishment (Articles of Incorporation, Notice of Directors, Corporate Registry Annual Returns, meeting minutes)
- 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)

Payment Process

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

Subject to CRA requirements a T5 – Statement of Investment Income may be issued to the Claimant(s).