



Level 2, 12 Pirie Street, Adelaide  
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INSTRUCTION SHEET  
ENDURING POWER OF ATTORNEY

TO: Attention:  
Telephone No: (08)

Facsimile No: (08)

FROM: Contact:

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**DONOR** [the person wishing to appoint an attorney]

FULL NAME: .....

ADDRESS: .....  
.....

OCCUPATION: .....

**DONEE** [the person whom you wish to be your attorney]

FULL NAME: .....

ADDRESS: .....  
.....

OCCUPATION: .....

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**IF MORE THAN ONE DONEE** [tick appropriate box]

- Donees to act jointly [ie both must sign documents on your behalf]
- Donees to act jointly and severally [ie one may sign on your behalf]

FULL NAME: .....

ADDRESS: .....  
.....

OCCUPATION: .....

**POWER IS TO BECOME EFFECTIVE WHEN** [tick appropriate box]

- I sign the Deed and to remain effective notwithstanding any subsequent legal incapacity; or
- Only if I suffer a legal incapacity

**THE POWER IS TO BE SUBJECT TO FOLLOWING CONDITIONS, LIMITATIONS OR EXCLUSIONS:**

.....  
.....  
.....  
.....

**OUR ACCOUNT IS TO BE CHARGED TO:**

NAME: .....

ADDRESS: .....

**CORRESPONDENCE TO BE ADDRESSED TO:**

NAME: .....

ADDRESS: .....

**SIGNED:** .....

**DATED:** ...../...../.....