PENNEY BLAIKIE LAW

Creating Enduring Powers of Attorney – Client Instructions

In Relation to Property & In Relation to Personal Care and Welfare ("PCW")

We require the below information from you to draft your enduring powers of attorney ("EPAs"). It is important that we have full complete details for all people you name.

Once you have completed this form and returned it to our office, we will be able to draft your Enduring Powers of Attorney.

Please read the ***attached notes before*** completing.

Full Legal Name: _____

Address: _____

Occupation: _____

Phone: _____

Email Address: _____

Do you have previous EPAs? ☐ Yes ☐ No ☐ Property ☐ PCW

Do you want to revoke all previous EPAs? ☐ Yes ☐ No

EPA IN RELATION TO PROPERTY - CLIENT INSTRUCTIONS

Your ***EPA*** in relation to ***property*** authorises the ***attorney*** that you, the ***donor***, have appointed to make decisions on your behalf about your property affairs, particularly when you cannot do so for yourself because you have become ***mentally incapable***. Your attorney can act for you while you are mentally capable if you authorise them to do so. You can appoint more than 1 attorney. You can also appoint a ***successor attorney*** to be your attorney if the previous attorney's appointment ***ends***.

1. Who do you appoint as your ***PROPERTY ATTORNEY/S?***

Your attorney can be anyone you trust to understand and respect your wishes and feelings and who is able to manage your property, provided they are aged 20 or older, not bankrupt, and not mentally incapable themselves. This can be a friend or family member, a work colleague, or a professional person, for example, a lawyer or an accountant. An attorney for property can also be a ***trustee corporation***.

*You can select more than one attorney, if you require more, we can also add them in.

PROPERTY Attorney #1	
Full Legal Name	
Occupation	
Address	
Relationship to you	

Contact number	
Email Address	
Courier for signing required?	

PROPERTY Attorney #2	
Full Legal Name	
Occupation	
Address	
Relationship to you	
Contact number	
Email Address	
Courier for signing required?	

2. When does your EPA come into effect?

☐ Only if you become mentally incapable.

☐ While you are mentally capable and continues in effect until you become mentally incapable.

3. Do you want to appoint 1 more more ***PROPERTY SUCCESSOR ATTORNEY/S?***

☐	Yes	☐	No

A successor attorney is person appointed by the donor to be their attorney if a previous attorney's appointment ends.

If yes, please provide their details below:

Property Successor Attorney #1	
Full Legal Name	
Occupation	
Address	
Relationship to you	
Contact number	
Email Address	
Courier for signing required?	

Property Successor Attorney #2	
Full Legal Name	

Occupation	
Address	
Relationship to you	
Contact number	
Email Address	
Courier for signing required?	

4. If you have appointed more than 1 attorney, they are authorised to act:

☐ **Jointly** - where they must act together to manage your affairs and agree on all decisions

☐ **Severally -** where each attorney has a separate authority and can act individually without the agreement of the other

☐ **Jointly and severally -** where they can act together or individually.

5. My attorney can act on my behalf on:

☐ All my property affairs

☐ Only part of my property affairs I have specified

☐ **Only the following specified things:**

Do you want the Family court to be able to authorise your attorney/s to make a will for you when you are no longer capable of making one?

☐ Yes ☐ No

6. Do you require your attorney/s to **CONSULT** anyone before invoking the power? *(For instance - your family)*:

☐ Yes ☐ No

Person's your appointed attorney **must *CONSULT*** – seek advice from about your property affairs before making decisions (invoking the power):

Attorney to consult the below person before invoking power #1	
Full Legal Name	
Occupation	
Address	
Relationship to you	
Contact number	
Email Address	

Attorney to consult the below person before invoking power #2	
Full Legal Name	
Occupation	
Address	
Relationship to you	
Contact number	
Email Address	

If you have more people to add, please let us know and we will add them.

7. Do you require the attorney to provide **INFORMATION** to any other people? For instance, your family.

Your attorney must provide them with information about how they are carrying out their EPA duties (E.g Copy of records of financial transactions that your attorney must keep). This information must be provided straight away when requested.

☐	Yes	☐	No

Same as consult person	☐	Yes	☐	No

Attorney to provide information #1	
Full Legal Name	
Occupation	
Address	
Relationship to you	
Contact number	
Email Address	

Attorney to provide information #2	
Full Legal Name	

Occupation	
Address	
Relationship to you	
Contact number	
Email Address	

Attorney to provide information #3	
Full Legal Name	
Occupation	
Address	
Relationship to you	
Contact number	
Email Address	

8. Can the ***PROPERTY*** attorney take a personal advantage from your property, or just recover his or her costs?

☐	No, I do not want me attorney to take a personal advantage from my property
☐	Yes, my attorney/s can recover out of pocket expenses
☐	Yes, to the advantage of Property that is held jointly with my husband/wife/partner

9. Do you want the ***PROPERTY*** attorney to use your property to provide celebratory gifts or charitable donations?
Such as to your children, grandchildren, nieces or nephews etc.

☐	Yes	☐	No

Full Legal Name:	
Relationship to you:	

Full Legal Name:	
Relationship to you:	

Full Legal Name:	
Relationship to you:	

Charity Name:	

Amount:	

Charity Name:	
Amount:	

Property EPA additional terms and conditions (if any)

EPA IN RELATION TO PERSONAL CARE & WELFARE – CLIENT INSTRUCTIONS

Your ***EPA*** in relation to ***personal care and welfare*** authorises the ***attorney*** that you (the ***donor***) have appointed to make decisions on your behalf about your personal care and welfare if you become ***mentally incapable***. You can appoint only 1 personal care and welfare attorney, but you can appoint a ***successor attorney*** to be your attorney if the previous attorney's appointment ***ends***. You can appoint more than 1 successor attorney.

1. Who would you like to be your ***PERSONAL CARE & WELFARE ATTORNEY?***

Your attorney can be anyone you trust to understand and respect your wishes and feelings and who is able to make decisions about your personal care and welfare, provided they are aged 20 or older, not bankrupt, and not mentally incapable themselves. Usually, this is a friend, family member, or work colleague. Preferably, your attorney should live in the same area as you so that they can attend personally to your care and welfare.

******You can only have one **Attorney** for Personal care and welfare (but you can have successor attorneys).*

Your attorney's overriding concern is the promotion and protection of your welfare and best interests. See 13 – 17 of the attached notes for more on what your attorney must do and what they cannot do.

PCW ATTORNEY	
Full Legal Name	
Occupation	
Address	
Relationship to you	
Contact number	
Email Address	

2. Do you want your attorney to act on your behalf for:

All personal care and welfare matters

Only the matters relating to my personal care and welfare I have listed:

3. Would you like to appoint a **PERSONAL CARE & WELFARE SUCCESSOR ATTORNEY**?

A Successor Attorney is a person appointed by the donor to be their attorney if a previous attorney's appointment ends.

If yes, please add their details below:

PCW Successor Attorney #1	
Full Legal Name	
Occupation	
Address	
Relationship to you	
Contact number	
Email Address	

PCW Successor Attorney #2	
Full Legal Name	
Occupation	
Address	
Relationship to you	
Contact number	
Email Address	

PCW Successor Attorney #3	
Full Legal Name	
Occupation	
Address	
Relationship to you	
Contact number	
Email Address	

4. Do you require your attorney/s to **CONSULT** anyone before invoking the power? *(For instance - your family)*:

☐ Yes	☐ No

5. Person's your appointed ***PCW*** attorney **must *CONSULT*** – seek advice from about your personal care and welfare before making decisions (invoking the power):

Attorney to consult the below person before invoking power #1	
Full Legal Name	
Occupation	
Address	
Relationship to you	
Contact number	
Email Address	

Attorney to consult the below person before invoking power #2	
Full Legal Name	
Occupation	
Address	
Relationship to you	
Contact number	
Email Address	

If you have more people to add, please let us know and we will add them.

6. Do you require ***PCW ATTORNEY/S*** to ***PROVIDE INFORMATION*** to any other people? For instance, your family.

You can name 1 or more people to keep an eye on your attorney's actions. Your attorney must provide them with information about how they are carrying out their EPA duties. This information must be provided straight away when requested.

☐	Yes	☐	No

Same as consult person	☐	Yes	☐	No

Attorney to provide information #1	
Full Legal Name	
Occupation	
Address	
Relationship to you	
Contact number	
Email Address	

Attorney to provide information #2	
Full Legal Name	
Occupation	
Address	
Relationship to you	
Contact number	
Email Address	

Attorney to provide information #3	
Full Legal Name	
Occupation	
Address	
Relationship to you	
Contact number	
Email Address	

7. If you have appointed more than 1 **PCW** attorney, they are authorised to act:

Jointly - where they must act together to manage your affairs and agree on all decisions

Severally - where each attorney has a separate authority and can act individually without the agreement of the other

Jointly and severally - where they can act together or individually.

8. Do you want to limit the property that the attorney has power over or give that person (or people) a general power over of all of your property?

☐	Yes	☐	No

Personal Care & Welfare additional terms and conditions (if any)

If you have any questions, write them here and we will discuss these at your initial appointment:

Thank you for completing these instructions. Please return these to our office and we will draft your enduring powers of attorney.

Name: _____ Signature: _____

Name of the Person Submitting this Form (print) *Signature of the Person Submitting this Form*

Date of Signature _____

DAY *MONTH* *YEAR*

PBL OFFICE NOTES ONLY:

	Personal Care and Welfare (PCW) Wishes to remain in contact with certain persons (in respect of PCW).
	Preferred arrangements for residential care.
	Preferred medical practitioner for capacity assessments.
	Provision for pets from property.
	Advanced directive instructions:
	Allow visits from any particular person:
	Attorneys:
	Complete trust they will look after you best interests? Why have you chosen this person or these people?

	Are you under any pressure for this person to be your attorney?
	Undue influence?
	Duress?