



AUTHORITY TO ACT, INVESTIGATE AND RELEASE

To whom it may concern

I authorise Dickeson Co PTY LTD atf Dickeson Family Trust T/A Lost Funds Solutions (ABN 37 621 766) to investigate/recover Unclaimed Money/Asset in the name of:

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[Account Owner]

I authorise Lost Funds Solutions and its employees, contractors, or agents to provide the Services pursuant to the terms and conditions provided to me (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 Lost Funds Solutions.

I accept that I am responsible for providing correct information and that incorrect information may cause delays in receiving my unclaimed money. I authorise the holding authority to direct the unclaimed money to be deposited to Lost Funds Solutions account of their choosing and understand that Lost Funds Solutions will manage disbursement of funds to me, that is, the balance remaining after disbursement of Lost Funds Solutions' fees as set out in Lost Funds Solutions' Terms & Conditions. 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, Lost Funds Solutions' fee.

I am aware that I may be entitled to the interest which will be paid when the claim is processed.

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

Owner Name		DOB:	
Company Name			
Position			
Address			
Phone			
Email			

Is this claim in respect to a Deceased Estate? Yes / No

Deceased Estate Name:

Relationship:

Are you the Executor or entitled claimant? Yes / No / Unsure

AUTHORISATION

SIGNATURE _____

NAME _____

POSITION _____

DATE _____