Citizens
One Citizens Bank Way
Johnston, RI 02919

Citizens™

FIRST CLASS MAIL
1/1/2026

OPEN IMMEDIATELY - ACTION REQUIRED

Your Name Here
Your Address Here
City, State Zip

Notice: The State requires us to notify you that your property will be transferred to the State's Unclaimed Property Administrator if you don't contact us before August 6, 2025.

Dear Valued Customer,

According to our records, your check/money order referenced below has not been cashed or deposited for several years. Unclaimed property laws require us to transfer accounts/properties with no activity or customer contact for a certain number of years to the appropriate state (ordinarily, the state of your mailing address). This is known as escheatment.

To prevent the transfer of your check/money order to the state, please review the information provided below, sign and notarize where indicated and return this letter to us in the envelope provided. If you prefer, you may return the letter to any Citizens branch.

If we do not receive a response within 30 days from the date of this notice, we will begin the process to escheat the check/money order to the state, according to applicable state law. If this property is remitted to the state, the owner or heirs may file a claim for the property with that state's administrator of unclaimed property.

If you have any questions, please contact us at 800-922-9999. You can also visit by a Citizens branch office, where one of our representatives will be happy to assist you.

Thank you for your attention to this matter.

Sincerely,

Payment Processing Escheat

Account Number	Check/Money Order Number	Original Amount	Account Type	Issued Date
XXXXX0000	1111111111	$0.00	Account Name	01/01/2001

By signing below I assert that the above-referenced check, to the best of my knowledge and belief, has been stolen, lost or destroyed and has not been used by me or anyone on my behalf or anyone to whom I have provided the check for any purpose.

In exchange for the issuance of a replacement check, I and my heirs, executors and administrators agree not to hold the bank responsible in any future claims, demands, actions, proceedings, judgment, losses, damages, counsel fees, payments, expenses and liabilities which the bank might incur after issuing a replacement check in place of the check claimed to have been lost, stolen or destroyed. I agree that if the original check is found, I will at once deliver it to the bank for cancellation.

Signature: _____ Date: _____

NOTARY SECTION

State of: _____ Country of: _____

On this, the _____ day of, _____, the individual(s) named above personally appeared before me, a Notary Public. This individual(s), known to me (or satisfactorily proven) to be the person(s) whose names(s) are shown on this document, acknowledged execution of this document for the purposes it described. In witness whereof, I set my hand and official seals to this document.

Notary Public _____ My Commission Expires: _____