

UNCLAIMED PROPERTY RECOVERY AGREEMENT

- \$ _____ Total dollar value of the unclaimed property accounts claimed.
- % _____ Percent to be deducted and paid to Claimant's Representative for total fees and costs.
- \$ _____ Dollar amount to be deducted and paid to Claimant's Representative for total fees and costs.
- \$ _____ Net amount to be paid to Claimant.

FL Unclaimed Property Accounts to be Claimed – Account number(s):

Authorization of Claimant

I, _____ (Claimant), hereby authorize _____ (Claimant's Representative) to act on my behalf to take all necessary steps, procedures, and actions to prepare and file a claim for my recovery of the account(s) listed above.

Claimant authorizes Claimant's Representative to receive the dollar amount for "total fees and costs," to be deducted from the total amount and paid directly to the Claimant's Representative if the claim filed by this agreement is approved. Otherwise, no fees or costs shall be due or owed by the Claimant. Claimant will directly receive the "net amount," as agreed upon above.

This agreement shall terminate when the funds have been disbursed. It applies to no other assets, other than identified above, and to no other claim. This is the entire and only agreement between the Claimant and Claimant's Representative.

Please have the net amount of \$ _____ sent to Claimant at Claimant's mailing address below.

Signed by Claimant: X _____ **Dated by Claimant:** _____

Name of Claimant: _____ Phone Number: _____

Mailing Address: _____

Email Address: _____ Tax ID/SSN: _____

PLEASE READ – VERY IMPORTANT!

- Complete, sign and date this form in its entirety.
- Please include **all** information or documentation we requested to prove your identity and ownership or entitlement to the funds, *if any* is requested. These items, if any, are outlined in our separate, non-contractual solicitation or instructions document(s).
- **Failure to provide requested information or documentation will result in further requests, delays, or denial of your claim.**

Registered Claimant's Representative			
Registered CR Entity Name	789 Our Street, Suite 1	My Town, FL 32399	FL License #A-9712456
Toll Free 877-765-4321	Phone 850-123-4567	email@email.com	www.website.com