

Pro Forma G Instructions for Preparation of Our Enduring Powers of Attorney

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

Appointor 1	Appointor 2
I have an existing Enduring Power of Attorney	I have an existing Enduring Power of Attorney
Located at:	Located at:
It is to be revoked: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	It is to be revoked: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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:

Appointor 1	Appointor 2
Initial Attorney: <input type="checkbox"/> My Spouse	Initial Attorney: <input type="checkbox"/> My Spouse
OR Name: Address.....	OR Name: Address.....
<i>Additional/Substitute* Attorney</i> and Address.....	<i>Additional/Substitute* Attorney</i> and Address.....
<i>Additional/Substitute* Attorney</i> and Address.....	<i>Additional/Substitute* Attorney</i> and Address.....
<i>Additional/Substitute* Attorney</i> and Address.....	<i>Additional/Substitute* Attorney</i> and Address.....
* <i>Delete one</i>	* <i>Delete one</i>
Rule a line through the 2 nd and/or 3 rd Attorney options if you do not wish to appoint a 2 nd or 3 rd Attorney	Rule a line through the 2 nd and/or 3 rd Attorney options if you do not wish to appoint a 2 nd or 3 rd Attorney

Section 3. My Attorney/s Powers

I wish to appoint my Attorney/s for:

Appointor 1	Appointor 2
<p>Short Form</p> <p><input type="checkbox"/> Financial matters only</p> <p><input type="checkbox"/> Personal/Health matters only</p> <p><input type="checkbox"/> BOTH Financial <i>and</i> Personal/Health matters</p> <p>Long Form</p> <p><input type="checkbox"/> I wish to appoint a different Attorney for Personal/Health matters</p>	<p>Short Form</p> <p><input type="checkbox"/> Financial matters only</p> <p><input type="checkbox"/> Personal/Health matters only</p> <p><input type="checkbox"/> BOTH Financial <i>and</i> Personal/Health matters</p> <p>Long Form</p> <p><input type="checkbox"/> I wish to appoint a different Attorney for Personal/Health matters</p>

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

Appointor 1	Appointor 2
<p><u>Set out the terms here:</u></p> 	<p><u>Set out the terms here:</u></p>

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)

Appointor 1	Appointor 2
<p><input type="checkbox"/> Immediately</p> <p><input type="checkbox"/> On this date</p> <p><input type="checkbox"/> On this occasion</p> <p>.....</p> <p>.....</p>	<p><input type="checkbox"/> Immediately</p> <p><input type="checkbox"/> On this date</p> <p><input type="checkbox"/> On this occasion.....</p> <p>.....</p> <p>.....</p>

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?

Appointor 1	Appointor 2
<input type="checkbox"/> Severally (any one of them may decide)	<input type="checkbox"/> Severally (any one of them may decide)
<input type="checkbox"/> Jointly (unanimously)	<input type="checkbox"/> Jointly (unanimously)
<input type="checkbox"/> As a majority (If you are appointing more than three Attorneys, please specify, e.g. "Simple majority', 'Two-thirds majority')	<input type="checkbox"/> As a majority (If you are appointing more than three Attorneys, please specify, e.g. "Simple majority', 'Two-thirds majority')
<input type="checkbox"/> Other*	<input type="checkbox"/> 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.