



WHITMARSH LAW

ENDURING POWER OF ATTORNEY DRAFTING FORM

A: Your Details as Donor

.....
Title First Names Family Name

.....
Other First Names by which you are known Other Family Name by which you are known

.....
Address

.....
Occupation email address

.....
Daytime phone number Nighttime phone number

PART 1: EPA IN RELATION TO PROPERTY

B: Previous EPAs—revocation, continuance

*If you have 1 or more previous EPAs in relation to your property, you may choose to revoke them, or specify that they will continue. If you specify here that you want a previous EPA to continue, you need to make sure the authority to act under the previous EPA is not inconsistent with your attorney(s) authority to act under **this** EPA, otherwise it may not be clear what each attorney's duties are. If the EPAs relate to different matters in relation to your property, this will not be a problem.*

If you have a previous EPA that is being revoked, you should send notice to the attorney(s) named in the EPA that you have done this. Until such notice is received, the attorney(s) named in the EPA can continue to act.

Do you want to continue any previous EPA(s)? (tick first box only, or both)

- I revoke all previous EPAs in relation to my property that I may have given except those specified below (if any).
- I want to continue only the previous EPA(s) in relation to my property that are specified below. [List details of any EPA in relation to property that is to continue. If none, you may leave the space blank or specify "None".]

C: Attorney Details

You can appoint 1 or more attorneys to act for you on property matters. These can be individuals or a trustee corporation. This form allows for 2 attorneys, but you can appoint more if you wish. An attorney must be at least 20 years old and not bankrupt or mentally incapable themselves, or be a Trustee Company. If you wish to appoint a Trustee Company as one of your Attorneys, please include the name of the company, its street address, PO Box number including town and postcode, as well as its email and phone details.



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G: What your Attorneys can act on

Do you want your attorney(s) to act for you on **all** your property affairs, or only on part of your property affairs? If only on part of your property affairs, you must specify what part.

You can also state any conditions or restrictions you want to place on your attorney's authority to act.

My attorney(s) can act on my behalf on: (tick one)

- All** of my property affairs
- Only** the part of my property affairs specified below:

- Only** the following specified things:

My attorney's authority to act is subject to the following conditions or restrictions (optional):
[List any conditions or restrictions. If none, you may leave the space blank or specify "None".]

H: Authorising a Will

If you are not capable of making a will, your attorney(s) may apply to the Family Court to get authorisation to sign a will on your behalf (in a form that the court approves). Indicate whether or not you wish to authorise this.

Unless you clearly specify otherwise, the Family Court will be able to authorise your attorney(s) to make a will for you if you are no longer capable of making one.

Do you want the Family Court to be able to authorise your attorney(s) to make a will for you when you are no longer capable of making one? (tick one)

- No** – I do not want my Attorney(s) to be authorised to sign a Will for me.
- Yes** – I want the Family Court to be free to authorise my Attorney(s) to sign a Will for me if the Court thinks fit.

I: Consultation (optional)

You have the option to name 1 or more people who, as far as practicable, your attorney(s) must seek advice from (consult) about your property affairs before making decisions.

Your attorney(s) can consult only on the matters you specified in section G.

This form allows for 2 names but you can name as many people as you like. You also have the option to limit the consultation requirement to your successor attorney(s).

Do you want to name any person(s) that your attorney(s) or successor attorney(s) must consult about your property matters? (tick one)

- No** – Go to Section J
- Yes** – The person(s) I have named below are to be consulted about the matters I have indicated.

The duty to consult applies to: (tick one)

- Both my Attorney(s) and my Successor Attorney(s).
- My Successor Attorney(s) only.

Do you want to name someone to whom your attorney(s) need to give information about how they are carrying out their role as your attorney(s)? (tick one)

- No** – Go to Section K
- Yes** – My Attorney(s) must provide to the person(s) I have named below the information I have indicated.

Person(s) to be consulted:

Person 1:

.....

Title	First Names	Family Name
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.....

Address

.....

email	Telephone
-------	-----------

.....

Occupation	Relationship to you
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Information to be provided to Person 1: *[list items]*

.....

.....

Person 2:

.....

Title	First Names	Family Name
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.....

Address

.....

email	Telephone
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.....

Occupation	Relationship to you
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Information to be provided to Person 2: *[list items]*

.....

.....

[Provide similar details for any other person.]

K: Attorney's and others' benefits (optional)

You should think very carefully about what rights you want to give your attorney(s) to act for their own benefit or for the benefit of other persons when you are mentally incapable. It is recommended that you clearly state here what your attorney(s) can or cannot do.

Unless your EPA states otherwise, your attorney(s) is/are authorised to—

- *recover from your property their out-of-pocket expenses and their professional fees and expenses:*
- *deal with any property that you and the attorney own jointly (and not as tenants in common) if you and an attorney are married, in a civil union, or in a de facto relationship and you live together and share your incomes.*

Do you want to give your attorney(s) authority to use your property for their own benefit or for the benefit of any other person? (tick all those that apply)

- No – Go to Section M
- Yes – My Attorney(s) can act to their own benefit as stated here: *[list details]*.

- Yes – My Attorney(s) can act to the benefit of the following persons as specified

Person(s) who may receive benefits:

Person 1:

.....

Title	First Names	Family Name
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.....

Address

.....

email	Telephone
-------	-----------

.....

Occupation	Relationship to you
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My Attorney(s) can give Person 1 the following benefits: *[list benefits]*

Person 2:

.....

Title	First Names	Family Name
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.....

Address

.....

email	Telephone
-------	-----------

.....

Occupation	Relationship to you
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My Attorney(s) can give Person 2 the following benefits : *[list benefits]*

.....
[Provide similar details for any other person.]



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L: Celebratory Gifts and Donation (optional)

You can authorise your attorney(s) to provide, out of your property, celebratory gifts to children and grandchildren, etc, and to make modest charitable donations.

Your attorney(s) is/are not required to make these gifts or donations and should only do so having regard to your overall financial circumstances and commitments.

Do you want to give your attorney(s) authority to use your property to provide celebratory gifts or charitable donations? (tick one)

- No – Go to Section M
- Yes – I authorise my Attorney(s) to provide out of my property celebratory gifts of not more than the following maximum value to the following people, including any who are born after the date on which this EPA was signed: *[tick those that apply]*.
 - My children
 - My grandchildren
 - My nieces and nephews
 - My great-grandchildren
 - Other people: *[specify]*

Maximum value of each gift \$

I authorise my attorney(s) to make out of my property annual donations of the following amounts to the following charities:

Amount \$ to

Amount \$ to

[Provide similar details for any other charity]

PART 2: EPA IN RELATION TO PERSONAL CARE AND WELFARE

B: Previous EPAs—revocation, continuance

*If you have 1 or more previous EPAs in relation to your personal care and welfare, you may choose to revoke them, or specify that they will continue. If you specify here that you want a previous EPA to continue, you need to make sure the authority to act under the previous EPA is not inconsistent with your attorney(s) authority to act under **this** EPA, otherwise it may not be clear what each attorney’s duties are. If the EPAs relate to different matters in relation to your personal care and welfare, this will not be a problem.*

If you have a previous EPA that is being revoked, you should send notice to the attorney(s) named in the EPA that you have done this. Until such notice is received, the attorney(s) named in the EPA can continue to act.

Do you want to continue any previous EPA(s)? (tick first box only, or both)

- I revoke all previous EPAs in relation to my personal care and welfare that I may have given except those specified below (if any).
- I want to continue only the previous EPA(s) in relation to my personal care and welfare that are specified below. [*List details of any EPA in relation to personal care and welfare that is to continue. If none, you may leave the space blank or specify “None”.*]

C: Attorney Details

In any EPA in relation to personal care and welfare you can appoint ONLY one person to be your attorney under that EPA. An attorney must be at least 20 years old and not bankrupt or mentally incapable themselves. , or be a Trustee Company. If you wish to appoint a Trustee Company as one of your Attorneys, please include the name of the company, its street address, PO Box number including town and postcode, as well as its email and phone details.

I appoint the following person(s) as my attorney(s):

Attorney 1:

.....

Title	First Names	Family Name
-------	-------------	-------------

.....

Address

.....

email	Telephone
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.....

Occupation	Relationship to you
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.....

D: What your Attorney can act on

Your attorney can act for you on all matters relating to your personal care and welfare, or only some matters. If you want your attorney to act on only some matters, you must list what those matters are. You can also state any conditions or restrictions you want to place on your attorney's authority to act.

My attorney(s) can act on my behalf on: (tick one)

- All** of my personal care and welfare matters
 - Only** the matters relating to my personal care and welfare specified below:
-

My attorney's authority to act is subject to the following conditions and restrictions (optional):
[List any conditions or restrictions. If none, you may leave the space blank or specify "None".]

.....

E: Successor Attorney details (optional)

You have the option to appoint 1 or more successor attorneys to act if your attorney's appointment ends. This form allows for 2 successor attorneys, but you can name as many as you like.

Do you want to appoint 1 or more Successor Attorneys? (tick one)

- No** – Go to Section F
- Yes** – If the appointment of an Attorney named in Section C ends, I appoint as my first Successor Attorney the person or Trustee Company named below.

First Successor Attorney:

.....

Title	First Names	Family Name
.....		
Address		
.....		
email	Telephone	
.....	
Occupation	Relationship to you	
.....	

Do you want to appoint a second Successor Attorney? (tick one)

- No** – Go to Section F
- Yes** – If the appointments of the Attorney named in Section C and of my first successor attorney end, I appoint as my second Successor Attorney the person named below.

Person 2:

.....
Title First Names Family Name
.....
Address
.....
email Telephone
.....
Occupation Relationship to you
.....

Person 2 must be consulted about: (tick one)

- all my personal care and welfare matters listed in section D
- only the personal care and welfare affairs listed here: *[list personal care and welfare matters]*.

G: Providing Information (optional)

*You have the option to name 1 or more people to keep an eye on your attorney's actions. This form allows for 2 names, but you can name as many people as you like.
Your attorney must provide them with the information (as listed) about how the attorney is carrying out their EPA duties. This information must be provided straight away when requested.*

Do you want to name a person or people to whom your attorney must to give information about how they are carrying out their role as your attorney? (tick one)

- No** – Go to Section H
- Yes** – My Attorney(s) must provide to the person(s) I have named below the information I have indicated.

Person(s) to be consulted:

Person 1:

.....
Title First Names Family Name
.....
Address
.....
email Telephone
.....
Occupation Relationship to you
.....

Information to be provided to Person 1: *[list items]*

.....
.....

