

# Client Referral Form – Estate Planning

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:

<b>Advisor Name and Organisation:</b>	
<b>Meeting preference:</b>	<input type="checkbox"/> Face to face meeting: Brisbane / Sydney / Melbourne / Other^ _____ <input type="checkbox"/> Virtual meeting (Zoom or Teleconference)
<b>Estate Planning requirements:</b>	<input type="checkbox"/> Will potentially with TDT <input type="checkbox"/> Enduring power of attorney <input type="checkbox"/> Standard Will <input type="checkbox"/> Family trust <input type="checkbox"/> SMSF <input type="checkbox"/> Companies
^ Other locations include: Cairns, Townsville, Rockhampton, Mooloolaba, Toowoomba and Gold Coast	
<b>Once this form is completed, please email to: <a href="mailto:info@estatefirst.com.au">info@estatefirst.com.au</a></b>	