



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

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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: _____
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**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>	
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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).

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date