|  |  |
| --- | --- |
| **Full name:** |  |
| **Date of Birth:** |  |
| **Best contact number:** |  |
| **Email:** |  |
| **Home address:** |  |
| **Marital status:** | Single / De facto / Married / Separated / Divorced / Widowed |
| **Children:** | Yes / No / NA |
| **Signature\* (Optional)** |  |
| **Date** |  |

\* *By signing this Estate Planning Authority Form, the client consents to the advisor providing personal information to Estate First Lawyers and Estate First Lawyers providing to the advisor information regarding the services provided to you pursuant to the relationship with the advisor.*

**Advisor Section:**

|  |  |
| --- | --- |
| **Advisor Name and Organisation:** | |
| **Meeting preference:** | Face to face meeting: Brisbane / Sydney / Melbourne / Other^\_\_\_\_\_\_\_\_\_  Virtual meeting (Zoom or Teleconference) |
| **Estate Planning  requirements:** | Will potentially with TDT  Enduring power of attorney  Standard Will  Family trust  SMSF  Companies |
| ^ Other locations include: Cairns, Townsville, Rockhampton, Mooloolaba, Toowoomba and Gold Coast | |
| **Once this form is completed, please email to:** [info@estatefirst.com.au](mailto:info@estatefirst.com.au) | |