

Client Information for Enduring Powers of Attorney – Personal Care and Welfare



Do you have an existing Enduring Powers of Attorney **YES / NO** (circle)

If **yes** please advise where these are held

Your (Donor) details

Mr/Mrs/Miss/Ms or other

Full name:

Any other name(s) by which the Attorney is known by:

Address:

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Email:

Telephone number:

Attorney Details (you can only choose one (1) person)

Mr/Mrs/Miss/Ms or other

Full name:

Relationship to Donor:

Address:

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Email:

Telephone number:

Successor Attorney Details (This is someone who will act when your first Attorney cannot)

Mr/Mrs/Miss/Ms or other

Full name:

Relationship to Donor:

Address:

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Email:

Telephone number:

2nd Successor Attorney Details

Mr/Mrs/Miss/Ms or other

Full name:

Relationship to Donor:

Address:

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Email:

Telephone number:

Restrictions

Do you want your Attorney(s) to act on all matters of Personal Care and Welfare? **YES / NO** (circle)
or only some? **YES / NO** (circle)

If only **some** matters please list what these are

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CONSULTATION WITH OTHERS

People your Attorney and Successor Attorney MUST consult with OR just your Successor Attorney MUST consult with eg: your children (please circle which one applies to you) (optional)

I want my Attorneys to Consult **YES / NO**

OR

I only want my **Successor Attorney** to consult **YES / NO**

Person 1 to consult

Mr/Mrs/Miss/Ms or other

Full name:

Relationship to Donor:

Address:

.....

.....

Email:

Telephone number:

Person 2 to consult

Mr/Mrs/Miss/Ms or other

Full name:

Relationship to Donor:

Address:

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Email:

Telephone number:

Restrictions

Do you want your Attorney(s) to consult on all matters of Personal Care and Welfare? **YES / NO** (circle)
or only some? **YES / NO** (circle)

If only **some** matters please list what these are

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PROVIDING INFORMATION TO OTHERS

People your Attorney and Successor Attorney NEED TO give information to about how they are carrying out their role as your Attorney eg: your children (Optional)

I want my Attorneys to provide information **YES / NO** (circle)

OR

I only want my **Successor Attorney** to provide information **YES / NO** (circle)

Person 1 to be given information

Mr/Mrs/Miss/Ms or other

Full name:

Relationship to Donor:

Address:

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Email:

Telephone number:

Person 2 to be given information

Mr/Mrs/Miss/Ms or other

Full name:

Relationship to Donor:

Address:

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Email:

Telephone number:

If there are more people you would like information to be given to please advise.

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Client Information for Enduring Powers of Attorney – Property



Do you have an existing Enduring Powers of Attorney **YES / NO** (circle)
If **yes** please advise where these are held

Donor details

Your (Donor) details

Mr/Mrs/Miss/Ms or other

Full name:

Any other name(s) by which the Attorney is known by:

Address:

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Email:

Telephone number:

Attorney Details (you can have either 1 or 2 Attorneys to act and these Attorneys can either act jointly (ie: must sign everything together) or act separately (Attorney can sign on their own)

Do you want **1** or **2** Attorneys (circle)

If you appoint 2 do you want them to act **jointly** or **separately** (circle)

1. Attorney

Mr/Mrs/Miss/Ms or other

Full name:

Relationship to Donor:

Address:

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Email:

Telephone number:

2. Attorney Details

Mr/Mrs/Miss/Ms or other

Full name:

Relationship to Donor:

Address:

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Email:

Telephone number:

Attorney Details (if a Trustee corporation)

Name of Trustee Corporation:

Address:
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Email:

Telephone number:

Successor Attorney Details

Mr/Mrs/Miss/Ms or other

Full name:

Relationship to Donor:

Address:
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Email:

Telephone number:

2nd Successor Attorney Details

Mr/Mrs/Miss/Ms or other

Full name:

Relationship to Donor:

Address:
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Email:

Telephone number:

Successor Attorney Details (if a Trustee corporation)

Name of Trustee Corporation:

Address:
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Email:

Telephone number:

If you have appointed 2 attorneys **do you wish your Attorney(s) to act, please circle**

Jointly

Severally

Jointly and severally (meaning: either together or alone)

Do you wish your Attorney(s) to act in relation to all property matters or only some. If some please specify

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Do you wish the Family Court to be able to authorise your Attorney(s) to make a Will for you if you are no longer capable

YES / NO (circle)

CONSULTATION WITH OTHERS

People your Attorney OR Successor Attorney MUST consult with OR just your Successor Attorney MUST consult with eg: your children

Any Attorney must consult **YES / NO** (circle)

Only Successor Attorney must consult **YES / NO** (please circle)

Person 1 to consult

Mr/Mrs/Miss/Ms or other

Full name:

Relationship to Donor:

Address:

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Email:

Telephone number:

Person 2 to consult

Mr/Mrs/Miss/Ms or other

Full name:

Relationship to Donor:

Address:

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Email:

Telephone number:

PROVIDE INFORMATION TO OTHERS

People your Attorney and Successor Attorney NEED TO give information to about how they are carrying out their role as your Attorney eg: your children (Optional)

Any Attorney must provide information **YES / NO** (circle)

Only Successor Attorney must provide information **YES / NO** (please circle)

Person 1 to be given information

Mr/Mrs/Miss/Ms or other

Full name:

Relationship to Donor:

Address:

.....

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Email:

Telephone number:

Person 2 to be given information

Mr/Mrs/Miss/Ms or other

Full name:

Relationship to Donor:

Address:

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Email:

Telephone number:

Can all information be provided to persons above or only specific information to certain persons **YES / NO**.

If only specific information, please specify what information and to whom.

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If there are more people you would like information to be given to, please advise.

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Attorney benefits

Do you want your Attorneys to be reimbursed for their time or loss of wages **YES / NO** (circle)

If yes please specify

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Do you want your Attorneys to be able to make celebratory gifts ie: birthday presents to grandchildren. If **yes** please specify to whom and amount

Whom

Amount

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Do you want your Attorneys to be able to make donations on your behalf. If **yes** please specify to whom and amount and frequency of payments

Whom / Charity

Amount

Frequency

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