

## AGREEMENT AUTHORITY To Act, Investigate & Release

I Authorise Sunny Reclaims (ABN 71639475137) to investigate/recover Unclaimed Money/Assets in the name of:

| Account Owner: |  |  |   |   |  |  |  |  |  | (An | nount i | f knov | wn, plı | us inte | rest if ap | plicat | ole) |  |
|----------------|--|--|---|---|--|--|--|--|--|-----|---------|--------|---------|---------|------------|--------|------|--|
|                |  |  | _ | _ |  |  |  |  |  |     |         |        |         |         |            |        |      |  |

I authorise Sunny Reclaims and its employees, contractors, or agents to provide the Services pursuant to the terms and conditions provided to me or available at [https://sunnyreclaims.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 Sunny Reclaims.

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 Sunny Reclaims Trust account (ABN 71639475137) and understand that Sunny Reclaims will manage disbursement of funds. The balance after Sunny Reclaims fee of 15% percent (plus GST if applicable), of any 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 Sunny Reclaims fee of 15% percent (plus GST if applicable), within 7 days.

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 Mobile:       | Phone Work: |            | Phone Home: |             |                |          |  |  |
| Email:              |             |            |             | Preferred o | contact method | ·        |  |  |
| Linait.             |             |            |             | Email       | Phone          | <br>Mail |  |  |
| Date:               |             | DOB:       |             |             |                |          |  |  |
|                     |             |            |             |             |                |          |  |  |
| Signature:          |             | Signature: |             |             |                |          |  |  |

## Is this claim in respect to a Deceased Estate?

| Deceased estate Name:                      | Relationship? |    |        |  |  |  |  |  |
|--|---------------|----|--------|--|--|--|--|--|
| Are you the Executor or entitled claimant? | Yes           | No | Unsure |  |  |  |  |  |

Accounts Payable Details to be collected later.