

DFS-UP-129

**STATE OF FLORIDA
ANNUAL REPORT OF PROPERTY PRESUMED ABANDONED**

**FOR SAFE DEPOSIT
BOXES OR OTHER
SAFEKEEPING
REPSITORY**

MAIL TO:

State of Florida
Department of Financial Services
Bureau of Unclaimed Property
P.O. Box 6350
Tallahassee, FL 32314-6350
(850)413-5522

PURSUANT TO THE FLORIDA DISPOSITION OF UNCLAIMED PROPERTY
CHAPTER 717, FLORIDA STATUTES

Covering **UNCLAIMED ITEMS** as of December 31, _____

UPID Number (From DFS-UP-111 Cover Sheet) _____

Federal Tax Identification Number (FEIN) _____

	NAME and LAST KNOWN ADDRESS (Street, City & State) date of birth, of owner(s) including all joint/alternate owners, beneficiaries, and relationship LAST NAME FIRST	SSN/FEIN OF OWNER	PROPERTY TYPE CODE	DATE OF LAST TRANSACTION	BOX NUMBER

_____ PAGE TOTAL

DFS-UP-129 FOR SAFE DEPOSIT BOX ITEMS

This form is used to list the 'safe deposit box' related property due for owners. The department will only accept tangible property from financial institutions. The contents must be remitted between 120 days after the report due date and 180 days after the report due date.

Per Section 717.116, Florida Statutes, all tangible and intangible property held by a banking or financial organization in a safe-deposit box or any other safekeeping repository in Florida that has not been claimed by the owner for more than 3 years after the lease or rental period on the box or other repository has expired is presumed unclaimed and must be reported to Florida.

DFS-UP-129 FORM DETAIL

- A. **Column "NAME AND LAST KNOWN ADDRESS"** - Enter the last name, first name and full middle name, if available. Corporate or other titles must be entered exactly as adopted, except the word "the" must be omitted when it is the first word in the name. If the owner name is not known, insert "Unknown" as the owner name. List the last known address, including zip code of the owner as it last appeared in the holder's records. Include the address, even when the address is incomplete or erroneous. If no address is available, insert "Address Unknown" beneath the name. If the property has more than one owner, the names and addresses of the alternate owners must be listed beneath the original owner's name. If there is no alternate owner for this account, then the wording "No Alternate Owner" must be entered after each account.
1. The relationship between the owners must also be shown (A list of valid relationship codes can be found in the [RELATIONSHIP CODE TABLE](#)). Enter the date of birth, if available. Reports that do not meet this requirement will be returned to the holder to supply the omitted information and is subject to potential fines and interest penalties.
- B. **Column "SSN/FEIN OWNER"** - Enter the social security number of the individual or FEIN for the business of the reported owner of the property. Social security numbers must be reported for securities holdings. If the alternate owner's SSN is available, it must also be reported. If no social security number is available, insert "Unknown" in this column. Common abbreviations are SSN, FEID, EIN, and TIN. The SSN/FEIN of owner is required information that must be included on the report.
- C. **Column "PROPERTY TYPE CODE"** - Enter the property type code of each item. The property type codes are listed in the [FLORIDA PROPERTY CODE AND DORMANCY TABLE](#). Select the four-character code, which best describes the property being reported. The valid codes are SD01, SD02, SD03 and SD04. The property type code is required information that must be included on the report.
- D. **Column "DATE OF LAST TRANSACTION"** - Enter the date of the expiration of the lease or rental period on the safe deposit box. This is not the date of the due diligence letter or the date the box was drilled. The date of last transaction is required information that must be included on the report.

**The Date of Last Transaction is not the date of the holder's due diligence letter.
Make sure that all reported accounts have reached the end of their statutory
dormancy period.**

- E. Column “BOX NUMBER” - The number assigned to the owner identifying their safe deposit box or the number assigned by the holder as the safekeeping repository account number. The box number is required information that must be included on the report. **If the item being reported is from an “Unknown Owner” and there is no box number associated with it, use a specific number for the unknown account. For example, UNK 08-16-07. This would indicate the box number is Unknown and the date it was found.**

ALL of the columns on the form must be completed. Any incomplete forms will be recorded as non-compliant and will be returned to the holder to correct. Information not known must be marked as “Unknown”.