

**Client Reference:** 

AGREEMENT - AUTHORITY - To Act, Investigate & Release I Authorise ALLSTAR REFUNDS (ABN 27650336753) to investigate/recover UnclaimedMoney/Assets in the name of, [ACCOUNT OWNER] [Amount if known, plus interest if applicable] I authorise ALLSTAR REFUNDS and its employees, contractors, or agents to provide the Services pursuant to the terms and conditions provided to me or available at https://allstarrefunds.com/ (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 ALLSTAR REFUNDS. I accept that I am responsible for providing correct information and that incorrect information may cause delays in receiving my refund. I authorise ALLSTAR REFUNDS to deposit the refund into its business Trust account and understand that ALLSTAR REFUNDS will manage disbursement of funds to me via cheque or EFT. The balance remaining after disbursement of ALLSTAR REFUNDS fees of 20% 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, **ALLSTAR REFUNDS** 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: Mobile: Phone Home: DOB: Email: Preferred Method of Contact: Email Phone Mail Date: Signature: Signature: Is this claim in respect of a Deceased Estate? Deceased Estate Name: Relationship: **UNSURE** Are you the Executor or entitled claimant? YES NO Payment details: Please nominate how you would like your payment issued, tick and fill in one option only. Cheque **Direct Deposit AUS** (Provide details below) Account Name:(e.g. John &Jan Citizen) Name of financial institution: Branch: BSB number: (must have 6 numbers

**ALLSTAR REFUNDS** 

Account number:(maximum of 9 numbers)

**( 1800 574 002** 

ABN 27650336753

P O Box 145, Bribie Island QLD 4507 AU