

MILLENNIUM BANK RECEIVERSHIP

CLAIM NOTIFICATION FORM

INDIVIDUAL'S OR CONTACT PERSON'S NAME (LAST NAME, FIRST NAME, M.I.)

MOTHER'S MAIDEN NAME, IF YOU USE IT IN YOUR NAME

ENTITY OR TRUST NAME, IF APPLICABLE

ADDRESS

CITY OR PROVINCE, STATE, ZIP OR POSTAL CODE

COUNTRY

EMAIL ADDRESS

DAYTIME PHONE NUMBER

EVENING PHONE NUMBER

CLAIM TYPE (SELECT ONE)

AMOUNT OF CLAIM (U.S. DOLLARS)

CERTIFICATE OF DEPOSIT CLAIM
SECURED CREDITOR CLAIM
VENDOR CLAIM
LANDLORD CLAIM
OTHER CLAIM

CERTIFICATE OF DEPOSIT # OR IRA #
IF APPLICABLE, (SELECT ONE AND STATE NUMBER)

AMOUNT INVESTED THROUGH THIS
CERTIFICATE OR IRA

**Please complete one form for each CD or IRA*

DESCRIPTION OF CLAIM

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If additional information is needed, the Receiver will contact you before your claim is filed.

The Receiver will contact you for additional information when the claims process is put into place and approved by the Court.