

# Appointment of Supportive Attorney

## Choosing a person to help you make decisions

### What this form is for

A supportive attorney appointment is a legal document. Making a supportive attorney appointment is a formal process that allows you to appoint a person(s) you trust to **help** you make your own decisions while you have capacity to make decisions.

The short version of this form allows you to appoint one supportive attorney. The long version of this form allows you to appoint up to four supportive attorneys, and up to two alternative supportive attorneys for each attorney.

### What is a supportive attorney?

The person you appoint to help you make decisions is called your 'supportive attorney'. You can choose whether your supportive attorney can help you to make financial decisions, personal decisions or other decisions. Your supportive attorney cannot help you with decisions about medical treatment, or medical research procedures. You will need a different form if you wish to appoint a support person for medical treatment decisions.

You can appoint your supportive attorney to:

- access information about you from organisations such as banks and utility providers
- communicate with organisations
- communicate your decisions to organisations
- take reasonable steps needed to make your decisions happen.

Your supportive attorney **cannot** make decisions for you.

If you do not have capacity to make decisions, your supportive attorney will not be able to act under this appointment.

### Who can be a supportive attorney?

A supportive attorney can be a family member or friend or someone else that you trust.

A supportive attorney **must** be 18 years of age or older.

A supportive attorney **cannot** be an insolvent under administration.

If the person who will be your supportive attorney for financial matters has been convicted or found guilty of an offence involving dishonesty, they have to tell you about it and have it recorded in this form.

## **Choosing your supportive attorney(s)**

You can appoint one or more supportive attorneys. You can also appoint a person(s) to be a back-up for one or more supportive attorney(s), in case your usual supportive attorney is ever unable or unwilling to act. This person is called an 'alternative supportive attorney'.

You can specify when your alternative supportive attorney can act. If you do not specify, an alternative supportive attorney can **only** act:

- once your usual supportive attorney is unable or unwilling to act
- if the appointment of your usual supportive attorney is revoked (cancelled) because they are no longer eligible to be your supportive attorney (for example, the supportive attorney becomes your care worker, health provider or accommodation provider)
- in the same way (that is, make the same types of decisions and make decisions in the same way) as the supportive attorney they are acting in place of.

## **What you will 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 supportive attorney(s)' name and address.
- Two witnesses to sign the form. See '[Who can be a witness](#)' on page iii for more information.

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

## **Signing the form (after it is filled out)**

After you print out the form, you need to do the following:

- sign the form (or have a person sign at your direction) in front of two witnesses
- have your two witnesses sign the form in front of you and each other
- have the supportive attorney(s) sign the statement of acceptance in front of a witness
- have a witness sign each supportive attorney's statement of acceptance.

When you sign the appointment form, your two witnesses must be with you and they must see you sign the appointment form.

Your supportive attorney does not need to be present when you are signing the form. Your supportive attorney needs to sign the statement of acceptance of appointment in front of a witness, and have that witness sign the form.

## Who can be a witness

Witnesses must be 18 years of age or older.

One of the witnesses to a supportive attorney appointment must be:

- a person who is authorised by law to witness the signing of a statutory declaration.

One of the witnesses **cannot** be:

- your relative
- someone being appointed as a supportive attorney
- a relative of your supportive attorney(s)
- your care worker
- your accommodation provider.

A person who has signed the form at your direction (if you cannot physically sign) **cannot** be your witness.

## When the form is filled out and signed

You do **not** need to submit this form anywhere.

You need to complete it, make sure it is signed and witnessed properly, and then keep the original in a safe place. You should give your supportive attorney(s) a certified copy of this form. You only need to print and keep the continuation section with the form if you have used this section.

More information about making certified copies is available on the Office of the Public Advocate website at [publicadvocate.vic.gov.au](http://publicadvocate.vic.gov.au).

## Need more information or help?

There are other types of powers of attorney documents: general non-enduring powers of attorney and enduring powers of attorney. There are also separate forms for appointing a medical treatment decision maker or a support person for medical treatment decisions.

More information about powers of attorney and medical treatment decision makers is available on the Office of the Public Advocate website at [publicadvocate.vic.gov.au](http://publicadvocate.vic.gov.au).

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

This page is intentionally blank.

# Appointment of Supportive Attorney

This supportive attorney appointment is made under Part 7 of the **Powers of Attorney Act 2014**.

## Section 1: Principal (You)

The person making this supportive attorney appointment is known as the 'principal'. Whenever you see the word 'principal' in this form, it means you.

**Name of principal**

**Residential address**

## Section 2: Your supportive attorney

The next two pages allow you to appoint a supportive attorney and an alternative supportive attorney(s) (if required). You also need to specify what types of decisions your supportive attorney can help you to make.

I appoint the person listed below as my supportive attorney.

### Name of supportive attorney

### Residential address

### What types of decisions can this supportive attorney help me make?

I authorise my supportive attorney to exercise powers for the **matters** specified in this appointment.

Select **all** options that apply.

Personal matters .....

Financial matters .....

Both personal and financial matters .....

The following personal, financial or other matters only ... **Specify**

### What powers will this supportive attorney have?

I authorise my supportive attorney to exercise the powers specified below.

Select as many options as you need.

#### Information power (under section 87 of the **Powers of Attorney Act 2014**) .....

To access, collect or obtain from or assist me in accessing, collecting or obtaining from any person any personal information about me that:

- (a) is relevant to a supported decision; and
- (b) may lawfully be collected or obtained by me.

To disclose any personal information about me given to the supportive attorney for the purpose of:

- (a) anything that is relevant and necessary to carry out the role of supportive attorney; or
- (b) any legal proceeding or report of a legal proceeding under the **Powers of Attorney Act 2014**; or
- (c) any other lawful reason.

#### Communication power (under section 88 of the **Powers of Attorney Act 2014**) .....

To communicate any information about me that is relevant or necessary to the making of or giving effect to a supported decision, or to communicate or assist me to communicate a supported decision.

#### Power to give effect to decisions

(under section 89 of the **Powers of Attorney Act 2014**) .....

To take any reasonable action or to do anything that is reasonably necessary to give effect to a supported decision, other than a decision about a significant financial transaction.

**Do you want to appoint an alternative supportive attorney(s) for this supportive attorney?**

No ..... ► *Go to next page*

Yes ..... ► *Provide details*

I appoint the person(s) listed below as my alternative supportive attorney(s).

**Name of alternative supportive attorney**

**Residential address**

**Do you want to appoint another alternative supportive attorney for this supportive attorney?**

No ..... ► *Go to 'When can your alternative supportive attorney(s) act?' at top of next column*

Yes .... ► *Provide details*

**Name of alternative supportive attorney**

**Residential address**

**When can your alternative supportive attorney(s) act?**

You can specify below when your alternative supportive attorney(s) can act. If you do not specify, an alternative supportive attorney can **only** act:

- once your usual supportive attorney is unable or unwilling to act
- if the appointment of your usual supportive attorney is revoked (cancelled) because they are no longer eligible to be your supportive attorney (for example, the supportive attorney becomes your care worker, health provider or accommodation provider).

The next two pages allow you to appoint a second supportive attorney and an alternative supportive attorney(s) (if required). You also need to specify what types of decisions your supportive attorney can help you to make.

**Do you want to appoint a second supportive attorney?**

No ..... ► **Go to [Section 3](#) on page 6**

Yes ..... ► **Provide details**

I appoint the person listed below as my supportive attorney.

**Name of supportive attorney**

**Residential address**

**What types of decisions can this supportive attorney help me make?**

I authorise my supportive attorney to exercise powers for the **matters** specified in this appointment.

Select **all** options that apply.

Personal matters .....

Financial matters .....

Both personal and financial matters .....

The following personal, financial or other matters only ... ► **Specify**

**What powers will this supportive attorney have?**

I authorise my supportive attorney to exercise the powers specified below.

Select as many options as you need.

**Information power** (under section 87 of the **Powers of Attorney Act 2014**) .....

To access, collect or obtain from or assist me in accessing, collecting or obtaining from any person any personal information about me that:

- (a) is relevant to a supported decision; and
- (b) may lawfully be collected or obtained by me.

To disclose any personal information about me given to the supportive attorney for the purpose of:

- (a) anything that is relevant and necessary to carry out the role of supportive attorney; or
- (b) any legal proceeding or report of a legal proceeding under the **Powers of Attorney Act 2014**; or
- (c) any other lawful reason.

**Communication power** (under section 88 of the **Powers of Attorney Act 2014**) .....

To communicate any information about me that is relevant or necessary to the making of or giving effect to a supported decision, or to communicate or assist me to communicate a supported decision.

**Power to give effect to decisions** (under section 89 of the **Powers of Attorney Act 2014**) .....

To take any reasonable action or to do anything that is reasonably necessary to give effect to a supported decision, other than a decision about a significant financial transaction.



**Do you want to appoint an alternative supportive attorney(s) for this supportive attorney?**

No ..... ► ***Go to ‘Do you want to appoint another supportive attorney?’ at the end of this page***

Yes ..... ► ***Provide details***

I appoint the person(s) listed below as my alternative supportive attorney(s).

**Name of alternative supportive attorney**

**Residential address**

**Do you want to appoint another alternative supportive attorney for this supportive attorney?**

No ..... ► ***Go to ‘When can your alternative supportive attorney(s) act?’ at top of next column***

Yes .... ► ***Provide details***

**Name of alternative supportive attorney**

**Residential address**

**When can your alternative supportive attorney(s) act?**

You can specify below when your alternative supportive attorney(s) can act. If you do not specify, an alternative supportive attorney can **only** act:

- once your usual supportive attorney is unable or unwilling to act
- if the appointment of your usual supportive attorney is revoked (cancelled) because they are no longer eligible to be your supportive attorney (for example, the supportive attorney becomes your care worker, health provider or accommodation provider).

**Do you want to appoint another supportive attorney?**

No ..... ► ***Go to next page***

Yes ..... ► ***Go to [Section A2](#) on page 14***

## Section 3: Start date

If you do not complete this section, your supportive attorney(s) can start helping you to make decisions immediately on the making of this supportive attorney appointment.

This supportive attorney appointment commences:

Please choose **one** option.

Immediately, on its making .....

From the time, in the circumstance or on the occasion ..... **► Specify**

## Section 4: Principal's signature

You need to sign and date this form by hand. You must sign the form in front of two witnesses. They must then sign and date the form in front of you and each other. One witness must be a person who is authorised by law to witness the signing of statutory declarations. A list of people who are authorised to witness the signing of statutory declarations can be found at [justice.vic.gov.au/statdec](http://justice.vic.gov.au/statdec).

If you need someone to sign for you due to a physical disability, do not fill out this section. Fill out [Section A1](#) on page 13.

In this section, the words 'I', 'my' or 'me' refer to a witness. The word 'principal' means the person making this supportive attorney appointment.

### Name of principal

### Signature

### Date

  

### Witnesses

Each witness **certifies** that:

- the principal appeared to freely and voluntarily sign this supportive attorney appointment form in my presence, and
- at that time, the principal appeared to me to have decision making capacity in relation to making this supportive attorney appointment.

Each witness **states** that:

- I am not a supportive attorney under this appointment.

### Name of authorised witness

### Residential or business address

### Signature

### Qualification (as a person who is authorised by law to witness the signing of statutory declarations)

### Date

  

### Name of other witness

### Residential or business address

### Signature

### Date

## Section 5: Statement of acceptance of appointment by supportive attorney

This section needs to be read and signed by each supportive attorney being appointed. A witness must also sign the witness certificate for each supportive attorney.

The word 'principal' means the person making this supportive attorney appointment.

### Supportive attorney

I accept my appointment as supportive attorney for the principal under this supportive attorney appointment and state that:

- I am eligible under the **Powers of Attorney Act 2014** to act as a supportive attorney under a supportive attorney appointment, and
- I understand the obligations of a supportive attorney under the **Powers of Attorney Act 2014** and the consequences of failing to comply with the **Powers of Attorney Act 2014**, and
- I undertake to act in accordance with the **Powers of Attorney Act 2014**.

*If appointed for financial matters and you have been convicted or found guilty of an offence involving dishonesty*

I have disclosed to the principal that I have been convicted or found guilty of an offence involving dishonesty .....

#### Name of supportive attorney

#### Residential address

#### Signature

#### Date

  

#### Witness

I witnessed the signing of the statement of acceptance by the supportive attorney.

#### Name of witness

#### Residential or business address

#### Signature

#### Date

## Supportive attorney

I accept my appointment as **supportive attorney for the principal** under this supportive attorney appointment and state that:

- I am eligible under the **Powers of Attorney Act 2014** to act as a supportive attorney under a supportive attorney appointment, and
- I understand the obligations of a supportive attorney under the **Powers of Attorney Act 2014** and the consequences of failing to comply with the **Powers of Attorney Act 2014**, and
- I undertake to act in accordance with the **Powers of Attorney Act 2014**.

*If appointed for financial matters and you have been convicted or found guilty of an offence involving dishonesty*

I have disclosed to the principal that I have been convicted or found guilty of an offence involving dishonesty .....

### Name of supportive attorney

### Residential address

### Signature

### Date

## Witness

I witnessed the signing of the statement of acceptance by the supportive attorney.

### Name of witness

### Residential or business address

### Signature

### Date

### Appointed more than two supportive attorneys?

If you have appointed more than two supportive attorneys, each supportive attorney must sign [Section A3: Acceptance by supportive attorneys](#) on pages 18–19.

## Section 6: Statement of acceptance of appointment by alternative supportive attorney

This section needs to be read and signed by each alternative supportive attorney being appointed. A witness must also sign the witness certificate for each alternative supportive attorney.

The word 'principal' means the person making this supportive attorney appointment.

### Alternative supportive attorney

I accept my appointment as an alternative supportive attorney under this supportive attorney appointment and state that:

- I am eligible under the **Powers of Attorney Act 2014** to act as a supportive attorney under a supportive attorney appointment, and
- I understand the obligations of a supportive attorney under the **Powers of Attorney Act 2014** and the consequences of failing to comply with the **Powers of Attorney Act 2014**, and
- I undertake to act in accordance with the **Powers of Attorney Act 2014**, and
- I understand the circumstances in which the alternative supportive attorney is authorised to act under the **Powers of Attorney Act 2014**, and
- I am prepared to act in place of the supportive attorney for whom I am appointed when authorised to do so under the **Powers of Attorney Act 2014**.

*If appointed for financial matters and you have been convicted or found guilty of an offence involving dishonesty*

I have disclosed to the principal that I have been convicted or found guilty of an offence involving dishonesty .....

Name of alternative supportive attorney

Residential address

Name of supportive attorney(s) for whom accepting appointment as an alternative supportive attorney

Signature

Date

Witness

I witnessed the signing of the statement of acceptance by the alternative supportive attorney.

Name of witness

Residential or business address

Signature

Date

## Alternative supportive attorney

I accept my appointment as an alternative supportive attorney under this supportive attorney appointment and **state** that:

- I am eligible under the **Powers of Attorney Act 2014** to act as a supportive attorney under a supportive attorney appointment, and
- I understand the obligations of a supportive attorney under the **Powers of Attorney Act 2014** and the consequences of failing to comply with the **Powers of Attorney Act 2014**, and
- I undertake to act in accordance with the **Powers of Attorney Act 2014**, and
- I understand the circumstances in which the alternative supportive attorney is authorised to act under the **Powers of Attorney Act 2014**, and
- I am prepared to act in place of the supportive attorney for whom I am appointed when authorised to do so under the **Powers of Attorney Act 2014**.

*If appointed for financial matters and you have been convicted or found guilty of an offence involving dishonesty*

I have disclosed to the principal that I have been convicted or found guilty of an offence involving dishonesty .....

**Name of alternative supportive attorney**

**Residential address**

**Name of supportive attorney(s) for whom accepting appointment as an alternative supportive attorney**

**Signature**

**Date**

**Witness**

I witnessed the signing of the statement of acceptance by the alternative supportive attorney.

**Name of witness**

**Residential or business address**

**Signature**

**Date**

### **Appointed more than two alternative supportive attorneys?**

If you have appointed more than two alternative supportive attorneys, each alternative supportive attorney must sign [Section A4: Acceptance by alternative supportive attorneys](#) on pages 20–21.

# Continuation sections

Only use these continuation sections if you are told to in the supportive attorney appointment form.

## **Section A1: Signed at the direction of the principal**

Use this section if you need someone to sign for you.

## **Section A2: Appointment of supportive attorneys**

Use this section if you need to appoint more than two supportive attorneys.

## **Section A3: Acceptance by supportive attorneys**

Use this section if you used Section A2 to appoint more than two supportive attorneys. This is where the additional supportive attorneys can sign and accept their appointment.

## **Section A4: Acceptance by alternative supportive attorneys**

Use this section if you have more than two alternative supportive attorneys. This is where the additional alternative supportive attorneys can sign and accept their appointment.



# Section A1: Signed at the direction of the principal

Name of principal

Name of person signing  
at the direction of the principal

Residential address

Signature

Date

Witness

Each witness **certifies** that:

- in my presence, the principal appeared to freely and voluntarily direct the person to sign for the principal and that person signed this supportive attorney appointment in my presence and in the presence of the principal, and
- at that time, the principal appeared to me to have decision making capacity in relation to making this supportive attorney appointment.

Each witness **states** that:

- I am not a supportive attorney under this appointment, and
- I am not a person who is signing at the direction of the principal.

Name of authorised witness

Residential or business address

Signature

Qualification (as a person who is authorised by law to witness the signing of statutory declarations)

Date

Name of other witness

Residential or business address

Signature

Date

## Section A2: Appointment of supportive attorneys

The next two pages allow you to appoint a third supportive attorney and an alternative supportive attorney(s) (if required). You also need to specify what types of decisions your supportive attorney can help you to make.

I appoint the person listed below as my supportive attorney.

### Name of supportive attorney

### Residential address

### What types of decisions can this supportive attorney help me make?

I authorise my supportive attorney to exercise powers for the **matters** specified in this appointment.

Select **all** options that apply.

Personal matters .....

Financial matters .....

Both personal and financial matters .....

The following personal, financial or other matters only ... **► Specify**

### What powers will this supportive attorney have?

I authorise my supportive attorney to exercise the powers specified below.

Select as many options as you need.

#### Information power (under section 87 of the **Powers of Attorney Act 2014**) .....

To access, collect or obtain from or assist me in accessing, collecting or obtaining from any person any personal information about me that:

- (a) is relevant to a supported decision; and
- (b) may lawfully be collected or obtained by me.

To disclose any personal information about me given to the supportive attorney for the purpose of:

- (a) anything that is relevant and necessary to carry out the role of supportive attorney; or
- (b) any legal proceeding or report of a legal proceeding under the **Powers of Attorney Act 2014**; or
- (c) any other lawful reason.

#### Communication power (under section 88 of the **Powers of Attorney Act 2014**) .....

To communicate any information about me that is relevant or necessary to the making of or giving effect to a supported decision, or to communicate or assist me to communicate a supported decision.

#### Power to give effect to decisions

(under section 89 of the **Powers of Attorney Act 2014**) .....

To take any reasonable action or to do anything that is reasonably necessary to give effect to a supported decision, other than a decision about a significant financial transaction.

**Do you want to appoint an alternative supportive attorney(s) for this supportive attorney?**

No ..... ► *Go to next page*

Yes ..... ► *Provide details*

I appoint the person(s) listed below as my alternative supportive attorney(s).

**Name of alternative supportive attorney**

**Residential address**

**Do you want to appoint another alternative supportive attorney for this supportive attorney?**

No ..... ► *Go to 'When can your alternative supportive attorney(s) act?' at top of next column*

Yes .... ► *Provide details*

**Name of alternative supportive attorney**

**Residential address**

**When can your alternative supportive attorney(s) act?**

You can specify below when your alternative supportive attorney(s) can act. If you do not specify, an alternative supportive attorney can **only** act:

- once your usual supportive attorney is unable or unwilling to act
- if the appointment of your usual supportive attorney is revoked (cancelled) because they are no longer eligible to be your supportive attorney (for example, the supportive attorney becomes your care worker, health provider or accommodation provider).

Any supportive attorney or alternative supportive attorney appointed in Section A2 will also need to sign a statement of acceptance. This can be completed by supportive attorneys in [Section A3](#) on pages 18–19 and by alternative supportive attorneys in [Section A4](#) on pages 20–21. Only print and keep this continuation section with the form if you have used this section.

The next two pages allow you to appoint a fourth supportive attorney and an alternative supportive attorney(s) (if required). You also need to specify what types of decisions your supportive attorney can help you to make.

**Do you want to appoint another supportive attorney?**

No ..... ► **Return to [Section 3](#) on page 6**

Yes ..... ► **Provide details**

I appoint the person listed below as my supportive attorney.

**Name of supportive attorney**

**Residential address**

**What types of decisions can this supportive attorney help me make?**

I authorise my supportive attorney to exercise powers for the **matters** specified in this appointment.

Select **all** options that apply.

Personal matters .....

Financial matters .....

Both personal and financial matters .....

The following personal, financial or other matters only ... ► **Specify**

**What powers will this supportive attorney have?**

I authorise my supportive attorney to exercise the powers specified below.

Select as many options as you need.

**Information power** (under section 87 of the **Powers of Attorney Act 2014**) .....

To access, collect or obtain from or assist me in accessing, collecting or obtaining from any person any personal information about me that:

- (a) is relevant to a supported decision; and
- (b) may lawfully be collected or obtained by me.

To disclose any personal information about me given to the supportive attorney for the purpose of:

- (a) anything that is relevant and necessary to carry out the role of supportive attorney; or
- (b) any legal proceeding or report of a legal proceeding under the **Powers of Attorney Act 2014**; or
- (c) any other lawful reason.

**Communication power** (under section 88 of the **Powers of Attorney Act 2014**) .....

To communicate any information about me that is relevant or necessary to the making of or giving effect to a supported decision, or to communicate or assist me to communicate a supported decision.

**Power to give effect to decisions**

(under section 89 of the **Powers of Attorney Act 2014**) .....

To take any reasonable action or to do anything that is reasonably necessary to give effect to a supported decision, other than a decision about a significant financial transaction.

**Do you want to appoint an alternative supportive attorney(s) for this supportive attorney?**

No ..... ► *Return to [Section 3](#) on page 6*

Yes ..... ► *Provide details*

I appoint the person(s) listed below as my alternative supportive attorney(s).

**Name of alternative supportive attorney**

**Residential address**

**Do you want to appoint another alternative supportive attorney for this supportive attorney?**

No ..... ► *Go to ‘When can your alternative supportive attorney(s) act?’ at top of next column*

Yes .... ► *Provide details*

**Name of alternative supportive attorney**

**Residential address**

**When can your alternative supportive attorney(s) act?**

You can specify below when your alternative supportive attorney(s) can act. If you do not specify, an alternative supportive attorney can **only** act:

- once your usual supportive attorney is unable or unwilling to act
- if the appointment of your usual supportive attorney is revoked (cancelled) because they are no longer eligible to be your supportive attorney (for example, the supportive attorney becomes your care worker, health provider or accommodation provider).

*Return to [Section 3](#) on page 6*

Any supportive attorney or alternative supportive attorney appointed in Section A2 will also need to sign a statement of acceptance. This can be completed by supportive attorneys in [Section A3](#) on pages 18–19 and by alternative supportive attorneys in [Section A4](#) on pages 20–21. Only print and keep this continuation section with the form if you have used this section.

## Section A3: Acceptance by supportive attorneys

This section needs to be read and signed by each supportive attorney being appointed. A witness must also sign the witness certificate for each supportive attorney.

The word 'principal' means the person making this supportive attorney appointment.

### Supportive attorney

**I accept my appointment as supportive attorney for the principal** under this supportive attorney appointment and **state** that:

- I am eligible under the **Powers of Attorney Act 2014** to act as a supportive attorney under a supportive attorney appointment, and
- I understand the obligations of a supportive attorney under the **Powers of Attorney Act 2014** and the consequences of failing to comply with the **Powers of Attorney Act 2014**, and
- I undertake to act in accordance with the **Powers of Attorney Act 2014**.

*If appointed for financial matters and you have been convicted or found guilty of an offence involving dishonesty*

I have disclosed to the principal that I have been convicted or found guilty of an offence involving dishonesty .....

#### Name of supportive attorney

#### Residential address

#### Signature

#### Date

  

#### Witness

I witnessed the signing of the statement of acceptance by the supportive attorney.

#### Name of witness

#### Residential or business address

#### Signature

#### Date

## Supportive attorney

I accept my appointment as supportive attorney for the principal under this supportive attorney appointment and state that:

- I am eligible under the **Powers of Attorney Act 2014** to act as a supportive attorney under a supportive attorney appointment, and
- I understand the obligations of a supportive attorney under the **Powers of Attorney Act 2014** and the consequences of failing to comply with the **Powers of Attorney Act 2014**, and
- I undertake to act in accordance with the **Powers of Attorney Act 2014**.

*If appointed for financial matters and you have been convicted or found guilty of an offence involving dishonesty*

I have disclosed to the principal that I have been convicted or found guilty of an offence involving dishonesty .....

Name of supportive attorney

Residential address

Signature

Date

  

Witness

I witnessed the signing of the statement of acceptance by the supportive attorney.

Name of witness

Residential or business address

Signature

Date

## Section A4: Acceptance by alternative supportive attorneys

This section needs to be read and signed by each alternative supportive attorney being appointed. A witness must also sign the witness certificate for each alternative supportive attorney.

The word 'principal' means the person making this supportive attorney appointment.

### Alternative supportive attorney

I accept my appointment as an **alternative supportive attorney** under this supportive attorney appointment and **state** that:

- I am eligible under the **Powers of Attorney Act 2014** to act as a supportive attorney under a supportive attorney appointment, and
- I understand the obligations of a supportive attorney under the **Powers of Attorney Act 2014** and the consequences of failing to comply with the **Powers of Attorney Act 2014**, and
- I undertake to act in accordance with the **Powers of Attorney Act 2014**, and
- I understand the circumstances in which the alternative supportive attorney is authorised to act under the **Powers of Attorney Act 2014**, and
- I am prepared to act in place of the supportive attorney for whom I am appointed when authorised to do so under the **Powers of Attorney Act 2014**.

*If appointed for financial matters and you have been convicted or found guilty of an offence involving dishonesty*

I have disclosed to the principal that I have been convicted or found guilty of an offence involving dishonesty .....

**Name of alternative supportive attorney**

**Residential address**

**Name of supportive attorney(s) for whom accepting appointment as an alternative supportive attorney**

**Signature**

**Date**

  

**Witness**

I witnessed the signing of the statement of acceptance by the alternative supportive attorney.

**Name of witness**

**Residential or business address**

**Signature**

**Date**



## Alternative supportive attorney

I accept my appointment as an alternative supportive attorney under this supportive attorney appointment and **state** that:

- I am eligible under the **Powers of Attorney Act 2014** to act as a supportive attorney under a supportive attorney appointment, and
- I understand the obligations of a supportive attorney under the **Powers of Attorney Act 2014** and the consequences of failing to comply with the **Powers of Attorney Act 2014**, and
- I undertake to act in accordance with the **Powers of Attorney Act 2014**, and
- I understand the circumstances in which the alternative supportive attorney is authorised to act under the **Powers of Attorney Act 2014**, and
- I am prepared to act in place of the supportive attorney for whom I am appointed when authorised to do so under the **Powers of Attorney Act 2014**.

*If appointed for financial matters and you have been convicted or found guilty of an offence involving dishonesty*

I have disclosed to the principal that I have been convicted or found guilty of an offence involving dishonesty .....

Name of alternative supportive attorney

Residential address

Name of supportive attorney(s) for whom accepting appointment as an alternative supportive attorney

Signature

Date

  

Witness

I witnessed the signing of the statement of acceptance by the alternative supportive attorney.

Name of witness

Residential or business address

Signature

Date

You have reached the end of this form. You do **not** need to submit this form anywhere.

You need to complete it, make sure it is signed and witnessed properly, and then keep the original in a safe place. You should give your supportive attorney(s) a certified copy of this form.