

An **Enduring Power of Attorney** is a document which authorises a person (called an "Attorney") to act on another person's behalf in relation to financial and business affairs.

Your Enduring Power of Attorney is a person(s) you can trust as they will have significant power over your assets. They will be able to do anything that you may legally do in a business and financial sense. An Attorney must act with due diligence in the best interest of the donor(you) and must keep records of all transactions.

DONOR DETAILS – This is the person appointing the Attorney.

Your Full Name: _____

Please tick if your details are already on our file.

Residential Address: _____

Postal Address: _____

Telephone: _____ Mobile: _____

Occupation _____

City of Birth: _____ Date of Birth: ____ / ____ / ____

PRIMARY ATTORNEY

This is the person (or persons) to be appointed as your Attorney in the first instance (we recommend no more than three people).

Primary Attorney #1

Full Names: Mr / Mrs / Ms _____

Residential Address: _____

Postal Address: _____

Telephone: _____ Mobile: _____

Occupation: _____ Date of Birth: ____ / ____ / ____

What is his/her relationship to you? _____

Primary Attorney #2:

Full Names: Mr / Mrs / Ms _____

Residential Address: _____

Postal Address: _____

Telephone: _____ Mobile: _____

Occupation: _____ Date of Birth: ____ / ____ / ____

What is his/her relationship to you? _____

Primary Attorney #3	Full Names: Mr / Mrs / Ms _____ Residential Address: _____ Postal Address: _____ Telephone: _____ Mobile: _____ Occupation: _____ Date of Birth: ____ / ____ / ____ What is his/her relationship to you? _____
Primary Attorney #4	Full Names: Mr / Mrs / Ms _____ Residential Address: _____ Postal Address: _____ Telephone: _____ Mobile: _____ Occupation: _____ Date of Birth: ____ / ____ / ____ What is his/her relationship to you? _____
How must your Primary Attorneys act if there are more than one?	<input type="checkbox"/> Jointly (this means they must all make the decisions) <input type="checkbox"/> Jointly and Severally (this means any one or more can act)

SUBSTITUTE ATTORNEY	
This is the person(s) to be appointed as the Donor's Attorney if one or more of the Primary Attorneys is not able to act.	
Substitute Attorney #1:	Full Names: Mr / Mrs / Ms _____ Residential Address: _____ Postal Address: _____ Telephone: _____ Mobile: _____ Occupation: _____ Date of Birth: ____ / ____ / ____ What is his/her relationship to you? _____
Substitute Attorney #2:	Full Names: Mr / Mrs / Ms _____ Residential Address: _____ Postal Address: _____ Telephone: _____ Mobile: _____ Mobile: _____ Occupation: _____ Date of Birth: ____ / ____ / ____ What is his/her relationship to you? _____

