



GEORGIA DEPARTMENT OF REVENUE UNCLAIMED PROPERTY AGREEMENT ADDENDUM

This form must be submitted along with an Unclaimed Property Recovery Agreement or Unclaimed Property Purchase Agreement if the claimant's designated representative (CDR) wishes to add terms and conditions to the Agreement. Additional terms and conditions may only be added if the total known value of the unclaimed property exceeds \$2,000.

Terms and conditions that are inconsistent with the requirements of O.C.G.A. § 44-12-224 are void. Both the claimant and the CDR must execute this Addendum at the space provided below.

Please complete this Addendum and submit it along with the Agreement. Any terms or conditions that a claimant or CDR purport to add to an Agreement that do not appear in a properly filed Addendum are void. Submit completed forms to ucp.cdr.claims@dor.ga.gov.

I. Associated Claim

Complete all fields.

Claimant:	CDR:
Claim #:	CDR Identification Number:

II. Additional Terms and Conditions

State all additional terms and conditions in the space provided below. Attach additional pages if needed. All additional terms and conditions must be organized into numbered paragraphs and printed in at least 10-point font.

III. Acknowledgment of Claimant

This section must be completed by the claimant. Please include first and last names. 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 Addendum and be bound by the terms herein.

I, _____ (**Claimant**), hereby certify that I have reviewed the additional terms and conditions stated in Section II, above. I further certify that (select one):

I agree to the additional terms and conditions stated in Section II and acknowledge that these terms and conditions are binding as to the claim, and I agree to be so bound.

Claimant's Signature: _____

Date: _____

OR

I dispute the following terms and conditions stated in Section II (reference any disputed terms and conditions by paragraph number):

Please note: If there is a dispute regarding the terms and conditions in this Addendum, the Department of Revenue will not pay the claim and instead will file an action in the Superior Court of Fulton County to seek judicial review of the terms. Costs of this action will be borne equally by the claimant and his or her claimant's designated representative. The Department will put a hold on the claim until the court renders a decision.

IV. Acknowledgment of Designated Representative

This section must be completed by the claimant's designated representative. Please include first and last names

I, _____ (**Claimant's Designated Representative**), hereby certify that I have reviewed the additional terms and conditions stated in Section II, above. I further acknowledge that the additional terms and conditions contained in this Addendum are binding as to the claim, and I agree to be so bound.

Designated Representative's Signature: _____

Date: _____