|  |  |  |
| --- | --- | --- |
| **# Mandatory questions** | **Client #1** | **Client #2** |
| **#Full name:** |  |  |
| **#Date of Birth:** |  |  |
| **#Best contact number:** |  |  |
| **#Email:** |  |  |
| **#Home address:** |  | |
| **#Marital status:** | Single / De facto / Married / Separated / Divorced / Widowed | |
| **#Children of your union:** | Yes / No / NA | |
| **#Children from previous relationship:** | Yes / No | |
| **#Do you have any of the following structures:** | Family Trust: Yes / No - if yes, how many \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  SMSF: Yes / No  Companies: Yes / No - if yes, how many \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(include corporate trustees, trading companies etc.)* | |
| **Signature\*** |  |  |
| **Date** |  |  |

\* *By signing this Estate Planning Authority Form, you consent to your Financial Advisor providing all your personal information to Estate First Lawyers and Estate First Lawyers providing your Financial Advisor information regarding the services provided to you pursuant to the relationship with your Financial Advisor.*

**Advisor Section:**

|  |  |  |
| --- | --- | --- |
| **Financial Advisor:** | | |
| **Estate Planning Specialist:** | Estate First Lawyers | |
| **Meeting preference:** | □ Face to face meeting: Brisbane / Toowong / Maroochydore  □ Zoom / Teleconference / Video Conference | |
| **Estate Planning  requirements:** | □ Will potentially with TDT □ Enduring Power of Attorney □ Standard Will □ Family Trust □ SMSF □ Companies | □ Will potentially with TDT □ Enduring Power of Attorney □ Standard Will □ Family Trust □ SMSF □ Companies |
| **Once completed, please email to:** [info@estatefirst.com.au](mailto:info@estatefirst.com.au) | | |