



# State of Illinois Qualified Escrow Account Funds Release

QEA-R

## Part 1: Manufacturer Identification

Name:

Street Address:

City, State, Country, ZIP

Contact Name:

Telephone Number:

## Part 2: Financial Institution

Name:

Escrow Agent:

Street Address:

Escrow Account Number:

City, State, Country, Zip:

## Part 3: Deposit Requested for Release

1 Date of deposit into escrow account.

2 Amount of deposit into escrow account.

\$

3 Liability year deposit was made for.

4 Amount requested for release from escrow account.

\$

5 Entity that made the deposit.

6 Is the entity making the release request the same entity listed in 5 above?

Yes

No

*(If no, Part 4, number 4 below must be answered).*

## Part 4: Required Documentation Attach separate response.

1. Provide documentation the funds sought to be released were deposited into the escrow account by the NPM or its successor.
2. Provide documentation that the NPM or its successor is current on all escrow obligations and penalties for any period for any brand family (including those of any predecessor).
3. Provide documentation that the funds are not needed to pay any judgment or settlement to the State or a releasing party.
4. If you are not the entity that made the deposit into the escrow account, please attach an explanation of why you are making the request and documentation detailing the following information:
  - *When was the escrow account acquired;*
  - From whom was the escrow account acquired;
  - What was the manner of the acquisition;
  - If only portions of the account were acquired, which ones;
  - Has the structure of the acquiring entity changed since acquiring the escrow account;
  - If the escrow account was not acquired from its original owner, who was it acquired from
  - Any additional information as requested.

## Part 5: Signature

Under penalties of perjury, I state that, to the best of my knowledge, all of the information contained in this affidavit and any attached documents are true and accurate and that I am a person authorized to bind the manufacturer making this affidavit under the laws of the State of Illinois of the jurisdiction where the manufacturer resides or is organized. I understand that the Attorney General may require additional information. ***This document must be signed and dated by an authorized notary public only if not being filed through the electronic portal as determined by the Office of the Attorney General.***

\_\_\_\_\_  
Name and Title of Authorized Designee

\_\_\_\_\_  
Signature of Authorized Designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Subscribed and sworn before me this  
date.

\_\_\_\_\_  
County

My commission expires on: \_\_\_\_\_

### Mail this affidavit with attachments to:

Office of the Attorney General  
Tobacco Enforcement Bureau  
500 South Second Street  
Springfield IL 62701

### For Additional Forms and Information:

Phone (217) 785-8541

[www.IllinoisAttorneyGeneral.gov](http://www.IllinoisAttorneyGeneral.gov) (Click  
on Tobacco)