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 previou	s 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 req	uired?									
	PROPERTY Attorney #	±2									
	Full Legal Name										
	Occupation										
	Address										
	Relationship to you										
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	Courier for signing req	uired?									
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Full Legal Name

	Occupation									
	Address									
	Relationship to you									
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. м	My attorney can act on my behalf on:									
	All my property affa	irs								
	Only part of my pro	perty af	fairs I have spec	cified						
	Only the following	specifi	ed things:							
	Do you want the Family co			rise your	attorney/s t	o make a will for	you wh			
	Do you want the Family co			rise your a	attorney/s t Yes	o make a will for	you wh			
. D	-	of mak	ing one?		Yes	No	-			

Person's your appointed a	ittorney must CONSULT – seek advice from about your property affa	airs
before making decisions	invoking the power):	

Attorney to consult the below person before invoking power #1

Occupation							
Address							
Relationship to	you						
Contact number	er						
Email Address							
		the be	elow pers	son before invoking po	ower #2		
Full Legal Name	е						
Occupation							
Address							
Relationship to	you						
Contact number	er						
Email Address							
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	Occupation				
	Address				
	Relationship to you	ı			
	Contact number				
	Email Address				
	Attorney to provid	e in	forn	nation #3	
	Full Legal Name			12.001.00	
	Occupation				
	Address				
	Relationship to you	ı			
	Contact number				
	Email Address				
he	r costs? No, I do not wa	ant n	ne a	ttorney to take a personal advantage from my property	
	Yes, my attorn	ey/s	can	recover out of pocket expenses	
	V t- th	4			
	Yes, to the adv	anta	age c	of Property that is held jointly with my husband/wife/partner	
do	nations?			corney to use your property to provide celebratory gifts or charit children, nieces or nephews etc.	able
	Yes	No			
	Full Legal Name:				
	Relationship to you	ı:			
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	Full Legal Name:				
	Relationship to you	ı:			
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	Charity Name:				

9.

Amount:	
Charity Name:	
Amount:	
Property EPA add	litional terms and conditions (if any)
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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	

yοι	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:

2. Do

3.	Would	you like to	appoint a	PERSONAL	CARE &	WELFARE	SUCCESSO	R ATTORNEY?
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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:

	actano potowi
PCW Successor Atto	rney #1
Full Legal Name	
Occupation	
Address	
Relationship to you	
Contact number	
Email Address	
PCW Successor Atto	rney #2
Full Legal Name	
Occupation	
Address	
Relationship to you	
Contact number	
Email Address	
PCW Successor Atto	rney #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
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Atto	orney to cor	ısult	the be	elow perso	n before invoking p	ower#	1			
Full	Legal Name	9								
Осс	upation									
Add	ress									
Rela	ationship to	you								
Con	ntact numbe	r								
Ema	ail Address									
Atto	orney to cor	nsult	the be	elow perso	n before invoking p	ower#	2			
	Legal Name			-	<u> </u>					
Осс	upation									
Add	lress									
Rela	ationship to	you								
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enduring po		<i>(</i> .		Please retur				ill draft you

PBL OFFICE NOTES ONLY:

Personal Care and Welfare (PCW)
Wishes to remain in contact with certain persons (in respect of PCW).
Dueformed arrespondents for recidential core
Preferred arrangements for residential care.
Preferred medical practitioner for capacity assessments.
Provision for pets from property.
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?
Lindus influence?
Undue influence?
Duress?