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INSTRUCTION SHEET

ENDURING POWER OF ATTORNEY

TO: Attention:
Telephone No: (08)

Facsimile No: (08)

FROM: Contact:

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:

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:/...../.....