



Instructions For Creation of a Power of Attorney

Your Personal Details

Full name:
(include any previous name)

Date and place of birth:

Current home address:

Occupation:
(if retired, last occupation)

Marital status: Married/Widowed/Divorced/Single/Separated/Defacto (*please circle*)

- If married/defacto, please provide full name of your spouse:
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- If divorced or re-married, please provide full name of previous spouse(s):
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Previous Powers of Attorney

Have you given a power of attorney to anyone? Yes/No (*please circle*). If yes, then please provide a copy.

Type of Power of Attorney

Please tick the type of Power of Attorney you would like to make (*you may chose more than one*):

Enduring Power of Attorney (*this includes financial and legal matters and guardianship*)

Enduring Power of Attorney (Medical Treatment)

Attorneys

Your attorney(s) are the persons who you will nominate to take care of any matters whether financial, personal medical or guardianship on your behalf if you are unable to.

Enduring Power of Attorney (financial and legal decisions)

Who will be your Attorney(s)? *(Can be more than one attorney at any point in time, with power to act either individually or only on basis of unanimous consent).*

Provide full name, address and relationship to you:

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If more than one attorney, then is unanimous decision making required or can one act solely without consulting the other?

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Who will be your reserve attorney(s) in case your attorney(s) cannot act?

Provide full name, address and relationship to you:

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Please tick which powers you would like your attorney(s) to have:

- Personal Matters
- Financial Matters
- Both personal and financial matters

Do you want your attorney(s) to have any specific powers or obligations?

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- When would you prefer the Power of Attorney to commence?
- Immediately on the making of this enduring power of attorney
 - When you cease to have decision making capacity for the matter(s)
 - Other time, circumstance or occasion: [*specify time, circumstances or occasion when the power is exercisable*]

Guardianship

Please fill this section if you are intending to add a guardianship clause to your Enduring Power of Attorney. The Guardian can make decisions about things such as where you should live or who should be able to visit you if you can't make that decision yourself.

Who will be your Guardian?

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Do you want your guardian to have any specific powers or obligations?

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Medical Power of Attorney

This relates to decisions about medical treatment, including the refusal of medical treatment. Only one person can act at any point in time though a reserve attorney can be provided for.

Who will be your Attorney? Provide full name, address and relationship to you:

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Who will be your reserve attorney in case your attorney cannot act? Provide full name, address and relationship to you:

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