



## **Unclaimed Property Standard Recovery Agreement Form and Instructions**

**This form is only for claimants wishing to claim their unclaimed property with assistance from a Registered Claimant's Designated Representative (CDR). Claimants wishing to claim their property on their own should visit the Georgia Unclaimed Property Program's claims website at:**

**<https://dor.georgia.gov/unclaimed-property-program/how-do-i-search-unclaimed-property>**

# INSTRUCTIONS FOR FORM UP-CDR2

**PLEASE TYPE OR PRINT YOUR FORM.**

Claims submitted by CDRs are limited to fifteen properties each. A separate form must be submitted for each claim. No property may be added to the form after it has been received by the Georgia Unclaimed Property Program. Any properties listed on the form that do not belong to the claimant will be removed from the claim.

## **I. UNCLAIMED PROPERTY IDENTIFICATION NUMBER(S)**

**Enter the Property ID and dollar value for the properties to be claimed.**

**Property ID** – This is the unique identifier assigned to each property. It is the first field in the unclaimed property database provided to the CDR.

**Dollar Value** – Enter the dollar value of each property next to its Property ID. These amounts are listed in the searchable / sortable database provided to the CDR. If a property has no dollar value (like a safe deposit box), enter N/A.

## **II. VALUE OF PROPERTY, FEES, AND COSTS**

Complete either A or B, as applicable. The total fees and costs to be collected by the CDR may not exceed 30% of the claimed amount or of the unclaimed property's value, whichever is lower. Fees and costs that together exceed that amount will be reduced to the 30% maximum with the net balance returned to the claimant. The 30% maximum does not apply if a judicial order, judgment, or decree to establish entitlement is required. You must submit a copy of any court orders with this form.

**A 1** Enter the total dollar value of the unclaimed property to be claimed. This should be the total of the dollar values listed in Section I.

**A 2** Enter the total percentage of the unclaimed property's value to be paid as fees and costs to the CDR.

**A 3** Enter the total fees and costs to be deducted from the unclaimed property's value and paid to the CDR. This is the amount of the claimant's property to be paid directly to the CDR from the claimant's unclaimed property for the CDR's services.

**A 4** Enter the net amount to be received by the claimant after deducting the CDR's fees and costs.

**B 1** If the database does not include the property's value, enter the percentage of net value of the claim that is due to the CDR.

**B 2** If the database does not include the property's value, enter the percentage of net value of the claim that is due to the claimant.

**Note: The sum of B1 and B2 must equal 100%.**

### III. CLAIMANT'S INFORMATION

**For the claimant, enter:**

1. **Name:** The claimant's full legal name.
2. **Phone Number:** The claimant's phone number.
3. **Mailing Address:** The claimant's mailing address.
4. **Email:** The claimant's email address.
5. **SSN or Tax ID:** The claimant's Social Security Number or other Tax ID.

**If there is a co-claimant, enter:**

6. **Name:** The co-claimant's full legal name.
7. **Phone Number:** The co-claimant's phone number.
8. **Mailing Address:** The co-claimant's mailing address.
9. **Email:** The co-claimant's email address.
10. **SSN or Tax ID:** The co-claimant's Social Security Number or other Tax ID.

**Note: The claimant's property will be mailed to the address provided in this section.**

### IV. DESIGNATED REPRESENTATIVE'S INFORMATION

**For the CDR, enter:**

1. **Name of CDR:** The name of the entity licensed to act as a CDR in Georgia.
2. **Name of Agent/Employee:** The registered agent/employee of the CDR who is submitting the claim.
3. **CDR's Identification Number:** Provided by DOR upon successful registration.
4. **Address:** The address of the CDR.
5. **Agent/Employee Email Address:** The email address of the agent/employee submitting the claim.
6. **Agent/Employee Phone Number:** The phone number of the agent/employee submitting the claim.

**Note: The CDR's fee will be mailed to the CDR's registered address.**

### V. ADDITIONAL TERMS (OPTIONAL)

**Indicate below whether the CDR has added terms and conditions to the Recovery Agreement by checking Yes or No.**

**If the CDR has added terms and conditions, the claimant and the CDR must complete the Unclaimed Property Agreement Addendum (Form UP-CDR3) and submit it along with the Recovery Agreement.**

**VI. AUTHORIZATION OF CLAIMANT**

1. **Claimant:** Enter the claimant's full legal name.
2. **Designated Representative:** Enter the name of the CDR.
3. **Amount:** Enter the amount to be sent directly to the claimant (this should match the amount in Section II.A.4).

**Note: This Recovery Agreement must be acknowledged by the claimant before a notary public.**



## GEORGIA DEPARTMENT OF REVENUE UNCLAIMED PROPERTY RECOVERY AGREEMENT

This form must be completed if an unclaimed property claimant wishes to submit a claim through a properly registered claimant's designated representative ("CDR"). Buyers of unclaimed property should not use this form. Instead, buyers of unclaimed property should use the Unclaimed Property Purchase Agreement (Form UP-CD4)

Claims are limited to fifteen properties each. A separate form must be submitted for each claim. The claimant may revoke this Agreement for any reason permitted by law. If the claimant does so, the CDR must inform the Department.

If the total known value of the claimed property exceeds \$2,000, the CDR may add terms and conditions to this Agreement, provided that those terms and conditions are not inconsistent with O.C.G.A. § 44-12-224. Additional requirements for adding terms and conditions are explained in Section V, below.

Please complete this Agreement and submit it via email to [ucp.cdr.claims@dor.ga.gov](mailto:ucp.cdr.claims@dor.ga.gov) Claims that are submitted without this Agreement or with an incomplete Agreement are void.

### I. Unclaimed Property Identification Number(s)

*Provide the Unclaimed Property Identification number (Property ID Number) for each property to be claimed.*

	Property ID	Dollar Value (if Applicable)
1		\$
2		\$
3		\$
4		\$
5		\$
6		\$
7		\$
8		\$
9		\$
10		\$
11		\$
12		\$
13		\$
14		\$
15		\$

## II. Value of Property, Fees, and Costs

Complete either A or B, as applicable. The total fees and costs to be collected by the CDR may not exceed 30% of the claimed amount or of the unclaimed property's value, whichever is lower. Fees and costs that together exceed that amount will be reduced to the 30% maximum with the net balance returned to the claimant. The 30% maximum does not apply if a judicial order, judgment, or decree to establish entitlement is required. You must attach a copy of the court order.

A. If the information provided by the Unclaimed Property Section includes the property's value:

1. <b>Total dollar value</b> of unclaimed property to be claimed:	\$
2. <b>Total percentage</b> of unclaimed property's value to be paid as fees and costs to the CDR:	%
3. <b>Total fees and costs</b> to be deducted from unclaimed property's value and paid to the CDR:	\$
4. <b>Net amount</b> to be received by claimant:	\$

B. If the information provided by the Unclaimed Property Section does not include the property's value:

1. <b>Percentage of net value</b> of the claim that is due to the CDR:	%
2. <b>Percentage of net value</b> of the claim that is due to the claimant:	%

## III. Claimant's Information

*Claimant (Complete all fields.)*

1. Name:	2. Phone Number:
3. Mailing Address:	
4. Email:	5. Tax ID or SSN:

*Co-Claimant (complete only if applicable)*

6. Name:	7. Phone Number:
8. Mailing Address:	
9. Email:	10. Tax ID or SSN:

#### IV. Claimant's Designated Representative's Information

Complete all fields.

1. Name of CDR:	2. Name of Agent/Employee
3. CDR's Identification Number (received from the Department upon registration):	
4. Address:	
5. Agent/Employee Email Address:	6. Agent/Employee Phone Number:

#### V. Additional Terms (optional)

If the total known value of the claimant's unclaimed property exceeds \$2,000, indicate below whether the CDR has added terms and conditions to this Agreement.

If the CDR has added terms and conditions, the claimant and the CDR must complete the Unclaimed Property Agreement Addendum (Form UP-CDR3) and submit it along with this Agreement. Any additional terms and conditions will be deemed void if this Agreement is not accompanied by a completed Unclaimed Property Agreement Addendum.

Has the CDR included additional terms and conditions to this Agreement?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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#### VI. Authorization of Claimant

This Recovery Agreement must be acknowledged by the Claimant before a notary public. Please include first and last names. Where remote notarization is allowed by law, an electronic signature is acceptable provided that it complies with Rule 560-1-1-.14(1)(a) of the Department's regulations. Pursuant to those regulations, and by affixing their signature below, Claimant demonstrates their intent to sign this Recovery Agreement and be bound by the terms herein.

I, \_\_\_\_\_ (Claimant), hereby authorize \_\_\_\_\_

(Claimant's Designated Representative) to act on my behalf to take all lawful necessary steps, procedures, and actions to prepare and file a claim for my recovery of the properties listed above.

I authorize my Claimant's Designated Representative to receive a share of the unclaimed property in accordance with Section II of this Agreement if the Department approves my claim. I understand that, if the value of the claimed property is known, my Claimant's Designated Representative shall receive the amount stated in Section II.A.3 and I shall receive the amount stated in Section II.A.4. I also understand that, if the value of the property is not known, my Claimant's Designated Representative shall receive the percentage of the net value of the claim stated in Section

II.B.1 and I shall receive the percentage of the net value of the claim stated in Section II.B.2. Further, I authorize the amount in Section II.A.3 or percentage in Section II.B.1 to be deducted from the total value of the unclaimed property and paid directly to my Claimant's Designated Representative. I understand that the Department shall not owe any amount to me or my Claimant's Designated Representative if the claim is not approved.

I understand that I may revoke this Agreement for any reason permitted by law and that the Agreement will terminate automatically once my claim has been satisfied and any funds disbursed. I understand that the Agreement applies solely to the properties identified above. I certify that this Agreement, as well as any attached terms and conditions added by my Claimant's Designated Representative in accordance with O.C.G.A. § 44-12-224(g) (if applicable), constitutes the entire and only agreement between myself and my Claimant's Designated Representative.

Please send the net amount of \$ \_\_\_\_\_ (or net percentage of \_\_\_\_\_%) to Claimant at Claimant's mailing address above.

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

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

Co-Claimant's Signature: \_\_\_\_\_  
(If applicable)

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

**Acknowledgment of Agreement.** The person(s) signing as the claimant in Section 6 above appeared this day before a notary public and acknowledged this agreement as a voluntary act and deed.

\_\_\_\_\_  
**Signature of Notary Public**

\_\_\_\_\_  
**Printed Name of Notary Public**

**My Commission Expires:** \_\_\_\_\_

**Sworn and subscribed before this** \_\_\_\_ **day of** \_\_\_\_\_ **20** \_\_\_\_.

**Notary Seal**



# ADDITIONAL INSTRUCTIONS AND INFORMATION

## CDR AGREEMENT CHECKLIST – Before submitting your agreement, have you?

- **Confirmed that you are an authorized employee or agent of a registered Claimant Designated Representative?** Only an authorized employee or agent registered with the Unclaimed Property Section may submit claims using this agreement.
- **Ensured that this Agreement Form is complete and notarized?**
- **Included a completed copy of the Unclaimed Property Agreement Addendum (Form UP-CD3) if any terms and conditions have been added to this agreement?**
- **Included the minimum documentation required by the type of Claim submitted?**

### **For all claims you must submit:**

- 1) A copy of the front and back of the claimant's driver's license or other government issued ID.
- 2) Proof of the Claimant's Social Security Number (or proof of FEIN if a Business).

### **For all estate claims you must submit:**

- 1) A Copy of the Decedent's Death Certificate.
- 2) Probate Documents.

### **For all Business Claims you must submit**

- 1) An Authorization Letter authorizing the Claimant to contract with the CDR for asset recovery services.
- 2) A copy of the Claimant's work ID card

Documentation requirements vary from claim to claim. The Unclaimed Property Section may request additional documentation to confirm the claimant's interest in this property.

## FILING INSTRUCTIONS

Representatives should email the notarized agreement, any addendums and/or court orders, and all required documentation to:

[ucp.cdr.claims@dor.ga.gov](mailto:ucp.cdr.claims@dor.ga.gov)

Georgia's Unclaimed Property staff will be glad to answer any questions regarding this agreement.

You may contact us at:

Telephone: (855) 329-9863  
Email: [ucp.cdr.claims@dor.ga.gov](mailto:ucp.cdr.claims@dor.ga.gov)