STAPLE ALL SHEETS
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STATE OF VICTORIA

ENDURING POWER OF ATTORNEY REVOCATION BY PRINCIPAL

FORM 2

REVOCATION BY PRINCIPAL OF ENDURING POWER OF ATTORNEY OR APPOINTMENT OF ATTORNEY/ALTERNATIVE ATTORNEY

Name of principal .....
[Insert your full name]

Address of principal .....
[Insert residential address of principal]

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

If you are revoking the whole enduring power of attorney, including revoking your appointment of all the attorneys and alternative attorneys appointed under it, tick this option and complete the date.

☐ the enduring power of attorney dated .....
[Insert the date on which the enduring power of attorney was made]

If you are not revoking the whole enduring power of attorney, but are revoking the appointment of one or more of the attorneys appointed under it, tick this option and complete the applicable parts of the section.

☐ the appointment of **my attorney* / my attorneys***
*[*Cross out whichever does not apply]*

.....
[Insert the full name or position of the attorney]

of .....
[Insert residential address of the attorney]

If you are revoking the appointment of more than one attorney, insert the full name and address of each additional attorney in the appropriate space below. Cross out any part you do not use.

AND .....
[Insert the full name or position of the second attorney]

of .....
[Insert residential address of the second attorney]

AND .....
[Insert the full name or position of the third attorney]

of .....
[Insert residential address of the third attorney]

under the enduring power of attorney made on .....
[Insert the date on which the enduring power of attorney was made]

ENDURING POWER OF ATTORNEY REVOCATION BY PRINCIPAL

If you are revoking, or also revoking, the appointment of one or more alternative attorneys, tick this option.

AND

Delete the word 'AND' if you are ***only*** *revoking one or more alternative attorneys.*

☐ the appointment of **my alternative attorney* / my alternative attorneys***

*[*Cross out whichever does not apply]*

.....

[Insert the full name or position of the alternative attorney]

of .....

[Insert residential address of the alternative attorney]

If you are revoking the appointment of more than one alternative attorney, insert the full name and address of each additional alternative attorney in the appropriate space below. Cross out any part you do not use.

AND .....

[Insert the full name or position of the second alternative attorney]

of .....

[Insert residential address of the second alternative attorney]

AND .....

[Insert the full name or position of the third alternative attorney]

of .....

[Insert residential address of the third alternative attorney]

under the enduring power of attorney made on .....

[Insert the date on which the enduring power of attorney was made]

Signed .....

[Signature of principal or person signing at the direction of (on behalf of) the principal]

Date .....

[Principal or person signing at the direction of (on behalf of) the principal to write the date here]

Tick the following option if this revocation of the enduring power of attorney is being signed by a person at the direction of the principal.

☐ I sign this instrument of revocation at the direction of and in presence of the principal.

Name of person signing at direction of principal .....

Address of person signing at direction of principal .....

.....

CERTIFICATE OF WITNESSES

Witnessed by

Name of first witness .....
[Insert full name of first witness]

Address of first witness .....
[Insert residential address of first witness]

Name of second witness .....
[Insert full name of second witness]

Address of second witness .....
[Insert residential address of second witness]

Each witness certifies under section 49 of the *Powers of Attorney Act 2014* that:

Tick either Option A or Option B below.

If witnessing for the principal signing, tick this option.

☐ Option A
- the principal appeared to freely and voluntarily sign this instrument in our presence;
- at that time, the principal appeared to us to have decision making capacity in relation to revoking the enduring power of attorney;
- we are not attorneys under the enduring power of attorney;
- we are not relatives of the principal or of an attorney under the enduring power of attorney; and
- we are not care workers or accommodation providers for the principal.

If witnessing another person signing at the direction and in the presence of the principal, tick this option.

☐ Option B
- we are not the person who is signing at the direction of the principal;
- in our presence, the principal appeared to freely and voluntarily direct the person to sign for the principal and that person signed this instrument in our presence and in the presence of the principal;
- at that time, the principal appeared to us to have decision making capacity in relation to revoking the enduring power of attorney;
- we are not attorneys under the enduring power of attorney;
- we are not relatives of the principal or of an attorney under the enduring power of attorney; and
- we are not care workers or accommodation providers for the principal.

Signed

First witness .....
[Signature of first witness]

Qualification of first witness .....
[Insert qualification of first witness if acting as a medical practitioner or person authorised to witness affidavits]

Second witness .....
[Signature of second witness]

Qualification of second witness .....
[Insert qualification of second witness if acting as a medical practitioner or person authorised to witness affidavits]

Date .....
[Insert date]

FORM 3
NOTIFICATION BY ATTORNEY

To .....
[Insert name of person(s) or organisation(s) to whom notice is being given]

of .....
[Insert address(es) of person(s) or organisation(s) to whom notice is being given (if known)]

This notice is given under section 54 of the *Powers of Attorney Act 2014.*

Name of attorney giving notice .....
[Insert your full name]

Address of attorney giving notice .....

.....
[Insert your residential address]

I give notice that my appointment as an attorney under the enduring power of attorney made by

.....
[Insert full name of principal]

on or about ..... is revoked because:
[Insert date made (if known) or approximate date made]

Tick the applicable option(s).

☐ I have become an insolvent under administration.

☐ I have become a care worker, health or accommodation provider for the principal.

The following option is only applicable for an attorney for financial matters.

☐ I have been convicted or found guilty of an offence involving dishonesty.

Signed

..... Date .....
[Signature of attorney] *[Insert date]*

STATE OF VICTORIA

ENDURING POWER OF ATTORNEY
RESIGNATION BY ATTORNEY OR ALTERNATIVE ATTORNEY

FORM 4
RESIGNATION BY ATTORNEY OR ALTERNATIVE ATTORNEY

This form is for use by an individual who is resigning as attorney or alternative attorney under an enduring power of attorney made under the *Powers of Attorney Act 2014*.

I .....

[Insert your full name]

of .....

[Insert your residential address]

resign under

Tick the applicable option only. See the explanatory text after each option to determine which applies.

☐ section 56

Applies if the principal has decision making capacity for all the matters for which you are resigning as attorney or alternative attorney.

The following three options relate to circumstances in which the principal does **not** *have decision making capacity for all the matters for which the attorney or alternative attorney is appointed.*

☐ section 59(1)(a)

Applies if there is ***another attorney*** *who has power for the matter(s) for which you are resigning as attorney.*

☐ section 59(1)(b)

Applies if there is no other attorney who has power for the matter, but there is an an **alternative attorney** *who (i) has power for the matter(s) for which you are resigning as attorney, and (ii) is able and willing to act.*

☐ section 59(3)

Applies if you are an **alternative attorney** *who is* **not acting** *as attorney for the matter(s) for which you are resigning as alternative attorney.*

of the *Powers of Attorney Act 2014* from my appointment as an

Tick the applicable option only.

☐ attorney

☐ alternative attorney

ENDURING POWER OF ATTORNEY
RESIGNATION BY ATTORNEY OR ALTERNATIVE ATTORNEY

Tick the applicable option only. If the second option applies, insert a description of the matters for which you are resigning, e.g. 'all financial matters'.

☐ for all matters for which I have power

☐ for the following matters, namely: .....

.....

under the enduring power of attorney made on or about .....
[Insert the date made (if known) or approximate date made]

by .....
[Insert full name of principal]

Signed

..... Date .....
[Signature of attorney/alternative attorney] *[Insert date]*

STATE OF VICTORIA

REVOCATION BY PRINCIPAL OF SUPPORTIVE ATTORNEY

FORM 6

REVOCATION BY PRINCIPAL OF SUPPORTIVE ATTORNEY APPOINTMENT OR APPOINTMENT OF SUPPORTIVE ATTORNEY/ALTERNATIVE SUPPORTIVE ATTORNEY

Name of principal .....
[Insert your full name]

Address of principal .....
[Insert your residential address]

I revoke under section 103 of the *Powers of Attorney Act 2014:*

If you are revoking the whole supportive attorney appointment, including revoking your appointment of all the supportive attorneys and alternative supportive attorneys appointed under it, tick this option and complete the date below.

☐ the supportive attorney appointment dated .....
[Insert date on which the supportive attorney appointment was made]

If you are not revoking the whole supportive attorney appointment, but only revoking the appointment of one or more of the supportive attorneys appointed under it, tick this option and complete the applicable parts below.

☐ the appointment of my supportive attorney(s) .....
[Insert full name of supportive attorney]

of .....
[Insert residential address of supportive attorney]

If you are also revoking the appointment of a second supportive attorney, complete the details of the second supportive attorney below, otherwise, cross out the word 'AND' and the following two lines.

AND

.....
[Insert full name or position of second supportive attorney]

of .....
[Insert residential address of second supportive attorney]

If you are revoking, or also revoking, the appointment of one or more alternative supportive attorneys, complete as much of the section below as is applicable and cross out any unused parts.

AND

Delete the word 'AND' if you are only revoking one or more alternative supportive attorneys.

☐ the appointment of my alternative supportive attorney(s)

.....
[Insert full name of alternative supportive attorney]

of .....
[Insert residential address of alternative supportive attorney]

REVOCATION BY PRINCIPAL OF SUPPORTIVE ATTORNEY

If you are revoking the appointment of a second alternative supportive attorney, complete the details of the second alternative supportive attorney below, otherwise cross out the word 'AND' and the following two lines.

AND

.....

[Insert full name of second alternative supportive attorney]

of .....

[Insert residential address of second alternative supportive attorney]

under the supportive attorney appointment made by me on .....

[Insert date made]

Signed

.....

[Signature of principal or person signing at the direction of (on behalf of) the principal]

Date .....

[Principal or person signing at the direction of (on behalf of) the principal to write the date here]

Tick the following option if the revocation is being signed by a person at the direction of the principal.

☐ I sign this instrument of revocation at the direction of and in presence of the principal.

Name of person signing at direction of principal .....

Address of person signing at direction of principal .....

.....

Witnessed by

Name of witness .....

[Insert full name of witness]

Address of witness .....

[Insert residential address of witness]

Qualification of witness .....

[Insert qualification of witness if acting as a person authorised to witness statutory declarations]

Signed

..... Date .....

[Witness to sign] *[Insert date]*

FORM 7

RESIGNATION BY SUPPORTIVE ATTORNEY OR ALTERNATIVE SUPPORTIVE ATTORNEY

Name of supportive attorney or alternative supportive attorney resigning:

.....

[Insert your full name]

Address of supportive attorney or alternative supportive attorney resigning:

.....

[Insert your residential address]

I resign under section 111 of the *Powers of Attorney Act 2014* from my appointment as a s**upportive attorney*** **/ alternative supportive attorney***

*[*Cross out whichever does not apply]*

under the supportive attorney appointment made by

..... on .....

[Insert full name of principal] *[Insert date appointment made (if known)]*

Signed

.....

[Signature of resigning supportive attorney/resigning alternative supportive attorney]

Date .....

[Insert date]

Note: A person who resigns as a supportive attorney or an alternative supportive attorney under section 111 of the *Powers of Attorney Act 2014* must take all reasonable steps to inform the principal and any other supportive attorney and alternative supportive attorney of the resignation. See section 113 of the *Powers of Attorney Act 2014*.

STATE OF VICTORIA

REVOCATION OF ENDURING POWER OF ATTORNEY (MEDICAL TREATMENT)

To .....
[Insert the full name of your agent]

of .....
[Insert the residential address of your agent]

I .....
[Insert your full name]

of .....
[Insert your residential address]

revoke the enduring power of attorney (medical treatment) dated the .....
[Insert the date of the power of attorney document]
under which I appointed you as my attorney.

Signed by .....
[Sign your name here]

Witnessed by .....
[Insert the full name of your witness]

of .....
[Insert the residential address of your witness]

Signature ..... Date .....
[Witness to sign] *[Insert date]*

STATE OF VICTORIA

REVOCATION OF GENERAL NON-ENDURING POWER OF ATTORNEY

To.....
[Insert full name of your attorney]

of.....
[Insert residential address of your attorney]

I .....
[Insert your full name]

of.....
[Insert your residential address]

revoke the general non-enduring power of attorney dated the .....
[Insert date of the original general non-enduring power of attorney document]

under which I appointed you as my attorney.

Signed by me.....
[Principal to sign]

Witnessed by.....
[Insert full name of witness]

of.....
[Insert residential address of witness]

Signature ..... Date .....
[Witness to sign] *[Insert date]*

STATE OF VICTORIA

REVOCATION OF APPOINTMENT OF ENDURING GUARDIAN

1. I,.....
[Insert your full name]

of .....
[Insert your residential address]

.....
[Insert your occupation]

revoke the appointment of.....
[Insert the full name of your guardian or alternative guardian]

of.....
[Insert your guardian or alternative guardian's address]

.....
[Insert your guardian or alternative guardian's occupation]

as my.....
[Insert guardian or alternative guardian as applicable]

2. This revocation of appointment as an .....
[Insert enduring guardian or alternative enduring guardian as applicable]

is made under Division 5A of Part 4 of the *Guardianship and Administration Act 1986.*

Signature of appointor ..... Date .....
[You must sign here] *[Insert date]*

REVOCATION OF APPOINTMENT OF ENDURING GUARDIAN

CERTIFICATE OF WITNESS

We, ...

[Insert the full name of the person who is authorised to witness the signing of statutory declarations]

of.....

[Print the residential address of your first witness]

.....

[Print the occupation of your first witness]

and.....

[Print the full name of your second witness]

of.....

[Print the residential address of your second witness]

.....

[Print the occupation of your second witness]

certify:

(a) that the appointor has signed this instrument freely and voluntarily in our presence; and

(b) that the appointor appeared to understand the effect of this instrument.

Signature ..... Date .....

[First witness authorised to witness the signing of statutory declarations]

Signature ..... Date .....

[Second witness signs and dates]