

ENDURING POWER OF ATTORNEY (EPA) INSTRUCTION FORM

Details of Donor (the person making the EPA, also known as the Appointor)

Full Name:

Date of Birth: Place of Birth:

Occupation:

Address:

Email:

Telephone: (mobile) (other e.g. work/home)

Attorney(s)

1

Full Name:

Address:

Relationship to Donor:(eg spouse, child, friend, etc)

Role: ☐ Principal Attorney (sole ☐ / joint ☐) ☐ Substitute Attorney (sole ☐ / joint ☐)

2

Full Name:

Address:

Relationship to Donor:(eg spouse, child, friend, etc)

Role: ☐ Principal Attorney (sole ☐ / joint ☐) ☐ Substitute Attorney (sole ☐ / joint ☐)

3

Full Name:

Address:

Relationship to Donor:(eg spouse, child, friend, etc)

Role: ☐ Principal Attorney (sole ☐ / joint ☐) ☐ Substitute Attorney (sole ☐ / joint ☐)

4

Full Name:

Address:

Relationship to Donor:(eg spouse, child, friend, etc)

Role: ☐ Principal Attorney (sole ☐ / joint ☐) ☐ Substitute Attorney (sole ☐ / joint ☐)

Please print, complete, and return this form by email or post to:

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