

## Application for Unclaimed Balance Personal Account

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 providing documentation to support your claim to the funds. Refer to the attached Appendix - Documentation to Support a Claim - Personal.

Unclaimed Balance Account Information:	
Credit Union Account Number:	
Credit Union Name:	
Branch/Location:	
<b>Primary Name on Account:</b>	
Name on account if a "Sole Proprietor" or an "Operating As" entity: <i>(if applicable)</i>	
Date of Birth:	
Social Insurance Number:	
Address on Account:	
<b>Secondary/Joint Name on Account:</b> <i>(if applicable)</i>	
Date of Birth:	
Social Insurance Number:	
Address on Account:	
<b>Additional Name(s) on Account:</b> <i>(if applicable)</i>	
Date of Birth:	
Social Insurance Number:	
Address on Account:	

<b>Claimants' Information:</b>	
<b>Claimant (1):</b>	
Address:	
Social Insurance Number:	
Additional Identification:	
<b>Claimant's Name (2):</b>	
Address:	
Social Insurance Number:	
Additional Identification:	
<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

## Documentation to Support a Claim – Personal 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

#### Rightful Owner(s):

- Copies of each Claimants' valid/current Canadian issued identification (i.e. passport, driver's license, military ID, Certificate of Indian Status)
- Claimants' Social Insurance Number(s) must be indicated on the application form
- Change of name certificate / marriage certificate - if applicable
- Other forms of identification (i.e. foreign passport, international driver's license)

#### Rightful Heir(s) to an Estate:

- Copies of each heir's valid/current Canadian issued identification (i.e. passport, driver's license, military ID, Certificate of Indian Status)
- Heirs' Social Insurance Number(s) must be indicated on the application form
- Any of the following:
  - Last Will and Testament indicating disbursement of estate to claimant(s)
  - Death certificate indicating claimant(s) as closest living relative
  - Funeral Director's Statement of Death indicating claimant(s) as legal informant

### Payment Process

If the Application is deemed valid, one (1) cheque will be issued in the name(s) of the Claimant(s), to the address indicated for "Claimant (1)".

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