

RAISIN ADMINISTRATIVE COMMITTEE  
 2445 Capitol Street, Suite 200  
 Fresno, California 93721  
 Phone: (559) 225-0520

**UNCASHED OR UNCLAIMED GROWER CHECK  
 CLAIM AFFIRMATION FORM**

The undersigned claimant certifies, under penalty of perjury, that the claimant is the person entitled to receive the funds for the non-cashed grower check referenced below. The claimant has provided evidence that the check owner produced raisins in the reserve pool year indicated. The claimant agrees to indemnify and hold harmless the United States Department of Agriculture (USDA) and its agents, the Raisin Administrative Committee (RAC), and its officers and employees, from any loss resulting from the payment of said claim.

**CURRENT INFORMATION AND SIGNATURE MUST BE PROVIDED FOR EACH CLAIMANT.** Use an additional form or attach a sheet with other claimant(s) information and signature(s).

**Claimant Information**

LAST NAME OR BUSINESS	FIRST NAME	MIDDLE INITIAL	SSN OR TAX ID NO.	
MAILING ADDRESS		CITY	STATE	ZIP CODE
DAYTIME PHONE	<b>CLAIMANT OR AUTHORIZED AGENT SIGNATURE<sup>1</sup></b>		DATE	

<sup>1</sup>For claims filed for a business, the authorized owner's signature is required. For claims filed for an estate or trust, the signature of the executor, administrator or attorney is required.

**Uncashed or Unclaimed Grower Check Claimed**

CHECK OWNER NAME AND ADDRESS AS ISSUED	DATE ISSUED	CHECK NO.	AMOUNT
	RESERVE POOL YEAR		

**RAC USE ONLY**

RAC Authorization _____		Date _____	
<b>Re-Issued Check Information</b>			
CLAIMANT NAME AND ADDRESS AS ISSUED	DATE ISSUED	CHECK NO.	AMOUNT

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0581-0256. The time required to complete this information collection is estimated to average 6 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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**INSTRUCTIONS FOR FILING A CLAIM**

Using this instruction sheet, determine and provide the appropriate documents in order to process your claim, and return them with your completed Claim Affirmation Form. All claimants must review SECTION A for required documentation. If you are an *heir* or *beneficiary* of the deceased owner, refer to SECTIONS A and B. If you are a *business* claimant, refer to SECTIONS A and C.

**SECTION A: CLAIMANT IDENTIFICATION**

1. Provide a copy of a photo identification (e.g., driver's license, state identification card, passport, etc.) for each claimant; and
2. Provide a copy of each claimant's Social Security card or any other document showing the claimant's Social Security number (e.g., federal or state income tax return, pay stub, etc.); and
3. Do you have any documents (e.g., photo identification in item 1 above, utility bill, tax bill, bank statement, or other correspondence, etc.) indicating that you or the owner currently reside or once resided at the "Address as Issued" indicated on the front page of the Claim Form?
4. Provide a Delivery Report from a packer or other documents to evidence that the check owner produced raisins in the reserve pool year, the amount of raisins delivered and the packer to whom the raisins were delivered.
5. **NOTE: IF MISSING ITEMS 3 OR 4, YOUR CLAIM MAY BE DENIED.**

**SECTION B: DECEASED OWNER**

If you are an *heir* of the deceased owner named on the check, you are required to submit ALL items under SECTION A, the death certificate of the deceased owner, AND one of the following documents:

1. A copy of Currently Certified Letters, dated within the past six months, appointing the Executor or Administrator of the decedent's estate, and the Estate Tax Identification number; or
2. A complete copy of the Court Ordered Distribution of the Decedent's Estate; or
3. If the distribution of the estate was not ordered by a court, a complete copy of the decedent's Will and/or Trust Agreement, and a completed Declaration Under Probate Code Section 13101 form; or
4. If no Will or Trust Agreement exists, a completed Declaration Under Probate Code Section 13101 form and a Table of Heirship form. You may obtain these forms from our office.

**SECTION C: BUSINESS**

In addition to the items in SECTION A, provide items 1 through 4 below, as well as either item 5 or item 6:

1. A copy of the business card of an authorized officer or official; and
2. A Letter of Authorization on company letterhead with the names of the officers or officials with authority to sign and claim on behalf of the business; and
3. Proof of the business's current Federal Tax Identification Number; and
4. Proof of the business's association with the last known address.

Also provide:

5. A copy of the Merger Agreement if the company has merged with another company; or
6. A copy of the Articles of Dissolution if the company has been dissolved.

The following statements are made in accordance with the Privacy Act of 1974 (U.S.C. 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the information to be supplied on this form is the Agricultural Marketing Agreement Act of 1937, Secs. 1-19, 48 Stat. 31, as amended, (7 U.S.C. 601-674). Furnishing the requested information is necessary for the administration of the marketing order program. Submission of the Tax Identification Number (TIN) is mandatory, and will be used to validate ballots and determine affiliation or entity identity. Please note that ballots will not become invalid if a TIN is not disclosed.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.

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