

## ▫ Enduring power of attorney (financial)

This enduring power of attorney is made under Part XIA of the *Instruments Act 1958* and has effect as a deed.

*Print date here*

This enduring power of attorney is made on \_\_\_\_\_

*Cross out the following option if you wish to appoint more than one attorney.*

*Print your full name here*

**1. I,** \_\_\_\_\_

*Print your address here*

of \_\_\_\_\_

*Print the full name of your attorney here*

**appoint** \_\_\_\_\_

*Print your attorney's address here*

of \_\_\_\_\_

**to be my attorney.**

*or*

*Cross out the following option if you wish to appoint one attorney.*

*Print your full name here*

**1. I,** \_\_\_\_\_

*Print your address here*

of \_\_\_\_\_

*Print the full name of your first attorney here*

**appoint** \_\_\_\_\_

*Print your first attorney's address here*

of \_\_\_\_\_

*Print the full name of your second attorney here*

**and** \_\_\_\_\_

*Print your second attorney's address here*

of \_\_\_\_\_

*Cross out the following next two lines if wish to appoint only two attorneys*

*Print the full name of your third attorney here*

**and** \_\_\_\_\_

*Print your third attorney's address here*

of \_\_\_\_\_

*Tick one of the following options*

jointly to be my attorneys       jointly and severally to be my attorneys

*Cross out the following option if you do not wish to appoint an alternative attorney*

*Print your full name here*

**1a. I,** \_\_\_\_\_

*Print your address here*

of \_\_\_\_\_

*Print the full name of your alternative attorney here*

**appoint** \_\_\_\_\_

*Print the address of your alternative attorney here*

of \_\_\_\_\_

*Print the name of the original attorney(s) you are appointing here*

**as an alternative attorney for** \_\_\_\_\_

2. I authorise my attorney(s) to do on my behalf any thing that I may lawfully authorise an attorney to do.

*Cross out the following option if it does not apply*

3. The authority of my attorney(s) is subject to the following conditions, limitations, and instructions:

---

---

---

---

---

---

---

---

---

4. I declare that this power of attorney begins:

*Tick one box only*

immediately.

on this date: \_\_\_\_\_

on this occasion: \_\_\_\_\_

*Print the date you want the power of your attorney(s) to begin here*

*Print the occasion you want the power of your attorney(s) to begin here*

*If you do not complete this clause, the power begins immediately.*

5. I declare that this power of attorney will continue to operate and have full force and effect even if I subsequently become legally incapable.

*Cross out the following option if it does not apply*

6. I declare that all previous enduring powers of attorney (financial) signed by me are hereby revoked.

*Sign your name here*

Signed as a deed by \_\_\_\_\_

or

*Cross out the following option if it does not apply*

I, \_\_\_\_\_

state that: a) I am at least 18 years old

b) I am not a witness for this document or an attorney for the donor.

*Person signing for the donor prints his/her full name here*

*Person signing at the direction and in the presence of the donor of the power signs here*

Note: If this enduring power of attorney confers power on two or more attorneys to act jointly, then they have equal authority and can only act with the agreement of them all, and any documents must be signed by all of the attorneys together. If this enduring power of attorney confers power on two or more attorneys to act jointly and severally, then in exercising the powers under the enduring power of attorney any of the attorneys can act and sign documents together or alone.

▫ **Certificate of witnesses**

*Print the full name of the witness authorised to witness the signing of statutory declarations here*

**We,** \_\_\_\_\_

*Print the address of your first witness here*

**of** \_\_\_\_\_

*Print the full name of your second witness here*

**and** \_\_\_\_\_

*Print the address of your second witness here*

**of** \_\_\_\_\_

**certify:**

*Cross out whichever option a) does not apply*

a) that the donor has signed this enduring power of attorney (financial) freely and voluntarily in our presence;

*or*

a) that this enduring power of attorney (financial) has been signed in our presence at the direction and in the presence of the donor of the power, and the donor of the power gave that direction freely and voluntarily;

**AND**

b) that at the time of signing, the donor appeared to each of us to have the capacity necessary to make the enduring power of attorney.

*Witness authorised to witness the signing of statutory declarations signs here*

\_\_\_\_\_

*Other witness signs here*

\_\_\_\_\_

## ▫ Statement of acceptance for attorneys

*Print the full name of  
proposed attorney here*

I, \_\_\_\_\_

*Print address of  
proposed attorney here*

of \_\_\_\_\_

*Print date here*

on \_\_\_\_\_

**accept** appointment as an attorney under

*Tick one box only*

- this enduring power of attorney  
 the attached enduring power of attorney

and **undertake** -

- a) to exercise the powers conferred with reasonable diligence to protect the interests of the donor; and  
 b) to avoid acting where there is any conflict of interest between the interests of the donor and my interests; and  
 c) to exercise the powers conferred in accordance with Part XIA of the *Instruments Act 1958*.

*Signature of the attorney  
goes here*

\_\_\_\_\_

*Cross out the following option if it does not apply*

*Print the full name of  
proposed attorney here*

I, \_\_\_\_\_

*Print address of  
proposed attorney here*

of \_\_\_\_\_

*Print date here*

on \_\_\_\_\_

**accept** appointment as an attorney under

*Tick one box only*

- this enduring power of attorney  
 the attached enduring power of attorney

and **undertake** -

- a) to exercise the powers conferred with reasonable diligence to protect the interests of the donor; and  
 b) to avoid acting where there is any conflict of interest between the interests of the donor and my interests; and  
 c) to exercise the powers conferred in accordance with Part XIA of the *Instruments Act 1958*.

*Signature of the attorney  
goes here*

\_\_\_\_\_

*Cross out the following option if it does not apply*

*Print the full name of  
proposed attorney here*

I, \_\_\_\_\_

*Print address of  
proposed attorney here*

of \_\_\_\_\_

*Print date here*

on \_\_\_\_\_

**accept** appointment as an attorney under

*Tick one box only*

- this enduring power of attorney
- the attached enduring power of attorney

**and undertake -**

- a) to exercise the powers conferred with reasonable diligence to protect the interests of the donor; and
- b) to avoid acting where there is any conflict of interest between the interests of the donor and my interests; and
- c) to exercise the powers conferred in accordance with Part XIA of the *Instruments Act 1958*.

*Signature of the attorney  
goes here*

\_\_\_\_\_

## ▫ Statement of acceptance for alternative attorneys

*Print full name of proposed  
alternative attorney here*

I, \_\_\_\_\_

*Print address of proposed  
alternative attorney here*

of \_\_\_\_\_

*Print date here*

on \_\_\_\_\_

**accept** appointment as an alternative attorney under

*Tick one box only*

this enduring power of attorney

the attached enduring power of attorney

and **undertake** -

- a) to exercise the powers conferred with reasonable diligence to protect the interests of the donor; and
- b) to avoid acting where there is any conflict of interest between the interests of the donor and my interests; and
- c) to exercise the powers conferred in accordance with Part XIA of the *Instruments Act 1958*.

*Signature of the attorney  
goes here*

\_\_\_\_\_