

# Enduring Power of Attorney – Personal Care and Welfare

Do you have any existing Enduring Powers of Attorney? **YES / NO**

If **yes** please advise where these are held so that we can uplift for you:

.....

## Medical Status

Are there any current medical issues requiring you to have an EPOA? **YES / NO**

If yes, please advise .....

**Please note:** *We reserve the right to request a medical certificate before proceeding with instructions*

## YOUR DETAILS (DONOR)

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FULL NAME: .....

ANY NAME YOU ARE ALSO KNOWN BY (aka): .....

ADDRESS: .....

PHONE NUMBER/S: .....

EMAIL ADDRESS: .....

## YOUR ATTORNEYS

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### ATTORNEY DETAILS

*(You can only choose one (1) person to act as your personal care and welfare attorney)*

Mr/Mrs/Miss/Ms or other  
**(circle one)**

Full name: .....

Relationship to Donor (you): .....

Address: .....

Email: .....

Telephone number/s: .....

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

Mr/Mrs/Miss/Ms or other

**(circle one)**

Full name:

Relationship to Donor (you):

Address:

Email:

Telephone number/s:

**2<sup>nd</sup> Successor Attorney Details** (This is someone who will act when your first Attorney and your Successor Attorney cannot)

Mr/Mrs/Miss/Ms or other

**(circle one)**

Full name:

Relationship to Donor (you):

Address:

Email:

Telephone number/s:

**RESTRICTIONS**

Do you want your Attorney(s) to act either:

- on all matters of Personal Care and Welfare? **YES / NO** (circle)

**OR**

- only some? **YES / NO** (*circle one*)

**If only some matters please list these below**

**CONSULTATION WITH OTHERS**

People (for example, your children) who your Attorney *and* Successor Attorney **MUST** consult with when acting on your behalf OR only your Successor Attorney **MUST** consult with (*this is optional*)

I wish my **Attorney** to Consult **YES /NO**

I wish my **Successor Attorney** to consult **YES / NO**

**Person 1 to be consulted**

Mr/Mrs/Miss/Ms or other

**(circle one)**

Full name:

Relationship to Donor (you):

Address:

Email:

Telephone number/s:

**Person 2 to be consulted**

Mr/Mrs/Miss/Ms or other  
**(circle one)**

Full name: .....

Relationship to Donor (you): .....

Address: .....

Email: .....

Telephone number/s: .....

**PROVIDING INFORMATION TO OTHERS**

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**People your Attorney and Successor Attorney MUST give information to about how they are carrying out their role as your Attorney** eg: your children. Please circle which applies to you (Optional)

I wish my **Attorney** to Consult **YES /NO**

I wish my **Successor Attorney** to consult **YES / NO**

**Person 1 to be given information**

Mr/Mrs/Miss/Ms or other  
**(circle one)**

Full name: .....

Relationship to Donor (you): .....

Address: .....

Email: .....

Telephone number/s: .....

*Information to be given* .....

**Person 2 to be given information**

Mr/Mrs/Miss/Ms or other  
**(circle one)**

Full name: .....

Relationship to Donor (you): .....

Address: .....

Email: .....

Telephone number/s: .....

*Information to be given* .....

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

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.....  
.....  
.....

# Enduring Power of Attorney - Property

Do you have existing Enduring Powers of Attorney?

YES / NO

If **yes** please advise where these are held so that we can uplift for you:

.....

## Medical Status

Are there any current medical issues requiring you to have an EPOA?

YES / NO

If yes, please advise .....

**Please note:** *We reserve the right to request a medical certificate before proceeding with instructions*

## YOUR DETAILS (DONOR)

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FULL NAME: .....

ANY NAME YOU ARE ALSO KNOWN BY (aka): .....

ADDRESS: .....

PHONE NUMBER/S: .....

EMAIL ADDRESS: .....

## YOUR ATTORNEYS

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**Attorney Details** (you can have either 1 or 2 Attorneys to act for you and these Attorneys can either act **jointly** (ie: they must sign everything together) or **severally** (each attorney can sign alone) or **jointly and severally** (each attorney can sign on their own or they can sign together))

Would you like **1** or **2** Attorneys? (**circle**)

### ATTORNEY DETAILS

#### Attorney 1

Mr/Mrs/Miss/Ms or other

(**circle one**)

Full name:

Relationship to Donor (you):

Address:

Email:

Telephone number/s:

**Attorney 2**

Mr/Mrs/Miss/Ms or other

**(circle one)**

Full name: .....

Relationship to Donor (you): .....

Address: .....

Email: .....

Telephone number/s: .....

**Attorney Details (if a Trustee corporation)**

Name of Trustee Corporation: .....

Address: .....

Email: .....

Telephone number/s: .....

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

Mr/Mrs/Miss/Ms or other

**(circle one)**

Full name: .....

Relationship to Donor (you): .....

Address: .....

Email: .....

Telephone number/s: .....

**2<sup>nd</sup> Successor Attorney Details**

Mr/Mrs/Miss/Ms or other

**(circle one)**

Full name: .....

Relationship to Donor (you): .....

Address: .....

Email: .....

Telephone number/s: .....

**Successor Attorney Details (if a Trustee corporation)**

**Attorney Details (if a Trustee corporation)**

Name of Trustee Corporation: .....

Address: .....

Email: .....

Telephone number/s: .....

**How do you want your Attorneys to act ?**

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

**Jointly** (must sign together at all times)

OR

**Severally** (separately)

OR

**Jointly and severally** (either together or alone)

**When do you want your EPA to take effect ?**

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**Option 1** – Now and continue if you become mentally incapable

OR

**Option 2** – ONLY if you become mentally incapable

*(Circle one)*

**Do you wish your Attorney(s) to act in relation to all property matters or only some? ALL / SOME**

If **some** please specify:

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.....  
.....  
.....

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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 one)**

**Do you have a current will?**

**YES / NO (circle one)**

**Consultation With Others**

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**People (for example, your children) who your Attorney OR Successor Attorney/s MUST consult with OR only your Successor Attorney/s MUST consult with**

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

Only Successor Attorneys must consult **YES / NO (circle one)**

**Person 1 to consult**

Mr/Mrs/Miss/Ms or other

**(circle one)**

Full name:

Relationship to Donor (you):

Address:

Email:

Telephone number/s:

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**Person 2 to consult**

Mr/Mrs/Miss/Ms or other  
**(circle one)**

Full name: .....

Relationship to Donor (you): .....

Address: .....

Email: .....

Telephone number/s: .....

**Would you like consultation on all matters or only some? If some please list below:**

.....  
.....  
.....

**Information To Others**

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**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 one)**

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

**Person 1 to be given information:**

Mr/Mrs/Miss/Ms or other  
**(circle one)**

Full name: .....

Relationship to Donor (you): .....

Address: .....

Email: .....

Telephone number/s: .....

**Person 2 to be given information:**

Mr/Mrs/Miss/Ms or other  
**(circle one)**

Full name: .....

Relationship to Donor (you): .....

Address: .....

Email: .....

Telephone number/s: .....

Can **all** information be provided to persons above? **YES / NO**

Is **only specific** information to be provided to certain persons **YES / NO**.

*If only specific information, please specify what information and to whom below*

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.....

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

.....  
.....

**Attorney benefits**

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

If yes please specify

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.....

Do you own a property as Tenants in common with any Attorney? **Yes/No/Unknown**

If yes, do you want that attorney to make decisions about your share of the property? **Yes/No**

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**

.....	.....
.....	.....
.....	.....
.....	.....

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

<b>Whom / Charity</b>	<b>Amount</b>	<b>Frequency</b>