Smarter Claims
Intelligent Solutions for Lost Money

Authority to Act

My Details

Full name		
Address		
Suburb/Town	State	Postcode
Date of birth (DD/MM/YYYY)	Best contact no ( )	
Email address		

Extent of Authority

Unclaimed Money Amount $

Declaration

1. I authorise **Smarter Claims** to provide its services pursuant to the Terms & Conditions (Version 5.4 [1 October 2026]) and undertake any searches and procedures required to investigate and reclaim the unclaimed money.
2. I have read, understand and agree with the **Smarter Claims** Terms & Conditions.
3. I declare the information and documents provided in support of this claim are, to the best of my knowledge, true and correct.
4. I consent to the information provided for this claim being checked with the document issuer or official record holder via third party systems for the purpose of confirming my identity.
5. I understand that further information or documents may be required after lodgement of my claim and that payment may be delayed or refused if I fail to provide the requested information and documents.

Your personal information will be collected and handled in accordance with our Privacy Policy, available at smarterclaims.net.au/quick-links.

Signature:

Date: