



Member Funds Claim Form

Please complete this form and return it to BEMC to file a claim and certify that you are the rightful owner of funds held by BEMC. Funds held by BEMC may include eligible capital credit refunds, deposits, and other funds held on behalf of a member, which have not been escheated to the appropriate state escheat fund. Incomplete claim forms and claims for funds already escheated to the appropriate state escheat fund will not be accepted. To claim such funds that have been escheated, please contact the applicable state for information about filing a claim.

Step 1 - Provide Proof of Social Security Number (Individuals)/Federal Tax ID Number (Entities). If claimant is a joint account, please provide proof for all individuals. If claimant is an entity, please provide an explanation of the entity and documents for the entity.

Include with your form a **COPY** of any legal document showing your social security number/Federal Tax ID Number, such as:

- Social security card
- W-2 form
- Income tax form
- Pay stub

Step 2 - Provide Proof of Address where BEMC Service was provided (if joint account or entity, provide proof for all account holders or authorized agents of the entity):

Include with your form a **COPY** of any legal document showing your name and BEMC service address, such as:

- Driver's license
- W-2 form
- Income tax form
- Pay stub
- City/County tax bill
- Vehicle title or registration
- Bank statement, blank or cancelled check, deposit slip
- Entity documentation establishing entitlement
- Utility, medical, legal, insurance bill etc.
- Marriage certificates, divorce decree
- Other documentation approved by BEMC management/legal counsel establishing recipients right to said funds

Provide Years of Service at Address where BEMC Service was provided (ex. 1996-2000): _____

Step 3 - Provide your current information (if joint account, provide name of all account holders). Providing your email address authorizes BEMC to respond to your claim by email.

Your Full Name/ Joint Name	
Previous BEMC Service Address	
Your Current Address	
Your Current Telephone Number	
Your Current Email Address	
Your Date of Birth	

Step 4 - Have your signature notarized and return the form to BEMC at the following address:

BEMC
Attn: Unclaimed Funds
P.O. Box 826
Shallotte, NC 28459

Questions - Please contact BEMC at 910-754-4391 if you have questions about how to complete this form.

Certification

I do hereby certify that I am (Print Name) _____ and that I previously had service with BEMC or I am a person or entity entitled to receive said funds. I also certify that the information I have provided on this form is true and accurate. I agree to indemnify and hold BEMC harmless from any and all claims arising from inaccurate or false answers. I further certify under penalty of perjury that I have provided truthful and reliable information.

Signature _____ Date _____

Acknowledgement

State of _____ County

I, _____, Notary Public, hereby certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing.

Witness my hand and seal this ____ day of _____ 20__.

My commission expires: _____.

Notary Public _____ {Official Seal}

FOR BEMC USE ONLY			
SS# Document	Reviewed By	Address Document	Reviewed By