

FACSIMILE

Adviser Referral Form

- Adelaide 08 8410 6878
 Brisbane 08 8410 6878
 Melbourne 03 9620 9855
 Perth 08 9324 2233
 Sydney 02 9963 4745

Client contact details

Surname _____ Given names _____ Title _____
 Surname _____ Given names _____ Title _____
 Address _____ Pcode _____
 Contact details: Phone (H) _____ (B) _____ Other _____

Service required (tick boxes)

<input type="checkbox"/> Will	<input type="checkbox"/> Business Succession Buy/Sell agreement
<input type="checkbox"/> Will incorporating a Testamentary Trust	<input type="checkbox"/> Unit Trust Structure Deed
<input type="checkbox"/> Enduring /Other Power of Attorney	<input type="checkbox"/> Estate Administration and Executor Assist
<input type="checkbox"/> General or Specific Power of Attorney	<input type="checkbox"/> Asset Management Service
<input type="checkbox"/> Family/Discretionary Trust	<input type="checkbox"/> Flinders Charitable Trust
<input type="checkbox"/> Other _____	<input type="checkbox"/> General information

Adviser comments / special instructions

Referred by : _____ Company _____
 Location/Branch _____ Date _____

FTL Office contact numbers

<u>EXECUTOR ASSIST</u>		<u>ESTATE PLANNING</u>	
Perth office	(08) 9324 1231	Adelaide:	(08) 8410 2855
ALL OTHER STATES	1800 623 530 (free-call)	Brisbane:	1800 623 530
		Melbourne:	(03) 9618 8777
		Perth:	(08) 9324 1231
		Sydney:	(02) 9963 4744

FTL USE ONLY

	Date		Date
Instructions received: Drafted by: _____	_____	1. <u>Follow ups</u> Letter/Call	_____
Telephoned Client	_____	2. Letter/Call	_____
Documents Settled by: _____	_____	3. Letter/Call	_____
Documents forwarded/ Signing arrangements made Signed documents received & checked: Payment received:	_____	Comments:	_____

