

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 justice.vic.gov.au/affidavit.

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 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 Enduring Power of Attorney

I revoke under section 44 of the **Powers of Attorney Act 2014**:

The enduring power of attorney made by me on the date below

Date the enduring power of attorney was made

If you selected this option, go to '[Signature of principal](#)' on page 3.

OR

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 me on the date below

Date the enduring power of attorney was made

**Name or position of attorney
or alternative attorney**

**Residential or business address of
attorney or alternative attorney (if known)**

Role under the appointment

Attorney

Alternative attorney

**Name or position of attorney
or alternative attorney**

**Residential or business address of
attorney or alternative attorney (if known)**

Role under the appointment

Attorney

Alternative attorney

**Name or position of attorney
or alternative attorney**

**Residential or business address of
attorney or alternative attorney (if known)**

Role under the appointment

Attorney

Alternative attorney

**Name or position of attorney
or alternative attorney**

**Residential or business address of
attorney or alternative attorney (if known)**

Role under the appointment

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 [Section A1](#) on page 4.

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

Name of principal

Residential address of principal

Signature of principal

Date

Certificate of witnesses

Each witness **certifies** under section 49 of 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 revoke this enduring power of attorney, and
- I am not an 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.

Name of authorised witness

Residential or business address of witness

Signature

Date

Qualification (as a medical practitioner or person authorised to witness affidavits)

Name of other witness

Residential or business address of witness

Signature

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 an 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 authorised witness

Residential or business address of witness

Signature

Date

Qualification (as a medical practitioner or person authorised to witness affidavits)

Name of other witness

Residential or business address of witness

Signature

Date