

THIS AUTHORITY IS NOT LIMITED TO THE ACCOUNT NUMBER SPECIFIED ABOVE AND RELATES NOT ONLY TO THE AGREEMENT NUMBER SPECIFIED BUT TO ALL AGREEMENTS HELD WITH YOUR ORGANISATION, REGARDLESS OF WHETHER THEY REMAIN ACTIVE OR HAVE PREVIOUSLY BEEN SETTLED.

Reference:

Name: test

Previous Name(s):

Date of Birth:

Address:

Previous Address:

I/We have authorized Get My Refund to act and request any documentation relating to any finance agreements I/We hold or have held with you, which will extend to complaint surrounding the levels of commissions paid and a formal request for information should Get My Refund need further information from the file that you hold on my/our behalf.

- To apply, receive and view a copy of my credit report if necessary;
- To view the credit information file held by any credit-reporting agency;
- To seek to obtain refunds on suitable insurance products;
- To negotiate with any credit provider or plaintiff or appointed person act on behalf of such individual or organisation for which such credit has been provided in relation for Insurance or credit related issues.

I/We have also given Get My Refund full authority to refer any claims to AFCA if this is believed to be in my/our best interest.

Please take this letter as my/our instruction to you, my Account Provider, to deal directly with Get My Refund in respect of my Claims and to provide them with any information they request and require to pursue my/our Claim. I expressly authorize Get My Refund to make any inquiry about my personal financial information held by you, including account balances, previous transaction history, and the distribution of any compensation awarded.

In the event that You need to contact the third party to progress my/our claim for any reason, I/We hereby give my/our authority and consent for the third party to provide to You my Account Provider Get My Refund with any information they request and may require to pursue my/our Claim.

I/We understand that in the event of a successful claim, my insurance protection policy could be canceled and it is my responsibility to arrange replacement cover if required.

I/We understand that in addition to the present Letter of Authority I will need to provide further information when raising the expression of dissatisfaction to the Bank/Insurer, about the underlying product(s), service(s), and where known, specific account number(s) being complained about. Doing so will enable the Lender to assess and determine the complaint as quickly and as effectively as possible.

This authority continues until the matter(s) the subject of this appointment is resolved or until I revoke this authority by notice in writing to Get My Refund Pty Ltd, ABN: 13625145253.

EXECUTED AS AN AGREEMENT

Account Holder:

Signed:

Name:

Date Signed: