MOW 3011-1.3 (12/2023)

UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF MISSOURI

In Re:	)	
	)	Case No.
Debtor(s)	)	

IDENTIFICATION FORM FOR UNCLAIMED FUNDS
CORPORATE/BUSINESS

I, _____, hereby state that I am the _____, of _____
(Title) (Business Name)
and I am authorized to request payment of the unclaimed funds referenced in the attached Motion. I am enclosing the attached document(s), including but not limited to corporate documents (if applicable) showing proof of ownership of funds through amendment (such as a name change), assignment, assumption, merger, and/or dissolution, and proper authority to act on behalf of the corporation (if applicable), that substantiate(s) my authorization.

(CORPORATE SEAL)

Signature: _____
Name: _____
Address: _____
Telephone: _____

ATTACH PHOTOCOPIES OF SIGNATORY'S:

1. **Business Card or Company ID**
2. **Government Issued ID (e.g. Driver's License)**
3. **Completed AO Form 213p Payee Information / TIN Certification**