T O P D O C S . C O M . A U

# TOPDOCS

**ENDURING POWER OF ATTORNEY - NSW**

**FULL SERVICE ORDER FORM**

To order your Enduring Power of Attorney – NSW documents:

1. Complete all relevant fields in BLOCK LETTERS
2. Mail, fax or email this form to Topdocs –

Address: **Suite 2, Level 2, 22 Albert Road South Melbourne VIC 3205**; Fax: **(03) 8256 0108**;

Email: [**or**](mailto:orders@topdocs.com.au)[**ders@topdocs.com.au**](mailto:ders@topdocs.com.au)

**SECTION A (I): PERSON/ADVISER ORDERING DETAILS**

|  |  |  |
| --- | --- | --- |
| Name: | | Signature: |
| Company Name: | | |
| Postal Address: | | |
| Date Of Order:    /    / | | Your Ref: |
| Phone: (     ) -       - | Fax: (     ) -       - | Email: |

**SECTION A (II): PAYMENT DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Enclosed is payment for the sum of: $ | | | | |
| Direct Debit\* | Visa | Mastercard | | Cheque |
| Card Holder Name: | | | | |
| Credit Card Number:      -      -      - | | | | |
| Expiry Date:    / | | | Authorised Card Signature: | |

\*To pay by Direct Debit you must have a current Direct Debit agreement with Topdocs. If you would like to arrange for Direct Debit for future purchases please contact Topdocs on **1300 65 92 42**

**SECTION B: DONOR**

**The Donor is the person to who is appointing an attorney/attorneys under the Enduring Power of Attorney.**

|  |  |
| --- | --- |
| **Donor** | Full Name: |
| Alias (if any): | |
| Address: | |

**SECTION C (I): ATTORNEY(S)**

**The Attorney(s) are the person or persons the Donor wishes to appoint as their Attorney.**

|  |  |
| --- | --- |
| **Attorney 1** | Full Name: |
| Alias (if any): | |
| Address: | |
| Relationship to the Donor: | |
| **Attorney 2** | Full Name: |
| Alias (if any): | |
| Address: | |
| Relationship to the Donor: | |
| **Attorney 3** | Full Name: |
| Alias (if any): | |
| Email: | |
| Relationship to the Donor: | |

**SECTION C (II): ATTORNEYS TO ACT (IF MORE THAN 1 ATTORNEY)**

|  |
| --- |
| Jointly and  I want the appointment to be terminated if one of the attorneys dies, resigns or otherwise vacates office.  I do not want the appointment to be terminated if one of the attorneys dies, resigns or otherwise vacates office. |
| Jointly and Severally |

**SECTION D (I): SUBSTITUTE ATTORNEY**

|  |  |
| --- | --- |
| **Substitute Attorney 1** | Full Name: |
| Alias (if any): | |
| Address: | |
| Relationship to the Donor: | |

|  |  |
| --- | --- |
| **Substitute Attorney 2** | Full Name: |
| Alias (if any): | |
| Address: | |
| Relationship to the Donor: | |
| **Substitute Attorney 3** | Full Name: |
| Alias (if any): | |
| Address: | |
| Relationship to the Donor: | |

**SECTION D (II): SUBSTITUTE ATTORNEYS TO ACT (IF MORE THAN 1 ATTORNEY)**

|  |
| --- |
| Jointly |
| Jointly and Severally |

**SECTION E: ADDITIONAL POWERS (optional)**

**NOTE: Your attorney may exercise the authority conferred on him/her by the Powers of Attorney Act to do anything on your behalf you may lawfully authorise an attorney to do.**

**If required, you may also allow your attorney any of the following additional powers:**

|  |  |
| --- | --- |
| Additional Powers | I authorise my attorney to give reasonable gifts  *An Attorney cannot make any gift of your money or property unless the power of attorney form specifically allows the attorney to do so. If permitted, your Attorney/s may however be able to use your money to make certain types of gifts, such as gifts to a relative or close friend of yours of a seasonal nature (for example, birthday, Christmas or other religious occasion) or because of a special event (for example, birth or marriage) without any express provision. Also permitted will be donations of the kind that the principal made or might reasonably be expected to make (for example, to a favourite charity). The value of the gift or donation however, must be reasonable having regard to your financial circumstances and the size of your estate.* |
| I authorise my attorney to confer benefits on the attorney to meet the attorney’s reasonable living and medical expenses  *As with gifts, an Attorney cannot use your money for the Attorney’s benefit, or the benefit of any other person, unless the power of attorney form specifically allows the Attorney to do so.*  *This means if you wish to allow the Attorney to use your money for housing, food, education, transportation and medical care of the Attorney or a person nominated in the power of attorney (for example, your children) you must expressly state so. As with gifts, the amount of the benefit must be reasonable having regard to your financial circumstances and the size of your estate.* |
| I authorise my attorney to confer benefits on the following persons to meet their reasonable living and medical expenses  Name:  Address:  Date of Birth:    /    /  Name:  Address:  Date of Birth:    /    / |

**SECTION F: CONDITIONS & LIMITATIONS**

|  |  |
| --- | --- |
| **Note: You may impose conditions or limitations on the functions of your attorney. If you do not wish to impose any conditions or limitations on the attorney, please leave this section blank. We have provided some examples in this section. If required, you may select any of them. If you wish to impose other conditions or limitations, please contact us.**  *If you are limiting your attorney’s power to only paying debts, expenses and / or maintenance and accommodation expenses etc., then ensure that the attorney is also provided with access to funds to be able to do that (for example, access to bank accounts etc).* | To act only in relation to *(tick one or more of the below)*  mysuperannuation matters  my property situated at       *(insert property address)*  my investments in      *(insert entity name)*  my bank accounts with      *(insert bank(s) name)*  paying maintenance and accommodation expenses, including purchasing accommodation in whole  or in part, for me  including my dependents  paying my debts including any fees and expenses, rates, taxes, insurance premiums or other outgoings  That my attorney provide copies of all records and accounts to:  *(insert relationship with the donor and name and address of the individual(s))*  That my attorney is to consult with       *(insert relationship with the donor and name and address of the individual(s))* before agreeing to the sale of       *[identify property]* |

**SECTION G: COMMENCEMENT**

|  |  |
| --- | --- |
| Date from which the Power of Attorney is to take effect: | Once the attorney(s) have accepted his/her appointment by signing this document  Once a medical practitioner considers that I and unable to manage my affairs (and provides a document to that effect)  Once my attorney considers that I need assistance managing my affairs  On and from       [insert date] |

**SECTION H: REVOCATION OF POWER OF ATTORNEY**

|  |  |  |
| --- | --- | --- |
| Do you have an existing Power of Attorney? | Yes ->  No | Location of POA:  Date of POA:    /    / |
| If YES, do you wish a Revocation of Power of Attorney to be prepared by Topdocs? | Yes  No |  |