

## AGREEMENT - AUTHORITY – To Act, Investigate & Release

I Authorise My Refund Agent (ABN 84 412 210 941) to investigate/recover Unclaimed Money/Assets in the name of,

[ACCOUNT OWNER]

[Amount if known, plus interest if applicable]

I authorise My Refund Agent and its employees, contractors, or agents to provide the Services pursuant to the terms and conditions provided to me or available at [www.myrefundagent.com.au] (the **Terms**) and to undertake any necessary searches and procedures required for the investigation/recovery of unclaimed money. I declare that I will provide necessary authentic identification document(s) to **My Refund Agent.** 

I accept that I am responsible for providing correct information and that incorrect information may cause delays in receiving my unclaimed money. I authorise you to direct the unclaimed money to be deposited into My Refund Agent's Trust account (TAH Pursuits Services Trust ABN 84 412 210 941) and understand that My Refund Agent will manage disbursement of funds. The balance remaining after disbursement of My Refund Agent's fees of 15% percent (plus GST if applicable), the recovered unclaimed money is to be paid to my nominated bank account below. In the case that the holding authority pays directly to the Account Owner/Account Owner's Agent, then the Account Owner/Account owner's Agent will use best efforts to pay within 7 days, My Refund Agent's fee.

I acknowledge that by signing below or instructing us to proceed with the services:

- a. I have read and agree to the Terms; and
- b. I am the authorised signatory to the nominated account set out below.

Account Owne	r Name:								
Company Nam	ne:								
Position:									
Address:									
Phone Work:			Phone Home:			Mobile:			
Email:						DOB:			
Date:					Preferred Method of Contact: Email Phone Mail				
Signature:					Signature:				
Deceased Esta	te Name:	<b>a Deceased Es</b> itled claimant?		NO	Relationship: UNSURE				
Payment deta Cheque		posit AUS	Direct De	posit I	payment issued, tion NT filled in for International		i one op	otion only.	
Account Nar	ne: (e.g. Joh	n & Jan Citizen)							
Name of financial institution:					Branch:				
BSB number:(must have 6 numbers -									
Account number:(maximum of 9 numbers)									

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