



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.

 Signature of applicant

 Date

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.:	