



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/Accountant details**

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

**2. Superannuation fund name**

Name of superannuation fund:	
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**3. Name of member**

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

**4. Name of person(s) to whom the member is giving the enduring power of attorney**

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

**5. Decision making**

If they are appointing more than one attorney, please indicate how they must act	<input type="checkbox"/> Jointly (together) <input type="checkbox"/> Severally <input type="checkbox"/> Other (e.g. any 2 of 3)
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**6. Financial/Personal matters**

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

If the enduring power of attorney is for financial matters, when to they begin?	<input type="checkbox"/> Immediately <input type="checkbox"/> Only if I lose capacity
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**8. Limitations**

Please indicate whether the EPOA is to be limited:	
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Once you have reviewed and signed this form, please email it to [applications@cgw.com.au](mailto:applications@cgw.com.au).

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of applicant

**OPTIONAL – Payment by credit card**

*If you would like to pay by credit card, please complete the section below. If you would prefer we disburse our costs to your next account, please leave this section blank.*

Card type:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	
Card number:		Expiry date (mm/yy):	
Name of cardholder:		Amount:	
Signature of cardholder:	_____		
Date:		Contact phone no.:	