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

# TOPDOCS

**ENDURING POWER OF ATTORNEY - SA**

**FULL SERVICE ORDER FORM**

To order your Enduring Power of Attorney – SA 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.**

|  |  |
| --- | --- |
| **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): | |
| Address: | |
| Relationship to the Donor: | |

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

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

**SECTION D: SUBSTITUTED ATTORNEY**

|  |  |  |
| --- | --- | --- |
| **Substituted Attorney 1** | Full Name: | |
| Alias (if any): | | |
| Address: | | |
| Relationship to the Donor: | | |
| Substituted Attorney For: | | |
| Substituted Attorney to Act: | | my original attorney is unable to act due to death or lack of capacity, or at any time my original attorney is temporarily unable to act due to illness or personal commitments. **[Note: if you have appointed only one original attorney and are appointing two substitutes to replace the original attorney]**  if either of my original attorneys is unable to act due to death or lack of capacity or either original attorney is temporarily unable to act due to illness or personal commitments. **[Note: if you have appointed two original attorneys and are appointing one substitute to replace the original attorneys]** |
|  | | **Note: If you wish your substitute attorney(s) to act in place of the original attorney(s) during some other event or time (i.e. other than the option provided above) please contact us.** |
|  | |  |

|  |  |  |
| --- | --- | --- |
| **Substituted Attorney 2** | Full Name: | |
| Alias (if any): | | |
| Address: | | |
| Relationship to the Donor: | | |
| Substituted Attorney to Act: | | my original attorney is unable to act due to death or lack of capacity, or at any time my original attorney is temporarily unable to act due to illness or personal commitments. **[Note: if you have appointed only one original attorney and are appointing two substitutes to replace the original attorney]**  if both of my original attorneys are unable to act due to death or lack of capacity or both original attorneys are temporarily unable to act due to illness or personal commitments. **[Note: if you have appointed two original attorneys and are appointing two substitutes to replace the original attorneys]** |
|  | | **Note: If you wish your substitute attorney(s) to act in place of the original attorney(s) during some other event or time (i.e. other than the option provided above) please contact us.** |
| Manner | | Jointly  Jointly and Severally |

**SECTION E: COMMENCEMENT**

|  |  |
| --- | --- |
| This power is to become effective | upon the execution of the power of attorney and remain effective notwithstanding that I may suffer any subsequent legal incapacity.  only in the event of my subsequent legal incapacity. |

**SECTION F: CONDITIONS, LIMITATIONS AND EXCLUSIONS**

|  |  |
| --- | --- |
| **Note: You may include conditions, limitations or exclusions on the authority of your attorney. If you do not wish to include any conditions, limitations or exclusions, please leave this section blank. We have provided some examples below. If required, you may select any of them. If you wish to impose other conditions, limitations or exclusions, 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).* | |
| Binding limitations or conditions you want to place on your attorney: | 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: 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 |  |