Revocation

Enduring Power of Attorney

For a principal to revoke an enduring power of attorney or appointment of an attorney or alternative attorney

What this form is for

You should fill out this form if you want to revoke (cancel):

- an entire enduring power of attorney
- the appointment of an attorney(s)
- the appointment of an alternative attorney(s).

You need to have decision making capacity to revoke an enduring power of attorney, the appointment of an attorney or an alternative attorney.

Completing the form

To complete the form you may need:

- A printer to print out the form. Even if you fill the form out on a computer, you will need to print it for signing.
- Your attorney(s) and alternative attorney(s)' name and address.
- A copy of the enduring power of attorney.
- The date that the enduring power of attorney was made.
- Two witnesses to sign the form. See 'Who can be a witness' below.

You can save the form to your computer or a portable drive at any time, and finish it later.

Who can be a witness?

One witness must be a medical practitioner or be a person who is authorised to witness affidavits. A list of people who are eligible to witness affidavits can be found at <u>justice.vic.gov.au/affidavit</u>.

A witness must not be:

- a relative of the principal
- a relative of an attorney under the enduring power of attorney
- a care worker or an accommodation provider for the principal.



What to do with the form

You need to fill it out and sign it.

You also need to take reasonable steps to inform any attorneys under the enduring power of attorney, if you revoke the entire power, or any attorney(s) or alternative attorney(s) under the enduring power of attorney, if you revoke an individual appointment.

It is important to tell any organisations or people such as financial institutions, businesses, or health care workers, who have a copy of your enduring power of attorney.

Once completed, keep the original and a record of who you have informed of the revocation.

Need more information or help?

More information about powers of attorney is available on the Office of the Public Advocate website at <u>publicadvocate.vic.gov.au</u>.

You can also contact the Office of the Public Advocate advice service on 1300 309 337.

Keep all pages of this form together.

Revocation Enduring Power of Attorney

I revoke under section 44 of the Powers of Att	forney Act 2014:
The enduring power of attorney made by me or	n the date below
Date the enduring power of attorney was ma	ade
If you selected this option, go to 'Signature of principal	al' on page 3
OR	i on page 3.
Select all that apply	
The appointment of the following	
attorney(s):	
or	
alternative attorney(s)	
for the following attorney(s)	
under the enduring power of attorney made by	mo on the date helow
Date the enduring power of attorney was ma	
Date the chairing pewer of atterney was me	
Name or position of attorney	Name or position of attorney
or alternative attorney	or alternative attorney
Residential or business address of	Residential or business address of
attorney or alternative attorney (if known)	attorney or alternative attorney (if known)
Role under the appointment	Role under the appointment
• •	
Attorney	Attorney
Alternative attorney	Alternative attorney

Name or position of attorney or alternative attorney	Name or position of attorney or alternative attorney		
Residential or business address of attorney or alternative attorney (if known)	Residential or business address of attorney or alternative attorney (if known)		
Role under the appointment	Role under the appointment		
Attorney	Attorney		
Alternative attorney	Alternative attorney		

Signature of principal

You need to sign this form. You must sign the form in front of two witnesses. They must then sign the form in front of you and each other.

If you need someone to sign for you due to a physical disability, do not fill out this section. Fill out <u>Section A1</u> on page 4.

In this section, the words 'I', 'my' or 'me'	Name of authorised witness
refer to a witness. The word 'principal' means the person making this revocation. Name of principal	Residential or business address of witness
Residential address of principal	
	Signature
Signature of principal Date	Date Qualification (as a medical practitioner or person authorised to witness affidavits)
Certificate of witnesses	Name of other witness
Each witness certifies under section 49	Name of other withess
 the Powers of Attorney Act 2014 that: the principal appeared to freely and voluntarily sign this instrument in my presence, and at that time, the principal appeared to me to have decision making capacity to 	Residential or business address of witness
revoke this enduring power of attorney,andI am not an attorney under this enduring	
 I am not a relative of the principal or of an attorney under the enduring power of attorney, and 	Signature
 I am not a care worker or accommodation provider for the principal. 	Date

A1: If signed on behalf of principal

I sign this instrument of revocation at the direction of and in the presence of the principal.

Name of principal

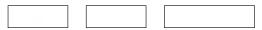
Name	of person	signing	on	behalf
of the	principal			

Residential address of person signing on behalf of the principal

Signature

|--|

Date



Witnessed by:

Each witness certifies under section 49 of the **Powers of Attorney Act 2014** that:

- in my presence, the principal appeared to freely and voluntarily direct the person to sign for the principal and that person signed this instrument in my presence and in the presence of the principal, and
- at that time, the principal appeared to me to have decision making capacity to revoke this enduring power of attorney, and
- I am not and attorney under this enduring power of attorney, and
- I am not a relative of the principal or of an attorney under the enduring power of attorney, and

- I am not a care worker or accommodation provider for the principal, and
- I am not the person who is signing at the direction of the principal.

Name of	autnorise	ea witne	SS	
Resident of witnes	tial or bus	siness ad	ddress	
Signatur	е			
Date		1		
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	ation (as a authorised			
Name of	other wit	ness		
Resident of witnes	tial or bus ss	siness ac	ddress	
Signatur	e			
~				

|--|--|--|--|--|--|--|

Date