

See the attached **Important Information** section for additional instructions about this document.

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]*, by me, _____
[FULL NAME OF PERSON MAKING THE POWER OF ATTORNEY (Donor)], of
_____. *[give full address of donor]*

[If you are naming only one person as your attorney, use this paragraph and cross out the other option.]

1. I appoint _____ *[insert name of the person you are naming as your attorney]* of _____ *[insert full address]* to be my attorney.

OR

[If you are naming two people to act as your attorneys, use this paragraph and cross out the above paragraph. Indicate whether you want them to act jointly (together), or jointly and severally (i.e. they can make decisions together, but if only one person is available to make a decision on your behalf, that person can do so alone).

1. I appoint _____ *[insert name of the first attorney]* of _____ *[insert address]* and _____ *[insert name of second attorney]* of _____ *[insert address]* [**choose appropriate option:** jointly / jointly and severally] to be my attorneys.

[If you wish to name an alternative attorney, fill in this section. Otherwise cross out the following paragraph.]

1a. I appoint _____ *[insert name of alternative attorney]* of _____ *[insert full address]* as an **alternative** attorney for _____ *[insert name of attorney for whom this person will act as alternative attorney]*.

2. I authorise my attorney /s to do on my behalf anything that I may lawfully do by an attorney.

3. The authority of my attorney /s is subject to the following limits, conditions and instructions:
[Set out here any limits or conditions to be placed on your attorney's powers, and any specific instructions you have regarding any of your financial affairs or property. If you do not have any instructions and do not want to specify any limits, you can cross out this paragraph.]

4. I **DECLARE** that this power of attorney comes into effect: *[choose appropriate option below by crossing out the options that do not apply. If you do not specify when the power is to become effective, the power begins immediately. Even if you give your attorney immediate powers, you may continue to make your own decisions while you are able to do so.]*

- immediately
- on _____ *[insert date]*
- on this occasion: _____ *[for example: only if I am legally incapable]*

THIS IS A 7-PAGE DOCUMENT.