

Form 1

[Note: This form should not be used before 1 April 2004 when the legislation takes effect.]

ENDURING POWER OF ATTORNEY (FINANCIAL)

This Enduring Power of Attorney is made under Part XIA of the **Instruments Act 1958** and has effect as a deed.

This Enduring Power of Attorney is made on *(insert date)* _____.

(Cross out the following option if you wish to appoint more than one attorney)

1. I, _____, *[Print your full name here]*

of _____,
[Print your address here]

appoint _____, *[Print the full name of your attorney here]*

of _____
[Print your attorney's address here]

to be my attorney.

OR

1. I, _____
[Print your full name here]

of _____
[Print your address here]

appoint _____
[Print the full name of your first attorney here]

of _____
[Print your first attorney's address here]

and _____
[Print the full name of your second attorney]

of _____
[Print the address of your second attorney here]

and _____
[Print the full name of your third attorney here if you wish to appoint three attorneys]

OR *rule a line through this line and the next line if you wish to appoint only two attorneys*

of _____
[Print the address of your third attorney here]

*one of these
must be deleted

- *jointly to be my attorneys. (See note at the end of this part)
*jointly and severally to be my attorneys. (See note at the end of this part)

(Cross out the following option if you do not wish to appoint an alternative attorney)

1(a). I, _____,
[Print your full name here]
of _____,
[Print your address here]
appoint _____,
[Print the full name of your alternative attorney here]
of _____,
[Print your alternative attorney's address here]
as an **alternative** attorney for _____.
[Print the name of the original attorney for whom you are appointing the
alternative]

2. I **authorise** my attorney(s) to do on my behalf any thing that I may lawfully
authorise an attorney to do.

(Cross out the following option if it does not apply)

3. The authority of my attorney(s) is subject to the following **conditions, limitations,**
and **instructions**:

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

4. I **declare** that this power of attorney begins:

(Tick **one** box **only**)

☐ Immediately.

☐ On this date: _____
[Write here the date when you want the power of your attorney(s) to begin]

☐ On this occasion: _____
[Write here the occasion when you want the power of your attorney(s) to begin]

(If you do not complete this clause, the power begins immediately.)

5. **I declare** that this power of attorney will continue to operate and have full force and effect even if I subsequently become legally incapable.

(Cross out the following option if it does not apply)

6. **I declare** that all previous enduring powers of attorney signed by me are hereby revoked.

Signed as a deed by

.....
[Write your signature here]

or (Cross out the following option if it does not apply)

I, _____,
[Person signing for the donor prints his/her full name here]

state that:

- (a) I am at least eighteen years old
- (b) I am not a witness for this document or an attorney for the donor.

.....
[Person signing at the direction and in the presence of the donor of the power signs here]

[NOTE:

If this enduring power of attorney confers power on two or more attorneys to act **jointly**, then they have equal authority and can only act with the agreement of them all, and any documents must be signed by all of the attorneys together.

If this enduring power of attorney confers power on two or more attorneys to act **jointly and severally**, then in exercising the powers under the enduring power of attorney any of the attorneys can act and sign documents together or alone.]

CERTIFICATE OF WITNESSES

We, _____ ,
[Print the full name of the witness authorised to witness the signing of statutory declarations here]

of _____ ,
[Print the address of your first witness here]

and _____ ,
[Print the full name of your second witness here]

of _____ ,
[Print here the address of your second witness here]

certify -

(Cross out whichever option (a) does not apply)

(a) that the donor has signed this enduring power of attorney freely and voluntarily in our presence; and

or

(a) that this enduring power of attorney has been signed in our presence at the direction and in the presence of the donor of the power, and the donor of the power gave that direction freely and voluntarily; and

(b) that at the time of signing, the donor appeared to each of us to have the capacity necessary to make the enduring power of attorney.

.....
[Witness authorised to witness the signing of statutory declarations signs here]

.....
[Other witness signs here]

STATEMENT OF ACCEPTANCE

I, _____,
[Print the full name of proposed attorney here]

of _____,
[Print address of proposed attorney here]

on _____,
[Insert date]

accept appointment as an attorney under

*[*Delete option which does not apply]*

*this enduring power of attorney

or

*the attached enduring power of attorney

and undertake -

- (a) to exercise the powers conferred with reasonable diligence to protect the interests of the donor; and
- (b) to avoid acting where there is any conflict of interest between the interests of the donor and my interests; and
- (c) to exercise the powers conferred in accordance with Part XIA of the **Instruments Act 1958**.

.....
[Write your signature here]

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