



Office of the State Treasurer

200 Piedmont Avenue, Suite 1204, West Tower

Atlanta, Georgia 30334-5527

ost.georgia.gov

Steve McCoy
State Treasurer

(404) 657-4203
FAX (404) 656-9048

EXHIBIT E - LOSS CLAIM FORM State of Georgia Secure Deposit Program

THIS CLAIM is presented for payment this _____ day of _____, _____ to the Treasurer of the State of Georgia by:

Public Depositor's Full Legal Name and Mailing Address to Include City, State and Zip Code

Public Depositor Account Information

Account Number: _____ Type of Account (CD/other): _____

Account Name: _____
Full Name as it Appears on the Records of the Covered Depository

Accountholder's Federal Employer Identification Number (FEIN): _____

Covered Depository Information

Full Legal Name: _____
Depository MUST Be a Covered Depository

Address: _____
City and State

FEIN: _____

Date Covered Depository Defaulted or Became Insolvent: _____

Amount Claimed

Principal Amount in Account: \$ _____

Interest Earned or Accrued but not
Paid As of the Date of Default or
Insolvency: _____

Total Principal & Interest: \$ _____

Less FDIC Deposit Insurance Claim/Payment: _____

Less Adjustment for Offsets: _____

NET CLAIM: \$ _____