



FOR OFFICE USE ONLY
CLAIM NUMBER
DATE RECEIVED

HOLOCAUST CLAIMS PROCESSING OFFICE
BANK CLAIM FORM

SINCE 1997 THE STATE OF NEW YORK HAS PLAYED AN INTEGRAL ROLE IN HELPING INDIVIDUALS OF ALL BACKGROUNDS OBTAIN A MEASURE OF JUST RESOLUTION FOR THE THEFT OF PROPERTY DURING THE REIGN OF THE NAZI REGIME.

INDIVIDUAL CLAIMS ARE ASSIGNED TO MEMBERS OF THE HCPO'S HIGHLY TRAINED STAFF WHO WORK WITH CLAIMANTS TO COLLECT THE MOST DETAILED AND ACCURATE INFORMATION POSSIBLE.

ONCE AN AGENCY HAS COMPLETED ITS REVIEW OF A CLAIM AND REACHES A DETERMINATION, THE HCPO REVIEWS THE DECISION TO ENSURE THAT IT ADHERES TO THAT AGENCY'S PUBLISHED PROCESSING GUIDELINES.

IN THE LATE 1990S AND EARLY 2000S SEVERAL CLAIMS PROCESSES WERE ESTABLISHED TO PROVIDE VICTIMS OF NAZI PERSECUTION AND/OR THEIR HEIRS WITH AN OPPORTUNITY TO MAKE CLAIMS FOR ASSETS DEPOSITED IN BANKS IN THE PERIOD BEFORE AND DURING THE HOLOCAUST PERIOD.

ADMINISTERED BY THE INTERNATIONAL ORGANIZATION FOR MIGRATION (IOM), CIVS, GSF, ENEMY PROPERTY (EPCAP, AND MORE RECENTLY HASHAVA.

THE DEADLINES FOR FILING CLAIMS WITH THE CRT, ABS, IOM, AND GSF HAVE LAPSED THOUGH IT MAY STILL BE POSSIBLE TO FILE CLAIMS FOR CERTAIN ACCOUNTS EITHER DIRECTLY WITH A FINANCIAL INSTITUTION OR AN EXISTING CLAIMS PROCESS.

KINDLY FILL OUT THIS CLAIM FORM AS COMPLETELY AS POSSIBLE. YOU SHOULD COMPLETE THIS CLAIM FORM BY TYPING OR PRINTING CLEARLY IN BLOCK CAPITAL LETTERS.

PLEASE SUBMIT THIS CLAIM FORM ALONG WITH ANY SUPPORTING DOCUMENTATION TO:

NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES
HOLOCAUST CLAIMS PROCESSING OFFICE
ONE STATE STREET
NEW YORK, NY 10004-1511; U.S.A.

PART 1: CLAIMANT INFORMATION

I. PERSONAL INFORMATION

INFORMATION ABOUT YOURSELF. PLEASE INCLUDE A COPY OF YOUR IDENTIFICATION. DO NOT SEND THE ORIGINAL.

LAST NAME

FIRST NAME

MIDDLE NAME(S)

MAIDEN NAME

NAME CHANGES (INCLUDING CHANGES OF SPELLING)

CURRENT ADDRESS (PLEASE INCLUDE COUNTRY AND AREA CODES FOR TELEPHONE AND FAX NUMBERS):

STREET

APT./UNIT NO.

CITY

STATE

ZIP/POSTAL CODE

COUNTRY

TELEPHONE

MOBILE PHONE

FAX

EMAIL

DATE OF BIRTH (MONTH/DAY/YEAR)

PLACE OF BIRTH (CITY/STATE/COUNTRY)

PREVIOUS PLACES OF RESIDENCE UP TO AND INCLUDING MAY 1945 (IF OUTSIDE THE U.S.)

FATHER'S NAME

FIRST NAME

MIDDLE NAME(S)

LAST NAME

MOTHER'S NAME

FIRST NAME

MIDDLE NAME(S)

LAST NAME

MAIDEN NAME

II. ALTERNATE CONTACT

IN THE EVENT THAT THE HCPO IS UNABLE TO REACH YOU, PLEASE PROVIDE DETAILS REGARDING SOMEONE ELSE WE COULD CONTACT. THE HCPO WILL NOT CONSIDER THIS PERSON AS YOUR LEGAL OR OTHER REPRESENTATIVE AND WILL NOT PROVIDE THIS PERSON WITH ANY DOCUMENTATION RELATING TO YOUR CLAIM, UNLESS YOU IDENTIFY THIS CONTACT PERSON AS YOUR LEGAL OR OTHER REPRESENTATIVE IN PART 1, SECTION IV OF THIS FORM.

NAME _____
RELATIONSHIP TO YOU _____
STREET _____
APT./UNIT No. _____
CITY _____
STATE _____
ZIP/POSTAL CODE _____
COUNTRY _____
TELEPHONE _____ MOBILE PHONE _____
FAX _____ EMAIL _____

III. CLAIMANT REPRESENTATIVE INFORMATION (WHEN APPLICABLE)

WHERE THE PERSON SUBMITTING THE CLAIM IS A REPRESENTATIVE OF THE CLAIMANT AND NOT SOMEONE ENTITLED TO INHERIT THE POLICY'S PROCEEDS, THIS SECTION MUST BE FILLED OUT. **WRITTEN AND NOTARIZED AUTHORIZATION OR A POWER OF ATTORNEY FROM THE CLAIMANT PROVIDING AUTHORIZATION TO THE NAMED REPRESENTATIVE MUST BE INCLUDED.** ALL INFORMATION REGARDING THE CLAIMANT (THE INDIVIDUAL WHO HAS GRANTED THE POWER OF ATTORNEY OR OTHER AUTHORIZATION) MUST STILL BE PROVIDED IN PART 1 OF THIS FORM.

REPRESENTATIVE'S LAST NAME _____
REPRESENTATIVE'S FIRST NAME _____
REPRESENTATIVE'S MIDDLE NAME _____
DO YOU HAVE DOCUMENTATION CONFIRMING THIS RELATIONSHIP? YES (PLEASE INCLUDE A COPY WITH THIS FORM) NO
REPRESENTATIVE'S ADDRESS _____
LAW FIRM, COMPANY, OR OTHER _____
STREET _____
APT./UNIT No. _____
CITY _____
STATE _____
ZIP/POSTAL CODE _____
COUNTRY _____
TELEPHONE _____ MOBILE PHONE _____
FAX _____ EMAIL _____

IV. OTHER HEIRS OF THE POLICYHOLDER

PLEASE INDICATE BELOW THE NAMES OF OTHER HEIRS TO THE CLAIMED ACCOUNT(S).

FIRST NAME _____ MIDDLE NAME _____ LAST NAME _____

RELATIONSHIP TO YOU _____

STREET _____

APT./UNIT No. _____

CITY _____

STATE _____

ZIP/POSTAL CODE _____

COUNTRY _____

TELEPHONE _____ MOBILE PHONE _____

FAX _____ EMAIL _____

FIRST NAME _____ MIDDLE NAME _____ LAST NAME _____

RELATIONSHIP TO YOU _____

STREET _____

APT./UNIT No. _____

CITY _____

STATE _____

ZIP/POSTAL CODE _____

COUNTRY _____

TELEPHONE _____ MOBILE PHONE _____

FAX _____ EMAIL _____

FIRST NAME _____ MIDDLE NAME _____ LAST NAME _____

RELATIONSHIP TO YOU _____

STREET _____

APT./UNIT No. _____

CITY _____

STATE _____

ZIP/POSTAL CODE _____

COUNTRY _____

TELEPHONE _____ MOBILE PHONE _____

FAX _____ EMAIL _____

V. PREVIOUS CLAIMS MADE FOR HOLOCAUST-ERA BANK ACCOUNTS POLICIES

PLEASE INDICATE IF YOU OR ANY OF YOUR FAMILY MEMBERS HAVE MADE ANY PREVIOUS CLAIMS TO ANY ORGANIZATION OR FINANCIAL INSTITUTION FOR A HOLOCAUST-ERA BANK ACCOUNT. CHECK ALL THAT APPLY.

- AUSTRIAN BANK SETTLEMENT ("ABS") ADMINISTERED BY SCHLAM, STONE & DOLAN

NAME OF ACCOUNT OWNER(S) _____

CLAIM NUMBER(S) _____

- AUSTRIAN GENERAL SETTLEMENT FUND ("GSF")

NAME OF ACCOUNT OWNER(S) _____

- CLAIMS RESOLUTION TRIBUNAL ("CRT") AND/OR ERNST AND YOUNG

NAME OF ACCOUNT OWNER(S) _____

CLAIM NUMBER(S) _____

- CIVS

NAME OF ACCOUNT OWNER(S) _____

CLAIM NUMBER(S) _____

- DIRECTLY TO A BANK

NAME OF ACCOUNT OWNER(S) _____

CLAIM NUMBER(S) _____

- ENEMY PROPERTY CLAIMS ASSESSMENT TRIBUNAL ("EPCAP")

NAME OF ACCOUNT OWNER(S) _____

CLAIM NUMBER(S) _____

- FOREIGN CLAIMS SETTLEMENT COMMISSION ("FCSC")

NAME OF ACCOUNT OWNER(S) _____

CLAIM NUMBER(S) _____

- HASHAVA

NAME OF ACCOUNT OWNER(S) _____

CLAIM NUMBER(S) _____

- RESTORE UK

NAME OF ACCOUNT OWNER(S) _____

CLAIM NUMBER(S) _____

- SJOA

NAME OF ACCOUNT OWNER(S) _____

CLAIM NUMBER(S) _____

VI. PREVIOUS COMPENSATION

HAVE YOU OR ANYBODY ELSE PARTICIPATED IN ANY COMPENSATION/RESTITUTION PROCEDURE FOR THIS CLAIM? YES NO
E.G., DEUTSCHE WIEDERGUTMACHUNG BUNDESENTSCHÄDIGUNGSGESETZ (BEG), BUNDESRÜCKERSTATTUNGSGESETZ (BRÜG),
LASTENSAUSGLEICHSGESETZ (LAG), US FOREIGN CLAIMS SETTLEMENT COMMISSION OR OTHER (SEE SECTION III ABOVE).

IF YES, UNDER WHICH COMPENSATION SCHEME?

IF NO APPLICATION WAS MADE, WHY NOT?

IF YOU APPLIED, BUT NO PAYMENT WAS RECEIVED, WHY NOT?

PART 2: ACCOUNT OWNER

THIS SECTION REQUESTS ALL INFORMATION KNOWN ABOUT THE PERSON IN WHOSE NAME THE ACCOUNT WAS OPENED. THIS INDIVIDUAL IS REFERRED TO AS THE "ACCOUNT OWNER."

LAST NAME

FIRST NAME

MIDDLE NAME(S)

MAIDEN NAME

ANY OTHER NAME(S) USED BY THE INSURED

CITIZENSHIP/ NATIONALITY

DATE OF BIRTH (MONTH/DAY/YEAR)

PLACE OF BIRTH (CITY/STATE/COUNTRY)

DATE OF DEATH (MONTH/DAY/YEAR)

PLACE OF DEATH (CITY/STATE/COUNTRY)

FULL NAME OF ACCOUNT OWNERS'S FATHER

FULL NAME OF ACCOUNT OWNERS'S MOTHER

PLEASE INCLUDE MAIDEN NAME

FULL NAME OF ACCOUNT OWNERS'S SPOUSE

PLEASE INCLUDE MAIDEN NAME IF APPLICABLE

DATE OF MARRIAGE (MONTH/DAY/YEAR)

PLACE OF MARRIAGE (CITY/STATE/COUNTRY)

ALL KNOWN PLACES OF RESIDENCE UP TO AND INCLUDING MAY 1945 (IF OUTSIDE THE U.S.)

CLAIMANT'S RELATIONSHIP TO THE ACCOUNT OWNER

DO YOU HAVE DOCUMENTATION CONFIRMING THIS RELATIONSHIP?

YES NO

IF SO, PLEASE DESCRIBE AND INCLUDE A COPY WITH YOUR COMPLETED CLAIM FORM.

PART 3: POWER OF ATTORNEY HOLDER FOR THE ACCOUNT

THIS SECTION REQUESTS ALL INFORMATION KNOWN ABOUT THE PERSON WHO HELD POWER OF ATTORNEY OVER THE ACCOUNT. THIS INDIVIDUAL IS REFERRED TO AS THE "POWER OF ATTORNEY HOLDER."

POWER OF ATTORNEY HOLDER IS THE ACCOUNT OWNER'S SPOUSE.

POWER OF ATTORNEY HOLDER IS THE ACCOUNT OWNER'S CHILD.

LAST NAME

FIRST NAME

MIDDLE NAME(S)

MAIDEN NAME

ANY OTHER NAME(S) USED BY THE POWER OF ATTORNEY HOLDER

CITIZENSHIP/ NATIONALITY

DATE OF BIRTH (MONTH/DAY/YEAR)

PLACE OF BIRTH (CITY/STATE/COUNTRY)

DATE OF DEATH (MONTH/DAY/YEAR)

PLACE OF DEATH (CITY/STATE/COUNTRY)

FULL NAME OF POWER OF ATTORNEY HOLDER'S FATHER

FULL NAME OF POWER OF ATTORNEY HOLDER'S MOTHER

PLEASE INCLUDE MAIDEN NAME

FULL NAME OF POWER OF ATTORNEY HOLDER'S SPOUSE

PLEASE INCLUDE MAIDEN NAME IF APPLICABLE

DATE OF MARRIAGE (MONTH/DAY/YEAR)

PLACE OF MARRIAGE (CITY/STATE/COUNTRY)

ALL KNOWN PLACES OF RESIDENCE UP TO AND INCLUDING MAY 1945 (IF OUTSIDE THE U.S.)

CLAIMANT'S RELATIONSHIP TO THE POWER OF ATTORNEY HOLDER'S

DO YOU HAVE DOCUMENTATION CONFIRMING THIS RELATIONSHIP?

Yes No

IF SO, PLEASE DESCRIBE AND INCLUDE A COPY WITH YOUR COMPLETED CLAIM FORM.

PART 4: SPOUSE OF ACCOUNT OWNER

THIS SECTION REQUESTS ALL INFORMATION KNOWN ABOUT THE SPOUSE OF THE ACCOUNT OWNER.

LAST NAME

FIRST NAME

MIDDLE NAME(S)

MAIDEN NAME

ANY OTHER NAME(S) USED BY THE SPOUSE

CITIZENSHIP/ NATIONALITY

DATE OF BIRTH (MONTH/DAY/YEAR)

PLACE OF BIRTH (CITY/STATE/COUNTRY)

DATE OF DEATH (MONTH/DAY/YEAR)

PLACE OF DEATH (CITY/STATE/COUNTRY)

FULL NAME OF SPOUSE'S FATHER

FULL NAME OF SPOUSE'S MOTHER

PLEASE INCLUDE MAIDEN NAME

FULL NAME OF SPOUSE'S SPOUSE

PLEASE INCLUDE MAIDEN NAME IF APPLICABLE

DATE OF MARRIAGE (MONTH/DAY/YEAR)

PLACE OF MARRIAGE (CITY/STATE/COUNTRY)

ALL KNOWN PLACES OF RESIDENCE UP TO AND INCLUDING MAY 1945 (IF OUTSIDE THE U.S.)

CLAIMANT'S RELATIONSHIP TO THE SPOUSE

DO YOU HAVE DOCUMENTATION CONFIRMING THIS RELATIONSHIP?

YES

NO

IF SO, PLEASE DESCRIBE AND INCLUDE A COPY WITH YOUR COMPLETED CLAIM FORM.

PART 5: CHILDREN OF THE ACCOUNT OWNER

THIS SECTION SEEKS INFORMATION ABOUT BIOLOGICAL AND LAWFULLY ADOPTED CHILDREN OF THE ACCOUNT OWNER, OTHER THAN THE CLAIMANT SHOULD THE CLAIMANT BE A CHILD OF THE ACCOUNT OWNER. PLEASE INCLUDE ADDITIONAL PAGES AS NEEDED.

- CLAIMANT IS A CHILD OF THE ACCOUNT OWNER. *DO NOT COMPLETE THIS SECTION FOR THE CLAIMANT, PLEASE LIST CHILDREN OTHER THAN THE CLAIMANT.*

CHILD No. 1 (OTHER THAN CLAIMANT)

- BIOLOGICAL** **ADOPTED** (PLEASE CHECK ONE)

LAST NAME

FIRST NAME

MIDDLE NAME(S)

MAIDEN NAME (IF APPLICABLE)

NATIONALITY

DATE OF BIRTH (MONTH/DAY/YEAR)

PLACE OF BIRTH (CITY/STATE/COUNTRY)

DATE OF DEATH (MONTH/DAY/YEAR)

PLACE OF DEATH (CITY/STATE/COUNTRY)

FATHER'S NAME

MOTHER'S NAME:

CHILD No. 2 (OTHER THAN CLAIMANT)

- BIOLOGICAL** **ADOPTED** (PLEASE CHECK ONE)

LAST NAME

FIRST NAME

MIDDLE NAME(S)

MAIDEN NAME (IF APPLICABLE)

NATIONALITY

DATE OF BIRTH (MONTH/DAY/YEAR)

PLACE OF BIRTH (CITY/STATE/COUNTRY)

DATE OF DEATH (MONTH/DAY/YEAR)

PLACE OF DEATH (CITY/STATE/COUNTRY)

FATHER'S NAME

MOTHER'S NAME

PART 6: BANK

NAME OF BANK _____

I DO NOT KNOW

PLACE WHERE ACCOUNT WAS ACTIVE:

CITY _____

STATE _____

COUNTRY _____

OTHER INFORMATION WHICH MIGHT SUPPORT THE SEARCH.

FOR EXAMPLE: NAME OF BANK EMPLOYEE OR INTERMEDIARY WHO MAY HAVE ASSISTED WITH TRANSACTIONS.

PART 7: DOCUMENTS

PLEASE PROVIDE COPIES OF ANY DOCUMENTS, STATEMENTS OR OTHER INFORMATION SUPPORTING YOUR CLAIM.

I DO NOT HAVE DOCUMENTATION.

BANK BOOK

DEPOSIT RECEIPT

CORRESPONDENCE

OTHER, PLEASE SPECIFY:

PART 8: FAMILY TREE

TO EXPLAIN THE FAMILY RELATIONSHIPS, PLEASE SKETCH A FAMILY TREE ON THE FAMILY FORM, WHICH IS ATTACHED TO THE CLAIM FORM, OR ON A SEPARATE SHEET OF PAPER.

IN ADDITION, PLEASE PROVIDE INFORMATION AND/OR COPIES OF ANY DOCUMENTS THAT WOULD SHOW THAT YOU ARE RELATED TO THE POLICYHOLDER, SUCH AS A PASSPORT OR OTHER IDENTIFYING DOCUMENTS: BIRTH CERTIFICATES, DEATH CERTIFICATES, MARRIAGE CERTIFICATE, AND CORRESPONDENCE WITH IDENTIFYING DETAILS. WHILE THE HCPO UNDERSTANDS THAT THERE ARE MANY REASONS WHY INFORMATION AND DOCUMENTATION ARE NOT AVAILABLE, YOU ARE URGED TO PROVIDE AS MUCH AS YOU HAVE.

PART 9: CLAIMS NOT BASED ON FAMILIAL RELATIONSHIPS

IF YOUR CLAIM IS NOT BASED ON A FAMILIAL RELATIONSHIP TO THE ACCOUNT OWNER, PLEASE EXPLAIN WHY YOU BELIEVE THAT YOU ARE ENTITLED TO THE ACCOUNT.

IF POSSIBLE, PLEASE PROVIDE INFORMATION AND COPIES OF ANY TESTAMENTARY DOCUMENTS THAT MIGHT SHOW THAT YOU ARE ENTITLED TO THE ACCOUNT, SUCH AS:

- WILLS
- TESTAMENTARY OR PROBATE DOCUMENTS
- CERTIFICATES OF INHERITANCE
- OTHER, PLEASE SPECIFY :

OTHER SUPPORTING INFORMATION REGARDING YOUR ENTITLEMENT TO THE ACCOUNT.

PART 12: DECLARATION OF CONSENT

BY SIGNING BELOW, I HEREBY AUTHORIZE THE HOLOCAUST CLAIMS PROCESSING OFFICE OF THE NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES ("HCPO") TO CONSULT AND DISCUSS WITH ANY AND ALL FINANCIAL INSTITUTIONS, SUCH AS BANKS, AND THEIR REPRESENTATIVES (INCLUDING MEMBERS OF EACH BANK'S GROUP), AND THEIR RESPECTIVE AUDITORS AND OTHER PROFESSIONAL ADVISORS, TRADE ORGANIZATIONS, AND/OR CLAIMS PROCESSES (THE "BANKS"), ALL ASPECTS RELATED TO MY CLAIM FOR THE FINANCIAL INSTRUMENTS REFERENCED IN MY CLAIM FORM.

IN ADDITION, I THE UNDERSIGNED HEREBY AUTHORIZE THE HCPO AND THE BANKS TO INVESTIGATE THE CLAIM DESCRIBED IN MY CLAIM FORM AND FURTHER AUTHORIZE THEM TO MAKE AND USE COPIES OF DOCUMENTS CONTAINING PERSONAL DATA AND TO USE SUCH DATA TO INVESTIGATE THE CLAIM. THE UNDERSIGNED ACKNOWLEDGES THAT IN ORDER TO CARRY OUT THESE INVESTIGATIONS, IT MAY BE NECESSARY FOR THE HCPO AND THE BANKS TO PROCESS PERSONAL DATA INCLUDING SENSITIVE PERSONAL DATA (AS DEFINED IN ARTICLE 6-A [PERSONAL PRIVACY PROTECTION LAW] OF NEW YORK STATE'S PUBLIC OFFICERS LAW – WHICH IS SUBSTANTIALLY SIMILAR TO EUROPEAN DIRECTIVE NO 95/46 AND THE DATA PROTECTION ACT 1998 OF THE UNITED KINGDOM) AND TO DISCLOSE SUCH DATA TO THIRD PARTIES AND TO TRANSFER SUCH DATA, EVEN TO JURISDICTIONS THAT DO NOT PROVIDE THE SAME LEVEL OF PROTECTION FOR PERSONAL DATA AS EXISTS IN NEW YORK STATE, AND HEREBY CONSENT TO PROCESSING, DISCLOSURE, AND TRANSFER OF SUCH DATA.

THE UNDERSIGNED ALSO AUTHORIZES INVESTIGATION IN ALL RELEVANT GOVERNMENT AUTHORITIES, NON-GOVERNMENTAL ORGANIZATIONS AND RELEVANT ARCHIVES AND FOR SUCH AUTHORITIES/BODIES/ORGANIZATIONS TO GIVE ALL REQUESTED INFORMATION TO THE HCPO AND DESIGNATED BANKS.

SIGNATURE: _____

PRINT NAME: _____

DATE: _____

PLACE: _____

