

SAFE DEPOSIT BOX DISPOSITION FORM

You must use this form for your disposition report.

1. **OWNER'S NAME AND ADDRESS / DATE OF LAST ACTIVITY:** List the owner's complete name and last known address. Omit punctuation. Include the date of last activity.
2. **RELATIONSHIP:** If there are multiple owners, indicate the relationship between the different owners (for example, JT TEN or Custodial).
3. **SSN/FEIN:** Indicate the owner's tax ID number.
4. **SAFE DEPOSIT BOX OR IDENTIFYING NUMBER:** List the box number.
5. **CONTENTS:** This is your inventory of the box. Group items in categories (for example, 5 - \$50 EE bonds; 3 pieces jewelry, etc.)
6. **AMOUNT DEPOSITED TO LESSEE'S ACCOUNT:** If able to deposit any funds into another account held by the lessee, list the amount.
7. **CASH AMOUNT REMITTED:** If cash amount is sent with the initial report, list the amount. See T.C.A., Section 45-2-907 and Rule 1700-2-1-.37 for details when cash may be remitted with the initial report.
8. **IF SENT WITH REPORT:** Check each item that you sent with your report.
9. **RETURNED, SOLD OR DESTROYED:** Indicate final disposition of the property: "Returned" if property was returned to the owner, "Sold" if property was sold in accordance with T.C.A., Section 45-2-907 and Rule 1700-2-1-.37 and "Destroyed" if property was destroyed in accordance with T.C.A., Section 45-2-907 and Rule 1700-2-1-.37.
10. **NET PROCEEDS:** Indicate the net amount due owner and sent with report after disposition of safe deposit box contents. See T.C.A., Section 45-2-907 and Rule 1700-2-1-.37 for applicable fees and charges you may deduct before remitting.
11. **TOTAL NET PROCEEDS:** Enter the total amount sent with report.

PAGE NO. _____ OF _____

PAGE TOTAL \$ _____

STATE OF TENNESSEE
TREASURY DEPARTMENT

REPORT DATE _____

FOR YEAR ENDED _____

NAUPA CODE: SD01, SD02, SD03

**IV. REPORT OF UNCLAIMED
SAFE DEPOSIT PROPERTY**

DATE
BOXES OPENED
AND INVENTORIED



HOLDER NAME _____

HOLDER NUMBER _____

HOLDER FEDERAL TAXID NO. _____



INSERT
DISPOSITION DATE
FOR (9) AND (10)

Owner's Name and Last Known Address (Alpha by Owner) and Date of Last Activity (1)	Relationship Between Owners (If Applicable) (2)	SSN/FEIN (3)	Safe Deposit Box or Identifying Number (4)	Contents* (5)	Net Amount Deposited to Lessee's Account (6)	Cash Amount Remitted With Intitial Report (7)	✓ If Sent With Report (8)*	Returned, Sold or Destroyed (9)	Net Proceeds Paid With Disposition Report (10)
<i>Note: Remit by Check</i> (11) Remit Total									
						\$			\$

Please provide all data requested.

***If cash or securities, send to State of Tennessee.**

Per rule 1701-2-1-.37, report contents of safe deposit box separate from other property types.

Reset Form
*If additional pages are needed, please print
each completed page before resetting form.*