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

# TOPDOCS

**ENDURING POWER OF ATTORNEY - VIC**

**FULL SERVICE ORDER FORM**

To order your Enduring Power of Attorney– VIC 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: PRINCIPAL**

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

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

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

**The Attorney(s) is the person or persons the Principal wishes to appoint as their Attorney. A Principal may appoint more than one person as attorney under the enduring power of attorney.**

**Note: A person is eligible to be an attorney if the person is 18 years of age or older, not insolvent under administration and not a care worker, a health provider or an accommodation provider for the principal.**

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

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

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

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

|  |
| --- |
| Jointly |
| Severally |
| Jointly and Severally |
| Majority attorneys |

**SECTION D: REVOCATION OF POWER OF ATTORNEY**

**Note: Under section 55 of the Powers of Attorney Act 2014 any previous enduring power of attorney will be revoked to the extent of any inconsistency with the enduring power of attorney, unless you specify otherwise.**

|  |
| --- |
| I specify that all previous enduring powers of attorney made by me under the Powers of Attorney Act 2014 are revoked.  **OR** |
| I specify that any previous enduring powers of attorney made by me under the Powers of Attorney Act 2014 are revoked to the extent of any inconsistency with this enduring power of attorney. |

**SECTION E: ALTERNATE ATTORNEY**

**Note: Under section 31 of the Powers of Attorney Act 2014 an alternative attorney is authorised to act in the circumstances you specify in the enduring power of attorney or, if you do not specify any circumstances, then in the event that the attorney is unable or unwilling to act or the appointment of my attorney is revoked (cancelled) because they are no longer eligible to be my attorney.**

|  |  |
| --- | --- |
| **Alternate Attorney 1** | Full Name: |
| Alias (if any): | |
| Address: | |
| Relationship to the Principal: | |
| Alternate Attorney For: | |

|  |  |
| --- | --- |
| **Alternate Attorney 2** | Full Name: |
| Alias (if any): | |
| Address: | |
| Relationship to the Principal: | |
| Alternate Attorney For: | |

|  |  |
| --- | --- |
| **Alternate Attorney 3** | Full Name: |
| Alias (if any): | |
| Address: | |
| Relationship to the Principal: | |
| Alternate Attorney For: | |

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

|  |
| --- |
| Jointly |
| Severally |
| Jointly and Severally |
| Majority attorneys |

**SECTION F: AUTHORISATION**

|  |
| --- |
| **Please select the matter for which you are authorising your attorney to act.**  To do anything on my behalf that I can lawfully do by an attorney for:  personal matters  financial matters  both personal and financial matters.  **OR**  To do anything on my behalf that I can lawfully do by an attorney (i.e, anything on your behalf that a person can lawfully do by an attorney.  **OR**  To act only in relation to *(tick one or more of the below )*  Note: this only applies if appointing attorney has financial matters)  mysuperannuation matters  my property situated at       *(insert property address)*  my investments in      *(insert entity name)*  my bank accounts with      *(insert bank(s) name)*  paying my debts including any fees and expenses, rates, taxes, insurance premiums or other outgoings  *Note: If you wish to authorise your attorney to act in relation to any other matters (not listed above) please contact us.* |

**SECTION G: COMMENCEMENT**

**Note: If no option is selected the power is exercisable immediately**

|  |  |
| --- | --- |
| Date from which the Power of Attorney is to take effect: | Immediately *(when my attorney accepts the appointment)*  When I cease to have decision making capacity for the matter(s).  In the following time, circumstance or occasion:  on or around       *[insert date]*        *[insert other relevant circumstances]* |

**SECTION H: CONDITIONS AND INSTRUCTIONS**

**Note: You may provide instructions or may impose conditions 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 conditions or limitations, please contact us.**

|  |
| --- |
| No conditions or instructions to be included.  **OR**  Conflict transactions  I authorise my attorney(s) to enter into the following conflict transaction(s): *[insert relevant conflict transactions]*  Gifts  I authorise my attorney(s) for financial matters to give reasonable gifts of a seasonal nature or because of a special event (such as a birthday or marriage) to my family members. The value of the gifts must be reasonable having regard to my financial circumstances and the size of my estate.  Maintenance of my dependants  I authorise my attorney for financial matters to provide for the maintenance of my dependants only to the extent what is reasonable in the circumstances from my money or other financial assets.  That my attorney for financial matters provide copies of all records and accounts to the following person(s): *[insert relationship with the principal and name and address of individual(s)]*.  That my attorney is to consult with       *(insert relationship with the principal and name and address of the individual(s))* before agreeing to the sale of       *[identify property]*  When my attorney assumes his or her role, my attorney must notify the following person(s) of my condition and the nature of my illness: *[insert relationship with the principal and name and address of individual(s)]*  My attorney must provide details of all important decisions about my health care and welfare they have made to the following person(s): *[insert relationship with the principal and name and address of individual(s)]*.  My attorney must consult with the following person(s) before making any important decisions about my health care and welfare:*[insert type of medical treatment].*  Before agreeing to move me to a nursing home or facility, my attorney must consult with the following person(s): *[insert relationship with the principal and name and address of individual(s)]*.  To the extent permitted by law, I require my attorney to withhold consent to the following medical treatment(s): *[insert type of medical treatment]* |

**SECTION I: 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 |  |