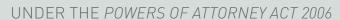
Enduring Power of Attorney



Refer to published guidelines before completing this section.



1 APPOINTME	NT OF ATTORNEY/ATTORNEYS			
I, [insert name]				
of [insert address]				
appoint as my attorneys				
[insert name]				
of [insert address]				
	and			
[insert name]				
of [insert address]				
NOTE: If you are appoi	nting only one attorney, cross out the word "and", and the two lines after it.			
Refer to published guide	lines before completing this section.			
2 AUTHORITY	FOR SOMEONE ELSE TO EXERCISE THE ATTORNEY'S/ATTORNEYS' POWERS			
I expressly authorise m	y attorney/attorneys to delegate all or any of the attorney's/attorneys' powers to:			
Refer to published guide	elines before completing this section.			
3 MULTIPLE A	ITORNEYS			
Choose your option by ir	itialling in the appropriate box. Delete and initial the other options.			
I appoint my attorneys	to act:			
togeth	er separately in the following manner			
	ant the attorneys to act together and/or separately, in any combination, or in any other manner (such as			
different attorneys to a	ct in different circumstances on the happening of different events or in relation to different matters).			



4 FUNCTIONS			
Choose your option by initialling in the appropriate box. Delete and initial any option that does not apply.			
property matters (includes financial matters)			
I authorise my attorney/attorneys to do, on my behalf, anything that I can lawfully do by an attorney, in relation to my property matters (which includes financial matters).			
personal care matters			
authorise my attorney/attorneys to do, on my behalf, anything that I can lawfully do by an attorney, in relation to my personal care matters, while I have impaired decision-making capacity.			
health care matters			
I authorise my attorney/attorneys to do anything that I can lawfully do by an attorney, in relation to my health care matters, while I have impaired decision-making capacity.			
Refer to published guidelines in relation to powers under this section.			
5 DIRECTIONS, LIMITATIONS AND CONDITIONS			
My attorney/attorneys shall only exercise power under section 4 above, subject to the following directions, limitations and conditions.			
Choose your option by initialling in the appropriate box. Delete and initial any option that does not apply.			
Property matters (includes financial matters)			
personal care			
health care			



6 REFUSAL, OR WITHDRAWAL, OF MEDICAL TREATMENT			
Choose your option by initialling in the appropriate box. Delete and initial the other option.			
My attorney/attorneys may consent on my behalf to –			
refuse or require the withdrawal of, medical treatment generally; or			
refuse, or require the withdrawal of, the following kinds of medical treatment:			
Refer to published guidelines in relation to this power.			
7 COMMENCEMENT			
Choose your option by initialling in the appropriate box. Delete and initial the other options.			
My attorney's/attorneys' power in relation to my property matters comes into effect –			
Immediately			
From(specify date or the happening of an event)			
Only when I become a person with impaired decision making capacity.			
My attorney's/attorneys' powers in relation to personal care matters and health care matters will be exercisable when I become a person with impaired decision-making capacity.			
8 STATEMENT OF UNDERSTANDING AND SIGNATURE			
I fully understand that, by making this enduring power of attorney, I authorise my attorney/attorneys to act on my behalf in accordance with the terms set out in this enduring power of attorney. I also understand the nature and effect of making a power of attorney.			
NOTE: Published guidelines set out the meaning of "understanding the nature and effect of making a power of attorney". You should read the relevant guideline before signing this statement.			
a) Signature Date D D M M Y Y Y Y			
[Signature of Principal]			
OR, b) I directed:			
Name			
Address			
Suburb State Postcode Postcode			
to sign this enduring power of attorney on my behalf.			
Signature Date D D M M Y Y Y Y			
[Signature of another person signing in the presence of and by the direction of the principal.]			

Refer to published guidelines in relation to giving this direction.



9	CERTIFICATE OF WITNESS
Ref	er to published guidelines in relation to signing the certificate of witness, and who can be a witness.
Wi	tness 1
l,	
	[insert full name, occupation and the category of persons authorised to witness the signing of a statutory declaration]
of:	
	[insert address]
	and
\A/i-	tness 2
	IIIe55 Z
I,	
	[insert full name and occupation]
	ппоет пистыте апи оссирация
of:	
	linsert addressl
	tify that:
a)	the principal signed this enduring power of attorney in my presence voluntarily; and
b)	at the time the principal signed this enduring power of attorney, the principal appeared to me to understand the nature and effect of making it.
OR	(if a person signed on behalf of the principal)
c)	the principal directed the person to sign the enduring power of attorney for the principal;
d)	the principal gave the direction voluntarily in my presence and the person signed this document in the presence of the principal and me;
e)	the person signed the power of attorney in the presence of the principal and me; and
f)	at the time the principal gave the direction, the principal appeared to me to understand the nature and effect of making this enduring power of attorney.
NO	TE: Cross out (a) and (b) if a person signed on behalf of the principal. Otherwise, cross out (c), (d), (e) and (f).
Wi	tness 1
Sig	nature Date D D M M Y Y Y Y
Wi	tness 2
Sig	nature Date D D M M Y Y Y Y



10 ACCEPTANO	CE OF APPOINTMENT
	ring power of attorney which appoints me as attorney for the principal. I understand that by signing this torney, I take on the responsibility of exercising the powers which I have been given by the following pointment.
I accept my appointm	nent as attorney
Name	
Signature	Date DDMMYYYY
and	
I accept my appointm	nent as attorney
Name	
Signature	Date D D M M Y Y Y Y
NOTE: If only one no	urses is being appointed, erose out the word "and" and the three lines often it
	erson is being appointed, cross out the word "and", and the three lines after it. idelines in relation to acceptance of appointment.
There's to published gui	defines in relation to deceptance of appointment.