

CLAIMANT AFFIDAVIT
Form DFS-UP-124

**(For Unclaimed Property Having an Aggregate
Value of \$250 or Less)**

The undersigned claimant agrees to indemnify save and hold harmless the State of Florida, its agents, officers and employees from any and all claims or causes of action arising from payment of this claim:

ACCOUNT NUMBER(S): _____

ACCOUNT NAME(S): _____

AMOUNT(S): _____

Under penalties of perjury, I hereby swear or affirm that no documentation exists to prove or support my ownership or entitlement to the property of this claim and that this claim is authentic. I hereby swear and affirm that I am the owner of the accounts listed above, which were paid or delivered to the State of Florida. I authorize the Department to provide my name and address, as payee of the subject property, to any additional claimant who may later come forward with substantiated proof to claim the accounts listed above.

Claimant's Printed Name

Claimant's Signature

STATE OF _____
COUNTY OF _____

Sworn to and subscribed before me this ____ day of _____, 20__, by
_____.

Signature of Notary Public

Type of Stamp Commissioned Name of
Notary Public

Personally known: ____ OR Produced identification: ____
Type of identification produced: _____

For office use only
Claim number: _____
Analyst: _____
Date: _____