

# Pro Forma D Instructions for Preparation of My Enduring Powers of Attorney

## Section 1. Details of already existing Enduring Powers of Attorney (if any)

I have an existing Enduring Power of Attorney

Located at: .....

It is to be revoked:  Yes  No  Not Sure

## Section 2. My Enduring Powers of Attorney (“EPOA”) instructions

If, before I die, I am unable to attend to my affairs, then I would like to appoint:

### Initial Attorney:

Name: .....

Address: .....

*Additional/Substitute\* Attorney*

**and**.....

Address.....

*Additional/Substitute\* Attorney*

**and**.....

Address.....

*Additional/Substitute\* Attorney*

**and**.....

Address.....

*\* Delete one. Rule a line through the 2<sup>nd</sup> and/or 3<sup>rd</sup> Attorney options if you do not wish to appoint a 2<sup>nd</sup> or 3<sup>rd</sup> Attorney.*

## Section 3. My Attorney/s Powers

I wish to appoint my Attorney/s for:

### Short Form

- Financial matters **only**
- Personal/Health matters **only**
- BOTH** Financial *and* Personal/Health matters

### Long Form

- I wish to appoint a **different** Attorney for Personal/Health matters

**Section 4. Terms or Limits to my Attorney/s Powers**

[Under a limited Power of Attorney, the power is restricted in some way (e.g. the Attorney may be appointed for a certain time, not be authorised to do certain things, or only to perform certain acts) or is subject to certain conditions (e.g. if you need nursing home care, they must try ABC Nursing Home first)]

I wish to set the following terms for, or place the following restrictions on, the powers of my Attorney/s

Set out the terms here:

*Note: Beware of placing limits on your Attorney which may later prevent him or her from acting in your best interest, should you lose mental competence*

**Section 5. When do you want the power of your Attorney/s for financial matters to begin?**

(If you do not nominate a date, your Attorney’s power will begin immediately)

Immediately  
 On this date .....  
 On this occasion .....  
.....  
.....

Note: Your EPOA for Personal/Health matters begins only if/when you lose competence.

**Section 6. How do you want your Attorneys (if more than 1) to make their decisions?**

Severally (any one of them may decide)  
 Jointly (unanimously )  
 As a majority (If you are appointing more than three Attorneys, please specify, e.g. " 'Simple majority', 'Two-thirds majority')  
.....  
 Other\* .....  
.....  
.....

**\*Note:** You can appoint successive Attorneys/s for a matter so that the power is given to a particular Attorney only when the power to a previous Attorney ends. You can nominate the circumstances that the power will end (e.g. if X is not available then Y may act)

**Statement of Understanding** - Your Estate Planning Lawyer can prepare your Enduring Power of Attorney for both Financial and Personal/Health matters, based upon the information provided above. You will be required to sign a Statement acknowledging that you understand the powers you are providing to your Attorney/s, that your Attorney/s (unless otherwise limited) can lawfully do anything you could do yourself (except for special personal/health matters) and that you can revoke your Attorney/s powers whilst you retain mental competence. This is done via a standard Queensland Government form *Revocation of Enduring Power of Attorney form* (Form 6). Your signature must be witnessed by a JP or similar.

**Acceptance by Attorney/s** - Because of the onerous responsibilities placed upon your Attorney/s, each Attorney must confirm their acceptance of appointment as your Attorney, in writing. Their signature does not need to be witnessed.