

# Enduring Power of Attorney

UNDER THE *POWERS OF ATTORNEY ACT 2006*



## 1 APPOINTMENT OF ATTORNEY/ATTORNEYS

I, *[insert name]*

of *[insert address]*

appoint as my attorney/attorneys

*[insert name]*

of *[insert address]*

**and**

*[insert name]*

of *[insert address]*

**NOTE:** If you are appointing only one attorney, cross out the word "and", and the two lines after it.

Refer to published guidelines before completing this section.

## 2 AUTHORITY FOR SOMEONE ELSE TO EXERCISE THE ATTORNEY'S/ATTORNEYS' POWERS

I expressly authorise my attorney/attorneys to delegate all or any of the attorney's/attorneys' powers to:

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Refer to published guidelines before completing this section.

## 3 MULTIPLE ATTORNEYS

Choose your option by initialling in the appropriate box. Delete and initial the other options.

I appoint my attorneys to act:

together

separately

in the following manner

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Indicate whether you want the attorneys to act together and/or separately, in any combination, or in any other manner (such as different attorneys to act in different circumstances on the happening of different events or in relation to different matters).

Refer to published guidelines before completing this section.



**4 FUNCTIONS**

*Choose your option by initialling in the appropriate box. Delete and initial any option that does not apply.*

**property matters (includes financial matters)**

I authorise my attorney/attorneys to do, on my behalf, anything that I can lawfully do by an attorney, in relation to my property matters (which includes financial matters).

**personal care matters**

I authorise my attorney/attorneys to do, on my behalf, anything that I can lawfully do by an attorney, in relation to my personal care matters, while I have impaired decision-making capacity.

**health care matters**

I authorise my attorney/attorneys to do anything that I can lawfully do by an attorney, in relation to my health care matters, while I have impaired decision-making capacity.

*Refer to published guidelines in relation to powers under this section.*

**5 DIRECTIONS, LIMITATIONS AND CONDITIONS**

My attorney/attorneys shall only exercise power under section 4 above, subject to the following directions, limitations and conditions.

*Choose your option by initialling in the appropriate box. Delete and initial any option that does not apply.*

**Property matters (includes financial matters)**

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**personal care**

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**health care**

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## 6 REFUSAL, OR WITHDRAWAL, OF MEDICAL TREATMENT

Choose your option by initialling in the appropriate box. Delete and initial the other option.

My attorney/attorneys may consent on my behalf to –

refuse or require the withdrawal of, medical treatment generally; or

refuse, or require the withdrawal of, the following kinds of medical treatment:

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Refer to published guidelines in relation to this power.

## 7 COMMENCEMENT

Choose your option by initialling in the appropriate box. Delete and initial the other options.

My attorney's/attorneys' power in relation to my property matters comes into effect –

Immediately

From \_\_\_\_\_ [specify date or the happening of an event]

Only when I become a person with impaired decision making capacity.

My attorney's/attorneys' powers in relation to personal care matters and health care matters will be exercisable when I become a person with impaired decision-making capacity.

## 8 STATEMENT OF UNDERSTANDING AND SIGNATURE

I fully understand that, by making this enduring power of attorney, I authorise my attorney/attorneys to act on my behalf in accordance with the terms set out in this enduring power of attorney. I also understand the nature and effect of making a power of attorney.

**NOTE:** Published guidelines set out the meaning of "understanding the nature and effect of making a power of attorney". You should read the relevant guideline before signing this statement.

a) Signature  Date   
*[Signature of Principal]*

**OR,**

b) I directed:

Name

Address

Suburb  State  Postcode

to sign this enduring power of attorney on my behalf.

Signature  Date   
*[Signature of another person signing in the presence of and by the direction of the principal.]*

Refer to published guidelines in relation to giving this direction.



## 9 CERTIFICATE OF WITNESS

Refer to published guidelines in relation to signing the certificate of witness, and who can be a witness.

### Witness 1

I,

*[insert full name, occupation and the category of persons authorised to witness the signing of a statutory declaration]*

of:

*[insert address]*

**and**

### Witness 2

I,

*[insert full name and occupation]*

of:

*[insert address]*

certify that:

- a) the principal signed this enduring power of attorney in my presence voluntarily; and
- b) at the time the principal signed this enduring power of attorney, the principal appeared to me to understand the nature and effect of making it.

### **OR (if a person signed on behalf of the principal)**

- c) the principal directed the person to sign the enduring power of attorney for the principal;
- d) the principal gave the direction voluntarily in my presence and the person signed this document in the presence of the principal and me;
- e) the person signed the power of attorney in the presence of the principal and me; and
- f) at the time the principal gave the direction, the principal appeared to me to understand the nature and effect of making this enduring power of attorney.

**NOTE:** Cross out (a) and (b) if a person signed on behalf of the principal. Otherwise, cross out (c), (d), (e) and (f).

### Witness 1

Signature

Date

### Witness 2

Signature

Date



## 10 ACCEPTANCE OF APPOINTMENT

I have read this enduring power of attorney which appoints me as attorney for the principal. I understand that by signing this enduring power of attorney, I take on the responsibility of exercising the powers which I have been given by the following acceptance of my appointment.

I accept my appointment as attorney

Name

Signature

Date

D	D	M	M	Y	Y	Y	Y
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**and**

I accept my appointment as attorney

Name

Signature

Date

D	D	M	M	Y	Y	Y	Y
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**NOTE:** If only one person is being appointed, cross out the word "and", and the three lines after it.

*Refer to published guidelines in relation to acceptance of appointment.*