Revocation

Supportive Attorney Appointment

For a principal to revoke a supportive attorney appointment or appointment of a supportive attorney or alternative supportive attorney

What this form is for

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

- an entire supportive attorney appointment
- the appointment of an individual supportive attorney(s) or alternative supportive attorney(s)

You need to have decision making capacity to revoke a supportive attorney appointment or the appointment of an individual supportive attorney(s) or alternative supportive attorney(s).

Completing the form

To complete the form you may need:

- A printer to print out the form (if you are filling it out on a computer).
- The date that the supportive attorney appointment was made.
- A copy of the supportive attorney appointment.
- Your supportive attorney(s) and alternative supportive attorney(s)' name.
- One witness to sign the form who must be authorised to witness the signing of a statutory declaration. 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

A person is eligible to be a witness if they are authorised by law to witness the signing of a statutory declaration. A list of people who are eligible to witness a statutory declaration can be found at <u>justice.vic.gov.au/statdec</u>.

A witness also must **not** be:

- a relative of the principal
- a relative of the supportive attorney under the appointment
- a care worker or an accommodation provider of the principal
- a person signing at the direction of the principal
- a supportive attorney under the appointment.



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 supportive attorney(s) under the supportive attorney appointment, if you revoke the entire appointment, or any supportive attorney(s) or alternative supportive attorney(s) under the supportive attorney appointment, if you revoke the individual appointment(s).

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

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 publicadvocate.vic.gov.au.

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

Keep all pages of this form together.

Revocation Supportive Attorney Appointment

I revoke under section 103 of the Powers of At	ttorney Act 2014:
The supportive attorney appointment made by r	me on the date below
Date the appointment was made	
If you selected this option, go to 'Signature of principal	l' on page 3.
OR	
Select all that apply	
The appointment of the following	
supportive attorney(s):	
or alternative supportive attorney(s) for the following attorney(s)	
under the supportive attorney appointment made	le by me on the date below
Date the appointment was made	
Name of supportive attorney or	Name of supportive attorney or
alternative supportive attorney	alternative supportive attorney
Residential address (if known)	Residential address (if known)
Role under the appointment	Role under the appointment
Supportive attorney	Supportive attorney
Alternative supportive attorney	Alternative supportive attorney

Name of supportive attorney or alternative supportive attorney	Name of supportive attorney or alternative supportive attorney
Residential address (if known)	Residential address (if known)
Role under the appointment	Role under the appointment
Supportive attorney	Supportive attorney
Alternative supportive attorney	Alternative supportive attorney

Signature of principal

You need to sign this form. You must sign the form in front of an authorised witness. The witness must then sign the form in front of you.

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.

The word 'principal' means the person making this revocation.

Name of principal	Name of authorised witness
Residential address of principal	Residential or business address of witness
Signature of principal Date	Signature Date Qualification (as a person authorised to witness the signing of a statutory declaration)

A1: If signed on behalf of principal

I sign this instrument of revocation at the direction of and in the presence of the	Name of authorised witness
principal.	
Name of principal	Residential or business address of witness
Name of person signing on behalf of the principal	
Residential address of person signing on behalf of the principal	
	Signature
	Date
	Qualification (as a person
Signature	authorised to witness the signing of a statutory declaration)
Date	