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

# TOPDOCS

**ENDURING POWER OF ATTORNEY - TAS**

**FULL SERVICE ORDER FORM**

To order your Enduring Power of Attorney - TAS 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 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: FUNCTIONS**

|  |
| --- |
| **Note: You may authorise your attorney to act on your behalf for all matters (legal and financial) OR may limit their power to act only in relation to certain matters. We have provided some examples below. If required, you may select any of them. If you wish to add other matters, 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).* |
| **General**  I authorise my attorney to do on my behalf anything that I may lawfully do. |
| **OR** |
| **Specific**  To act only in relation to (tick one or more of the below)  my superannuation 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 |

**SECTION F: CONDITIONS AND RESTRICTIONS**

|  |  |
| --- | --- |
| **Note: You may include conditions or restrictions on the authority of your attorney. If you do not wish to include any conditions or restrictions, 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 or restrictions, please contact us.** | |
| Binding limitations or conditions you want to place on your attorney: | 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: | Immediately and remain effective notwithstanding my subsequent mental incapacity  On and from    /    /      and remain effective notwithstanding my subsequent mental incapacity  Only in the event of my subsequent mental incapacity |

**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 |  |