

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)

FULL NAME:

ANY NAME YOU ARE ALSO KNOWN BY (aka):

ADDRESS:

PHONE NUMBER/S:

EMAIL ADDRESS:

YOUR ATTORNEYS

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:

2nd 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

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CONSULTATION WITH OTHERS (*This is optional*)

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.

Please circle which applies to you:

Any Attorney must Consult YES /NO

Only my Successor Attorney/s must 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 (This is optional)

People your Attorney and Successor Attorney MUST give information to about how they are carrying out their role as your Attorney e.g. your children

Any Attorney must provide information

YES / NO (circle one)

Only Successor Attorney/s 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:

Please specify below what information is to be given

•

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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:

Please specify what information is to be given

•

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

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)

FULL NAME:

ANY NAME YOU ARE ALSO KNOWN BY (aka):

ADDRESS:

PHONE NUMBER/S:

EMAIL ADDRESS:

YOUR ATTORNEYS

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: _____

2nd 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 ?

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 ?

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:

-
-
-
-

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 (This is optional)

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 Attorney/s 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:

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 (This is optional)

People your Attorney and Successor Attorney MUST give information to about how they are carrying out their role as your Attorney e.g.: your children

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

Only Successor Attorney/s 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 :

-
-
-

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

ATTORNEY BENEFITS

1. Do you want your Attorneys to be reimbursed for their time or loss of wages?

YES / NO (circle one)

(NB: Your attorneys are already entitled to be reimbursed for out of pocket expenses, i.e money they have spent on your behalf from their own funds)

If yes please specify

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.....

2. 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

3. Do you want your Attorneys to be able to make celebratory gifts (for example, birthday presents to your children or grandchildren)?

If **yes** please specify to whom and the amount you would like them to receive

(For example, you can specify an amount or a maximum amount, and whether each person should receive the same amount, either naming each person or simply saying “my grandchildren” or “my children” or “my brothers and sisters” and specifying an amount or maximum amount for each category)

To Whom	Amount
.....
.....
.....
.....

4. Do you want your Attorneys to be able to make charitable donations on your behalf?

If **yes** please specify to whom and amount and frequency of payments

Whom / Charity	Amount	Frequency