* 1. Questionnaire
1. Enduring Power of Attorney/General Power of Attorney

|  |
| --- |
| **EXISTING POWER OF ATTORNEY** |
| Do you have a current Enduring Power of Attorney? | Yes [ ]  No [ ]  |
| Do you have a current General Power of Attorney? | Yes [ ]  No [ ]  |
| Does it need to be revoked?[[1]](#footnote-2) | Yes [ ]  No [ ]  |
| **SECTION 1 – COMPULSORY TO COMPLETE** |
| **NOTE: If you require additional space, write the details on the back of the page** |
| **Principal** (this is you) |
| Name |       |
| Address |       |
| Phone Number |       |
| **Attorney 1**[[2]](#footnote-3) (You must have confidence that Attorney(s) will act in your best interests) |
| Name |       |
| Address |       |
| Phone Number |       |
| Type of Attorney (Please tick one) | Financial [ ]  Personal/Health [ ]   | Financial and Personal/Health [ ] General [ ]  |
| **Attorney 2** |
| Name |       |
| Address |       |
| Phone Number |       |
| Type of Attorney (Please tick one) | Financial [ ]  Personal/Health [ ]   | Financial and Personal/Health [ ] General [ ]  |
| **Attorney 3** |
| Name |       |
| Address |       |
| Phone Number |       |
| Type of Attorney (Please tick one) | Financial [ ]  Personal/Health [ ]   | Financial and Personal/Health [ ] General [ ]  |
| **SECTION 2 – COMPULSORY TO COMPLETE**  |
| **If you have nominated more than one Attorney, how do you want your Attorney's to act?** |
| Severally [x]  | Jointly [ ]  | By majority [ ]  | In succession [ ]  |
| Details (eg, if by majority or in succession, please provide details on how you would like your Attorneys to act)  |
| **Types of decisions** (only complete if Enduring Power of Attorney) |
| When do you want the power to make decisions about financial matters to begin?Immediately [ ]  OR when I do not have capacity [ ]  OR on this date or occasion [ ] Details of occasion:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **SECTION 3 – ONLY COMPLETE THIS SECTION IF REQUIRED** |
| **Who to Notify (Personal/Health matters)** |
| The Principal (this is you) [ ]  Your other current Attorneys [ ]  The person(s) nominated below [ ]  |
| Name |       |
| Address |       |
| Phone Number |       |
| Email |       |
| What to notify | Written notice that the power has commenced [ ]  Other information[[3]](#footnote-4) [ ]  Details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name |       |
| Address |       |
| Phone Number |       |
| Email |       |
| What to notify | Written notice that the power has commenced [ ]  Other information [ ]  Details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Who to Notify (Financial matters)** |
| The Principal (this is you) [ ]  Your other current Attorneys [ ]  The person(s) nominated below [ ]  |
| Name |       |
| Address |       |
| Phone Number |       |
| Email |       |
| What to notify | Written notice that the power has commenced [ ]  All financial records and accounts [ ]  Records relating to transactions above $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Records and accounts for all assets[[4]](#footnote-5) [ ]  Summaries of income, expenditure and assets [ ] Copies of financial management plans and financial advice obtained [ ] Other information [ ]  Details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| When to notify | When requested by the nominated person (this is the person you have nominated here) [ ] On regular timeframes[[5]](#footnote-6) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] Other [ ] Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name |       |
| Address |       |
| Phone Number |       |
| Email |       |
| What to notify | Written notice that the power has commenced [ ]  All financial records and accounts [ ]  Records relating to transactions above $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Records and accounts for all assets [ ]  Summaries of income, expenditure and assets [ ] Copies of financial management plans and financial advice obtained [ ] Other information [ ]  Details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| When to notify | When requested by the nominated person (this is the person you have nominated here) [ ] On regular timeframes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] Other [ ] Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **SECTION 4 – COMPULSORY TO COMPLETE** |
| **Specific terms** |
| Do you want your Attorneys to know information about yourself including what is important to you when making decisions for you? (e.g. its important to you that you live in your own home even if that means you receive assistance with care and housework)If yes, please provide details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Yes [ ]  No [ ]  |
| Do you want to limit your Attorney’s power in any way? (for example, you do not wish for them to deal with a particular asset)If yes, please provide details:   | Yes [ ]  No [ ]  |
| Do you want to allow your Attorney to enter into transactions on your behalf even if this means there will be a conflict between the Attorney’s interests and your interests? (for example, if you and your Attorney own property together and in acting in your best interests this is contrary to the best interests of the Attorney)  | Yes [ ]  No [ ]  |
| Do you wish to allow your Attorney to have complete discretion in making gifts? (for example, in addition to gifts to relatives and close friends on birthdays and at Christmas etc, your Attorney may make gifts and donations at their discretion to people and organisations who are not close friends or relatives)If yes, please provide details:  | Yes [ ]  No [ ]  |
| If you have a Self Managed Super Fund, do you wish to allow your Attorney to have the authority to renew your Binding Death Benefit Nomination? | Yes [ ]  No [ ]  |
| **SUBMIT INSTRUCTIONS** |
| I state that the above information is true and correct and I consent to Redchip Lawyers contacting me in order to discuss the above information. **Signature**  |

1. An EPA only needs to be revoked if it is lodged with the Titles Office. [↑](#footnote-ref-2)
2. Often people appoint their spouse or partner as their Attorney. [↑](#footnote-ref-3)
3. Details about the information that must be provided including how often your Attorneys must provide the information. [↑](#footnote-ref-4)
4. This includes property, investments and vehicles. [↑](#footnote-ref-5)
5. For example annually on 1 July of each year or quarterly starting on 1 July. [↑](#footnote-ref-6)