

Company Name

Company Address
Phone: Email:

DATE: _____

Name:
Address:
Phone:
Email:

Re: Recovery of Unclaimed Funds

Hi:

Company Name (the "Company") is pleased to accept the opportunity to assist you with the recovery of unclaimed funds that potentially belong to you (the "Claim"). This engagement letter (the "Agreement") outlines the scope and terms of our services and your responsibilities.

1. Services. The Company agrees to provide the following services in connection with the Claim:

- 1.1 Identification of Claim. We will perform the necessary research to identify the source and amount of your Claim.
- 1.2 Recovery and Expenses. Company shall be responsible for **"all"** expenses and dedicate the labor required to recover your Claim on your behalf, including paying all legal expenses **whether or not the claim is recovered.**

2. Your Responsibilities. In connection with the recovery of the Claim, you agree to the following:

- 2.1 Authorization. You authorize the Company to act as your exclusive agent for the recovery of the Claim.
- 2.2 Paperwork. You agree to sign and return all documents required for recovery of the Claim to the Company promptly.
- 2.3 Cooperation. You agree to cooperate with the local attorney assigned to your case and to fill out and return any prepared paperwork. Both parties agree to cooperate fully with all reasonable requests from the other in performance of this Agreement.

3. Costs and Fees.

- 3.1 Costs. **Company shall be responsible for "ALL" costs associated with the recovery of the Claim whether recovered or not.**
- 3.2 Success Fee. Upon successful recovery of your Claim, you agree that we shall retain (insert your fee) of the Claim as our fee. This shall apply whether we receive the check or if you receive the check. The party receiving the check shall send the other party their portion of the Claim within five (5) business days of receiving the Claim check and the funds clearing their bank. If either party fails to pay the other party as agreed, the party responsible for paying shall be liable for treble damages.

Initials _____

3.3 Local Attorney. If we are required to engage a local attorney, the attorney will be responsible for recovering your Claim and distributing your portion to you.

If the terms of this letter are acceptable to you, please acknowledge by signing below and returning to our attention at the address above.

Very Truly Yours,

Your Name

Agreed to and Accepted By:

Signature: _____
Print Name:

Initials _____