

ENDURING POWER OF ATTORNEY INSTRUCTIONS



You may not always be able to make decisions when you need to. You may be too ill to make choices about your medical treatment, or you could suffer a disability (such as a stroke) that prevents you telling others what decisions you want made. An enduring power of attorney is an important legal document you prepare to give someone else the power to make personal or financial decisions on your behalf.

In relation to financial matters, your attorney must:

- act honestly and with care
- recognise your right to confidentiality
- consider your existing supportive relationships, values and culture
- apply the general principles of the law (the Powers of Attorney Act 1998).

In relation to health care, your attorney must:

- ensure any decision made contributes to your health and well-being
- choose the least intrusive method of treatment (when there is a choice)
- take into account your views and wishes
- consider the advice of your doctor or other health care providers.
- In relation to financial matters, your attorney must:
- keep records and accounts of dealings and transactions
- keep your property separate from their own (unless it is owned jointly)
- not give away your property, and make only reasonable gifts for birthday or Christmas presents, or donations that you would normally make yourself.

STEP ONE: *Your Personal Information (please complete the following)*

SURNAME:			
Given Names:			
Address (include Suburb / State / Pcode)			
Phone:	Mobile:		
Email:	Checked daily? Yes / No		
Name of Union: (if applicable)	Membership No:		

Name: _____

Signature: _____
Date: _____ / _____ / _____

STEP TWO: *Appointing your attorneys (please complete the following)*

You can appoint multiple attorneys. It is usual to appoint more than one attorney so that there is someone available to make decisions for you if you are unable to do so for yourself.

ATTORNEY DETAILS	
First Attorney - <i>Name and Address:</i>	1.
Second Attorney - <i>Name and Address:</i> (if applicable)	2.
Third Attorney - <i>Name and Address:</i> (if applicable)	3.

STEP THREE: *How your attorney(s) will act on your behalf (please complete the following)*

You can appoint an attorney to act only in relation to financial or personal/health matters but it is most common to appoint your attorneys for both purposes.

What power do you want to give your attorneys

- ☐ financial matters
- ☐ personal/health matters
- ☐ financial and personal/health matters

Do you want to specify any terms for the power selected above? *Eg. limit the power of your attorney in some way or provide specific information about your wishes?*

- ☐ Yes
- ☐ No

If "Yes", please specify: _____

Enduring Powers of Attorney can commence at any time that you select. The most common selections are either for the power to commence immediately or for it to commence when you have lost the power to make decisions for yourself as certified by a medical practitioner.

If you want your attorney's power to include making decisions about financial matters, when do you want this power to begin?

- ☐ Immediately
- ☐ When I cannot make decisions for myself as certified by a medical practitioner
- ☐ On this date: _____
- ☐ On this occasion: _____

Name: _____

Signature: _____
Date: _____ / _____ / _____

If you appointed more than one attorney, indicate how you would like them to make decisions:

- ☐ Severally
(this means that any of them can act independantly of the others)
- ☐ Jointly
(this means that they must act together)
- ☐ As a majority
- ☐ Successively
(you have a first attorney who makes decisions but your second attorney makes decisions if the first attorney cannot or won't make decisions)
- ☐ Other

Details: _____

(eg. if you have 3 attorneys you may wish to state here that..... "Attorney 1 and 2 are to act jointly and attorney 3 is to become active only should attorney 1 or 2 be unable to act in which case attorney 3 and the remaining attorney should then act jointly.")

Name: _____

Signature: _____
Date: _____ / _____ / _____

STEP FOUR

For your signature

**NOTE: THIS DOCUMENT IS NOT AN ENDURING POWER OF ATTORNEY.
YOUR ENDURING POWER OF ATTORNEY IS PREPARED
FROM INFORMATION INCLUDED IN THIS DOCUMENT**

IMPORTANT NOTICE

- A. In our standard Enduring Power of Attorney (EPA) drafting process, Hall Payne Lawyers collects information required to prepare your EPA. Please understand that you are not receiving legal advice about your EPA within the scope of this arrangement.
- B. Your EPA will be prepared from the instruction you have provided herewith and we do not confirm or question what you have indicated you want in your EPA. For this reason you are responsible for the information provided and should ensure your instructions are complete and accurate.
- C. This EPA drafting process is designed for those requiring a standard EPA as outlined in this form.
- D. If you have any questions or are at all uncertain regarding the scope of your EPA, you must raise these matters with us to ensure that the resultant EPA produced will be in your best interests. If you would prefer to see a Solicitor personally, please contact us so that arrangements can be made for a personal or phone appointment. This will incur a fee.

ACKNOWLEDGEMENT

I, _____, confirm that:
[your full name]

- 1. I acknowledge that I have read and understood items A to D of the IMPORTANT NOTICE outlined above.
- 2. I give this information to prepare my Enduring Power of Attorney (EPA) with full legal capacity to do so. I confirm that I do not have, nor have had or experienced, any medical illness or ailment (physical or mental) that has resulted in me not having legal capacity to give instructions for my EPA.
- 3. I confirm my instructions to Hall Payne Lawyers are limited to the preparation of an EPA in accordance with the information given in this data collection. The scope of my instructions does **not** allow for a complete review of my personal, business and / or financial circumstances.
- 4. I instruct Hall Payne Lawyers to draft my EPA in accordance with my instructions herein provided.
- 5. I acknowledge that Hall Payne Lawyers has not provided any legal advice regarding my EPA requirements but I have elected to proceed to have a EPA prepared.
- 6. I acknowledge that, whilst Hall Payne Lawyers makes every attempt to ensure the accuracy of the document against the information provided by me, it is my responsibility to ensure that the EPA drafted accurately reflects my instructions provided herewith.
- 7. I further confirm that the retainer between myself and Hall Payne Lawyers extends only to the preparation of the EPA and does not extend to the proper execution (signing) of the EPA. It is my responsibility to make arrangements for the proper execution and appropriate safe keeping of the EPA as instructed by Hall Payne Lawyers.

[Your signature]

Dated: / /

Name: _____

Signature: _____
Date: / /

Please now sign all pages of these instructions before returning them to our office
at the address noted below.

Locked Bag 2013 South Brisbane Qld 4101 general@hallpayne.com.au	AREAS OF PRACTICE Personal Injuries Employment & Industrial Law Family Law Wills / Estates Migration
	Phone: 07 3017 2400 Fax: 07 3017 2499

Should you wish to pay by Credit Card, please complete the
Remittance Advice below:

Payment by Credit Card																					
Please charge to my credit card as follows:- <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard																					
Remitted Amount: \$_____ (\$110 for one EPA / \$200 for a couple)																					
Expiry date: ____/____	Cardholder's Name: _____																				
CVV: _____																					
Card Number																					
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	_____ Date																				

Name: _____

Signature: _____
Date: _____ / _____ / _____