



TO: Cooper Grace Ward
Level 21, 400 George Street, Brisbane 4000
GPO Box 834, Brisbane 4001

T 61 7 3231 2402
E applications@cgw.com.au
W www.cgw.com.au

1. Applicant details

Firm name:					
Contact name:					
Telephone:					
Email address:					
Postal address:					
Street address:					
Suburb/City:		State:		Postcode:	

2. Name of person giving attorney

(a) Full name:		
Residential address:		
(b) Full name:		
Residential address:		

3. Name of attorneys

(a) Full name:		
Residential address:		
(b) Full name:		
Residential address:		
(c) Full name:		
Residential address:		

4. Decision making

If they are appointing more than one attorney, please indicate how they must act	<input type="checkbox"/> Jointly (unanimously)
	<input type="checkbox"/> Severally (any one of them may decide)
	<input type="checkbox"/> Other (e.g. any 2 of the 3 attorneys)

5. Financial/Personal matters

Please indicate whether the enduring power of attorney is to be in respect to financial matters or personal health matters or both	<input type="checkbox"/> Financial matters
	<input type="checkbox"/> Personal health matters
	<input type="checkbox"/> Financial and personal health matters

6. If enduring power of attorney is for financial matters

If the enduring power of attorney is for financial matters, when do they begin?	<input type="checkbox"/> Immediately <input type="checkbox"/> Only if I lose capacity <input type="checkbox"/> On this date: _____
---	--

7. Limitations

Please indicate whether the EPOA is to be limited: <i>For example: 'My attorney/s must not consent to a blood transfusion on my behalf' or 'If I need nursing-home care, I want my attorney to try XYZ Nursing Home first'</i>	
---	--

Once you have reviewed and signed this form, please email it to applications@cgw.com.au.

Date

Signature of applicant