

Enduring Powers of Attorney (EPA) Checklist

PERSONAL INFORMATION			
Full Name:			
Do you own assets in any other name?	<input type="checkbox"/> Yes (if yes, what other name?)	<input type="checkbox"/> No	
Address:			
Telephone Numbers	Home:	Work:	Mobile:
Email Address			
Occupation:			
Date of Birth:			
Marital Status:	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	
	<input type="checkbox"/> Single	<input type="checkbox"/> Divorced	
	<input type="checkbox"/> In a de facto relationship	<input type="checkbox"/> In a civil union	
Previous Enduring Powers of Attorney			
Have you ever made Enduring Powers of Attorney before?	<input type="checkbox"/> Yes (if yes, which firm did you use?)	<input type="checkbox"/> No	
Do you have a living will or advanced directive?	<input type="checkbox"/> Yes (if yes, please provide us with a copy)	<input type="checkbox"/> No	
Family (please list details where appropriate)			
Full name of partner/spouse:			
Are you engaged or considering marriage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
Children of current relationship:	Name	Date of Birth	M/F
Children of previous relationship:	Name	Date of Birth	M/F
Do you have a Family Trust?	<input type="checkbox"/> Yes (if yes, what is its name?)	<input type="checkbox"/> No	
Are you the director or shareholder of any companies?	<input type="checkbox"/> Yes (if yes, please provide details)	<input type="checkbox"/> No	

INSTRUCTIONS

Personal Care and Welfare Attorney

*Who do you wish to appoint as attorney for your personal care and welfare matters (e.g. medical decisions)?
You may only appoint one person for personal care and welfare.*

Full Name:

Relationship to you:

Address:

Occupation:

Who do you wish to appoint to act as your personal care and welfare attorney if the first attorney wasn't able to act?

Full Name:

Relationship to you:

Address:

Occupation:

Property Attorney

Who do you wish to appoint as attorney or attorneys for your property matters? You may appoint one or more persons.

Full Name:

Relationship to you:

Address:

Occupation:

Full Name:

Relationship to you:

Address:

Occupation:

Who do you wish to appoint to act as your property attorney if the first attorney or attorneys weren't able to act?

Full Name:

Relationship to you:

Address:

Occupation:

Full Name:

Relationship to you:

Address:

Occupation:

Timing of Enduring Power of Attorney

Your personal care and welfare EPA only comes into effect if you had lost capacity.

When would you like your property EPA to come into effect?

When it is signed

Only if I lost capacity and a doctor had confirmed that

(This is useful if you are going overseas, or might like someone to be able to assist you.)

Consultation

There is an option in your EPA that you can require your attorneys must consult with certain people before making decisions. Who do you wish your attorney(s) to consult with?

Full Name:

Relationship to you:

Address:

Occupation:

Which attorney:

Personal Care

Property

Both

Full Name:

Relationship to you:

Address:

Occupation:

Which attorney:

Personal Care

Property

Both

Full Name:

Relationship to you:

Address:

Occupation:

Which attorney:

Personal Care

Property

Both

Providing Information

There is an option in your EPA that you can require your attorneys to provide information to certain people if they request it. Who do you wish your attorney(s) to provide information to?

Full Name:

Relationship to you:

Address:

Occupation:

Which attorney:

Personal Care

Property

Both

Full Name:

Relationship to you:

Address:

Occupation:

Which attorney:

Personal Care

Property

Both

Full Name:

Relationship to you:

Address:

Occupation:

Which attorney:

Personal Care

Property

Both

Will

In some circumstances an attorney can apply to the Family Court to make a new will for a person.

Would you like your attorney to be able to make a new will on your behalf?

Yes

No

Benefitting Other People

There is an option in your EPA that you can allow your attorneys to use your property to benefit someone else. If this is not included, then they may not use your property to benefit anyone other than yourself.

Would you like your property attorney to be able to use your property for themselves? Yes No

Would you like your property attorney to be able to use your property for your spouse/partner? Yes No

Would you like your property attorney to be able to use your property for anyone else? Yes (if yes, please provide details) No

Attorney's Expenses

Attorneys are allowed to claim back any expenses they incur unless you provide otherwise in your EPA. They are not allowed to be paid for acting as an attorney unless you provide otherwise in your EPA.

Would you like your property attorney to be able to claim their expenses? Yes No

Would you like your property attorney to be able to be paid to act as your attorney? Yes No

Incapacity

A doctor must provide a certificate to your attorney confirming that you have lost capacity before they act on a personal care EPA.

Ordinarily, this can be any doctor. If you wish to, you can provide that it must be a particular kind of doctor (e.g. a GP, geriatrician etc). You cannot provide that it must be a particular person e.g. your own GP Dr Smith.

Do you wish to restrict who can provide this certificate for your attorney? Yes (if yes, please provide details) No

Conditions

Do you have any other requests or conditions which you would like included in your Enduring Powers of Attorney?

Further Information

Is there anything else we should know?

Signature: _____

Date: _____