

UNCLAIMED FINANCIAL ASSETS – BENEFICIARY CLAIM

FORM 4B

DATE STAMP

1	Asset code or a brief description of the asset you are claiming		
	Original Asset Owner's Name(s)		
	Original Asset Owner's Identification Number and KRA PIN Number(s)		
	Original Unclaimed Asset Owner's Address as reported by the Holder		

2	Claimant's Name		
	Claimant's ID and KRA PIN Number		Claimant's Date of Birth
	Email Address	Telephone No.	Mobile Telephone Number
	Address where you would like correspondence, including payment sent		
	City/Town, Post Code, County		

3	3. I understand that Appendix 4 titled Declaration for Collection of Personal Assets is required to support my claim and allow for payment. I have included the filled out and notarized claim with the evidence I am submitting.		<input type="checkbox"/> YES
	3a. The Decedent has a valid Will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, attach a complete copy of the valid Will and Trust, if one is mentioned in the Will
	3b. An application for appointment of Personal Representative has been granted or is pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, only the assigned Personal Representative may claim. Attach a copy of your Letters of Office certified within 60 days.
	3c. The value of the Decedent's estate has grant of probate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, the Authority requires probate for this estate. Once probate has been initiated the Authority will release the asset to the court appointed Personal Representative.

4	In consideration of the payment or delivery of unclaimed financial assets as a result of this claim, I agree to indemnify the Unclaimed Financial Assets Authority ("Authority") and hold it harmless for and from all claims and loss, cost, damages and expenses that the Authority may sustain by reason of turning over the said asset and by reason of its refusal hereafter to pay said asset or any part thereof to anyother person(s). I agree that if, for any reason, it is found that I am not entitled to payments I receive as a result of this claim or I receive duplicate payment, I will return the funds to the Authority within 15 days of demand. I declare and attest that all claims, assertions and signatures made in this claim are true and material and that all photocopies I have or will provide are the same as the original documents. Furthermore, I declare and acknowledge that any false statement made in this claim subjects me to penalties related to perjury.		
----------	--	--	--

SIGNATURE _____

DATE _____

DECLARED AT: _____

(NOTARY SEAL)

BEFORE ME THIS _____ DAY OF _____ 20 _____

BY: _____
COMMISSIONER OF OATHS