



INSTRUCTIONS FOR ENDURING POWERS OF ATTORNEY (EPOA) - PROPERTY

This document is for information gathering purposes only and does not constitute a legally binding document.

We will prepare both Property and Personal Care and Welfare Enduring Powers of Attorney for you on your behalf, based on these instructions.

This form is solely for the Property EPOA.

Once prepared, your Enduring Powers of Attorney are binding once they are signed by you and your attorney (including any successor attorney/s) in the presence of a witness. For the donor this must be a lawyer, an authorised legal executive, or an authorised officer or employee of a trustee corporation who also sign the documents and complete a certificate.

NOTE: This can come into effect if a MEDICAL PROFESSIONAL declares mental incapacity OR you can have it in place following the signing of the document.

ARE THESE NEW ENDURING POWERS OF ATTORNEY?	☐ YES ☐ NO
IF NO, WHERE ARE YOUR CURRENT, ORIGINAL EPOA's HELD?	

NAME (your full legal name): You are the DONOR*	
ADDRESS:	
TELEPHONE NUMBER/S:	
EMAIL ADDRESS/ES:	
DATE OF BIRTH:	
OCCUPATION:	
NAMES OF ATTORNEY/S** (Please include their relationship to you)	
If more than one do you want them to act jointly or be able to act on their own or both?	☐ Jointly ☐ Individually ☐ Both

ATTORNEY/S CONTACT DETAILS (please include their ADDRESS, EMAIL ADDRESS AND CONTACT NUMBER)			
SUCCESSOR ATTORNEY/S*** (Who would take over for the attorney/s if they could not perform the task) (Please include their relationship to you)			
If more than one do you want them to act jointly or be able to act on their own or both?	☐ Jointly	☐ Individually	☐ Both
SUCCESSOR ATTORNEY/S CONTACT DETAILS (please include their ADDRESS, EMAIL ADDRESS AND CONTACT NUMBER)			
PEOPLE THAT NEED TO BE CONSULTED WITH ON ANY DECISIONS MADE (Optional) (please include their ADDRESS, EMAIL ADDRESS AND CONTACT NUMBER)			
PEOPLE THAT NEED INFORMATION PROVIDED TO THEM ABOUT ANY DECISIONS MADE (Optional) (please include their ADDRESS, EMAIL ADDRESS AND CONTACT NUMBER)			
OTHER OPTIONS Mark the box/ beside the box if you would like these options NOTE: If these boxes are unmarked the matter/s will not be included in the EPOA	☐ Are there restrictions on what matters they can act on – if yes what restrictions?	☐ They can apply to the Court to sign a will on your behalf	☐ They can make a gift or charitable donations on your behalf – if yes please provide details

***Donor** – The individual the EPOA relates to/involves.

****Attorney** – The appointed individual that will be tasked with making decisions on your behalf when you are unable to make them for yourself.

***** Successor Attorney** – The appointed individual that will be tasked with making decisions on your behalf when both you and your attorney are unable to make them for yourself.