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

# TOPDOCS

**ENDURING POWER OF ATTORNEY (FINANCIAL MATTERS) - QLD**

**FULL SERVICE ORDER FORM**

To order your Enduring Power of Attorney (Financial Matters) - QLD 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 who is appointing the 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.**

**Note: Your attorney must be over 18 years of age, must not be your current paid carer or your current health-care provider (such as your nurse or your doctor), and (for financial matters) must not be bankrupt or insolvent.**

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

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

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

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

|  |
| --- |
| Jointly |
| Severally |
| As a majority |
| ***Note:* The Powers of Attorney Act 1998 allows you to appoint successive attorney/s for a matter so that the power is given to a particular attorney only when power to a previous attorney ends. You can nominate the circumstances that a power will end (e.g. if x leaves the jurisdiction y may act). If you wish to make appointments on this basis, please complete section D below.** |

**SECTION D: SUBSTITUTED ATTORNEY**

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

|  |  |  |
| --- | --- | --- |
| **Substituted Attorney 2** | Full Name: | |
| Alias (if any): | | |
| Address: | | |
| Telephone: (     ) -       - | | |
| Email: | | |
| Relationship to the Donor: | | Occupation: |
| Substituted Attorney For: | | |

**SECTION E: LIMITATIONS ON POWERS**

|  |  |  |
| --- | --- | --- |
| **Note: You may impose terms (e.g. limitations) on the authority of your attorney. We have provided some examples below. If required, you may select any of them. If you wish to impose other limitations, please contact us.** | | |
| **Do you wish to place any limits on the powers given to your attorney?** | Yes | No |
| If YES, specify: | | |
| *Note: 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 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 F: COMMENCEMENT**

|  |  |
| --- | --- |
| Date from which the Power of Attorney is to take effect: | Immediately *(when my attorney accepts the appointment)*  On this date:    /    /  On this occasion:  When a medical practitioner confirms in writing that I have lost capacity to manage my legal and financial affairs |
| *Note: If you wish the Power of Attorney to take effect on an occasion different from the option provided above, please contact us.* | |

**SECTION G: 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 |  |