



Let us Link You to your Lost Money!

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AUTHORITY TO RELEASE

I authorise Link Refunds and its staff to undertake any necessary searches & procedures required for the Investigation and recovery of unclaimed money specified above. I declare that I will provide the necessary authentic identification documents to Link Refunds facilitate and ensure this process be possible in a timely manner.

- o I accept that incorrect information may cause delays in receiving my unclaimed money.

I request to pay Link Refunds from my unclaimed money claim. I give authorisation for the unclaimed money to be deposited into Link Refunds Third Party account, and for the deduction of the refund consulting fee is to be as per the marked schedule detailed below. The balance remaining after deduction of the applicable fees and the commission to be paid by cheque and forwarded to my address or alternatively electronically deposited into my nominated bank account, as detailed below.

- a) I have read Link Refunds Terms & Conditions and agree to them.
- b) I am the authorised signatory to the nominated account detailed below.

Claimant Full Names: _____

Company Name: _____ Position: _____

Address: _____

Postal Address: _____

DOB: _____ Email: _____

Home Phone: _____ Mobile: _____ Work: _____

Date: _____ Preferred Method of Contact: Email Phone Mail

Name: _____ Name: _____

Signature: _____ Signature: _____

1. Is this claim in relation to a Deceased Estate?

Deceased Estate Name: _____

Relationship to the Deceased: _____

Are you the executor or entitled claimant? YES NO UNSURE

2. Is this claim in respect of lost superannuation? If yes, please provide your TFN

Tax File Number (TFN): _____

LINK Refunds Fee Schedule: Claims of \$500 to \$1,000, where applicable paid search fees and bank fees are added on top of the commission. Link Refunds Service commission fee is Individuals 15% +GST, Companies and trusts 18% +GST, Estates 20% +GST, International 25% +GST.

PAYMENT DETAILS: Please nominate how you would like your payment processed? Tick and mark one option only.

() Cheque () Direct Deposit AUS (Provide Below) () Direct Deposit INT (Complete separate form)

Account Name: _____

Name of Financial institution: _____

BSB (Six digit): _____ Account Number (9 Number Max): _____

Send notification by: EMAIL: _____ Fax: _____