
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 _____

Enduring power of attorney (financial)

2. I **authorise** my attorney(s) to do on my behalf anything 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: _____

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 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*

Statement of acceptance for attorneys

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 the full name of proposed
alternative attorney here*

I, _____

*Print address of proposed
alternative 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*
