

## **GUF-2 Guardianship Unclaimed Funds Registry Claim Form - Individual**

Please complete and mail this form with required supporting documentation to:

Guardianship Unclaimed Fund Registry  
Fiduciary Management Branch  
275 East Main Street, 3E-F  
Frankfort, KY 40621

**YOU MAY NOT FAX OR EMAIL THIS FORM TO US.**

NAME AND NUMBER OF THE ACCOUNT YOU ARE CLAIMING: \_\_\_\_\_  
\_\_\_\_\_

YOUR FULL NAME: \_\_\_\_\_

YOUR ADDRESS: (Please notify the Department if your address changes):

\_\_\_\_\_  
STREET OR PO BOX                      CITY                      KY                      ZIP CODE

YOUR PHONE NUMBER: \_\_\_\_\_

YOUR SOCIAL SECURITY NUMBER: \_\_\_\_\_

HOW WERE YOU RELATED TO THE DECEASED? \_\_\_\_\_  
\_\_\_\_\_

PLEASE ATTACH:

- A COPY OF YOUR BIRTH CERTIFICATE;
- A COPY OF YOUR MARRIAGE CERTIFICATE (IF YOU WERE A SPOUSE);
- A COPY OF YOUR DRIVER'S LICENSE OR IDENTIFICATION CARD; and
- IF THERE WAS A WILL AND A COURT ORDER THAT YOU RECEIVE THE FUNDS, IF APPLICABLE.

**FAILURE TO ATTACH THE REQUIRED DOCUMENTATION MAY RESULT IN A DENIAL OF YOUR CLAIM.**

**A DECISION REGARDING YOUR CLAIM MAY NOT BE MADE UNTIL THE EXPIRATION OF ONE YEAR AFTER THE ACCOUNT IS POSTED ON THE REGISTRY. CLAIMS WILL BE PRIORITIZED IN THE FOLLOWING ORDER: 1) FINAL LIVING EXPENSES, 2) FUNERAL EXPENSES, AND 3) MEDICAID ESTATE RECOVERY.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

COMMONWEALTH OF KENTUCKY  
COUNTY OF \_\_\_\_\_

Sworn and subscribed before me by \_\_\_\_\_ this  
\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

ID # \_\_\_\_\_