

## **AGREEMENT - AUTHORITY - To Investigate & Act**

l authorise <b>Unclaimed Capital Group</b> to act/ investigate and refund any unclaimed & underfunded monies or assets i the name of
(Name asset is listed owing to)
(Amount if known)
l of
declare that I knowingly and willingly appoint authority to <b>Unclaimed Capital Group</b> and its staff to act & investigate o
my behalf to refund/retrieve any and all lost/forgotten/ or unclaimed assets/funds which could be in the form of
shares, dividends, money, bank accounts, trust funds, over payments, unpresented cheques, insurance,
superannuation, property, deceased estates etc being held in any government departments/agencies or private
organisations.
I hereby authorise and it's staff to undertake any necessary searches and procedures required for the
investigation/refund of any unclaimed/ lost/ forgotten or unknown funds/assets.
I declare that I will provide any and all necessary authentic identification documents in the form of certified copies to
Unclaimed Capital Group to prove I am the legal and rightful owner of the asset/funds. I acknowledge failure to
provide the required certified documents may cause delays in the retrieval process.
I have been informed by <b>Unclaimed Capital Group</b> that some funds may be entitled to interest which if applicable wi
be paid when the claim is processed.
I am aware commission is only payable upon successful claim and retained by <b>Unclaimed Capital Group</b> from my
recovered funds. I am aware that I will receive the balance deposited electronically to my bank account below (or
cheque). I accept that I am responsible for ensuring that I provide correct account information for the balance to be
deposited into my chosen account and incorrect information may lead to delays in receiving my balance.







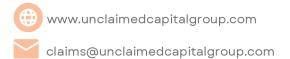
I am aware that my refund is deposited into a trust account managed by **Unclaimed Capital Group** fees are deducted from the total claimed amount and the remaining balance is to be paid into my nominated bank account below or cheque sent to my current address.

Total Refundable Amount	\$
Recovery fee of 15% of Total Refundable amount	\$
	7
Balance after deduction of fees to Client	\$

## I acknowledge that:

- I have read and agree to **Unclaimed Capital Group** Terms and Conditions.
- I understand by authorising **Unclaimed Capital Group** to act on my behalf I am agreeing to pay **Unclaimed Capital Group** charges a 15% commission (only upon successful claim).
- I am the authorised signatory to the account set out below.

Claimant Full Name:	
Company Name:	
Position:	
Address:	
Phone Work:	—— Phone Home: —————
Mobile:	Email: ———
DOB:	Pate:
Please circle preferred method of contact: Email	Mail Phone
Signature/s:	Signature/s:







## UNCLAIMED CAPITAL

GROUP

Is this claim in	respect of a Deceased Estat	e?											
Deceased Estate Name:				_ Relationship:									
Are you the Exe	ecutor or entitled claimant?	YES	NO	UNSU	RE								
Payment Detai	ls: Please nominate how you	would lik	e pay	ment is	sued,	tick ar	nd fll in	one or	otion c	nly.			
Cheque	que Direct Deposit- Australia Direct Dep				posit-	oosit- International							
	(Provide details below)		(Se	eparate	form	to be f	illed in	for Int	ernati	onal cl	ients)		
	10												
Name of Bank	/financial institution:												
Account Name	e:												
												1	I
BSB number:										_			
(Must have 6 r	numbers)												
Account numb	oer:												
(Maximum of	9 numbers)												
0551051105.00													
	NLY - Unclaimed Capital G	roup											
Before accept	ing please confirm:												
Client has Acc	epted Terms and Conditions	3:			YES		NC	)					
Signed copy o	f Agreement- Authority rece	eived:			YES		NC	)					
The Authority	has been printed:				YES		NC	)					



