

# Pre-Appointment Information Form

## Enduring Power of Attorney

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**Please complete in full and return to us as soon as possible and no less than two business days before your appointment.**

NOTE: The boxes may be completed by double clicking and following the prompts

Your Full Legal Name	
Alias - other name in which you hold assets, if any, e.g. maiden name	
Street Address	
Postal address (if different to above)	
<b>Telephone:</b>	
Home	
Work	
Mobile	
<b>Email:</b>	
Home	
Work	
Date of Birth	

<p><b>Current Enduring Powers of Attorney (if any)</b></p>	
<p>Do you have a current Enduring Power of Attorney that needs to be revoked?</p>	
<p>If applicable, date of current Enduring Power of Attorney to be revoked</p> <p>Full name and address of Attorney/s appointed in power of attorney to be revoked</p>	
<p>Is the current enduring power of attorney registered in the Titles Registry? If so, please also state the dealing number.</p>	
<p><b>New Enduring Power of Attorney</b></p>	
<p>Who would you like to be your Attorneys (the person/s who you would like to <i>look after your affairs if you lose capacity but you are still alive</i>)?</p> <p>Full names and current addresses of proposed attorneys</p> <p>Please note that by law your attorney cannot be:</p> <ul style="list-style-type: none"> <li>• a health care provider for you (e.g. your doctor or nurse)</li> <li>• someone paid to care for you</li> <li>• someone under 18 years or that lacks capacity</li> <li>• (for financial decisions) a bankrupt or someone taking advantage of bankruptcy laws</li> </ul>	

<p>Would you like your Attorneys to make decisions about your personal/health matters?</p> <p><i>(e.g. decisions about where you live, your diet and dress and medical treatment)?</i></p>	
<p>Would you like your Attorneys to make decisions about your financial matters?</p> <p><i>(e.g. operate your bank account, pay your bills and operate your financial affairs and assets)?</i></p>	
<p>If applicable, when would you like the power to make decisions about financial matters to begin?</p> <p><i>(For example, the financial power could begin immediately, or on a specified date or if a medical practitioner certifies that you have impaired mental capacity and/or physical capacity to attend to your financial affairs)</i></p>	
<p>Do you want to place any limits on the Attorneys powers for financial matters?</p>	
<p>Do you want to give specific directions to your Attorneys?</p> <p><i>(For example, you would like your Attorneys to have regard to your Will before they make any decisions about disposing of any of your property)</i></p>	

<p>If you are appointing more than one attorney, how would you like your Attorneys to be appointed?</p> <p><i>(e.g. You may like them to act jointly (unanimously), or severally (any one of them may decide), or a majority, or you may want the Attorneys to act in a certain order, for example, a first Attorney could act until he or she is unable or unwilling to act and then a second Attorney could act.)</i></p>	
<p>Does your attorney need to sign for you in a land transaction soon? (e.g. transfer, lease or mortgage)</p> <p><i>(For example, you are about to go overseas and you are selling your house)</i></p>	

Please return this fully completed form as soon as possible.