

AGREEMENT - AUTHORITY - To Act, Investigate & Release

I Authorise Spencer Denham (ABN 887 113 384 302) to investigate/recover Unclaimed Money/Assets in the name of,

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[ACCOUNT OWNER]

[Amount if known, plus interest if applicable]

I authorise Spencer Denham and its employees, contractors, or agents to provide the Services pursuant to the terms and conditions provided to me or available at [www.spencerdenham.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 **Spencer Denham**.

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 Spencer Denham's Trust account (ABN 87 113 384 302) and understand that Spencer Denham will manage disbursement of funds. The balance remaining after disbursement of Spencer Denham'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, Spencer Denham'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 Owner Name:

Company Name:

Position:

Address:

Phone Work: Phone Home: Mobile:

Email: DOB:

Date: Preferred Method of Contact: Email Phone Mail

Signature: Signature:

Is this claim in respect of a Deceased Estate?

Deceased Estate Name: Relationship:

Are you the Executor or entitled claimant? YES NO UNSURE

Payment details: Please nominate how you would like your payment issued, tick and fill in one option only.

Cheque **Direct Deposit AUS** **Direct Deposit INT**
(Provide details below) (Separate form to be filled in for International clients)

Account Name: (e.g. John & Jan Citizen)									
Name of financial institution:						Branch:			
BSB number: (must have 6 numbers)		<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	-	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
Account number: (maximum of 9 numbers)			<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>