

ENDURING POWER OF GUARDIANSHIP (EPG) INSTRUCTION FORM

<u>Details of Donor (the person making the EPG, also known as the Appointor)</u>	
Full Name:	
Date of Birth:	Place of Birth:
Occupation:	
Address:	
Email:	
Telephone: (mobile) (other e.g. work/home)	

<u>Enduring Guardian(s)</u>

1	Full Name:
	Address:
	Relationship to Donor:(eg spouse, child, friend, etc)
	Role: <input type="checkbox"/> Principal Guardian (sole <input type="checkbox"/> / joint <input type="checkbox"/>) <input type="checkbox"/> Substitute Guardian (sole <input type="checkbox"/> / joint <input type="checkbox"/>)

2	Full Name:
	Address:
	Relationship to Donor:(eg spouse, child, friend, etc)
	Role: <input type="checkbox"/> Principal Guardian (sole <input type="checkbox"/> / joint <input type="checkbox"/>) <input type="checkbox"/> Substitute Guardian (sole <input type="checkbox"/> / joint <input type="checkbox"/>)

3	Full Name:
	Address:
	Relationship to Donor:(eg spouse, child, friend, etc)
	Role: <input type="checkbox"/> Principal Guardian (sole <input type="checkbox"/> / joint <input type="checkbox"/>) <input type="checkbox"/> Substitute Guardian (sole <input type="checkbox"/> / joint <input type="checkbox"/>)

4	Full Name:
	Address:
	Relationship to Donor:(eg spouse, child, friend, etc)
	Role: <input type="checkbox"/> Principal Guardian (sole <input type="checkbox"/> / joint <input type="checkbox"/>) <input type="checkbox"/> Substitute Guardian (sole <input type="checkbox"/> / joint <input type="checkbox"/>)

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

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