

**Client:**

**Re: Instructions for a Power of Attorney**

**Date**

**Ref:**

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**1. Power of Attorney Maker/Principal**

(a) Full Name:	
(b) Details of any other names in which assets appear:	
(c) Normal residential address (for drafting into the Will) and postal address (for communication):	
(d) Occupation:	
(e) Date of birth:	

**2. Attorney/s**

(a) First choice attorney/s (name, address, age, occupation, telephone number, relationship to testator) :	
(b) Second attorney, if you would like more than one to act (name, address, age, occupation, telephone number, relationship to testator) :	
(c) How would you like attorneys to act, either jointly or severally:	

**3. Attorney/s Powers - For personal/health matters, it continues so long as you are incapable of understanding the nature and foreseeing the effects of a decision, and of communicating that decision. With financial matters, it continues until it is revoked.**

(a) Do you want your Attorney to act for Financial matters and/or Personal/health matters	
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<p>(b) Do you want to set any terms for the power given in particular matters, give specific information about your wishes (specific medical treatment facilities, authority to invest etc):</p>	
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**4. Commencement date - With personal/health matters, your attorney's power to make decisions does not begin until (if ever) you are incapable of understanding the nature and foreseeing the effects of a decision, and of communicating that decision. With financial matters, you may nominate when your attorney's power is to begin. If you do not name a date or an occasion, it begins immediately. On the other hand, if you lose the capacity to make such decisions before the date or occasion you name, the power begins at that point.**

<p>(a) When do you want the power of your attorney/s for financial decisions to begin: (immediately, on a specific date, or when declared unfit by doctor etc).</p>	
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**Upon review of the above provided information it may be necessary for a consultation to take place with a Solicitor depending on the complexity of the matter, to ensure that the matters are dealt with appropriately.**

**DECLARATION**

I acknowledge that I have been offered a conference with a Solicitor at ELIADIS & ASSOCIATES for the purpose of the preparation of a Enduring Power of Attorney. However, I have chosen not to take advantage of the same but rather have instructed to have my Enduring Power of Attorney strictly as per my wishes and directions contained herein.

I/We authorise ELIADIS & ASSOCIATES to commence preparation of this my Enduring Power of Attorney and shall undertake to pay all legal fees in the preparation and execution of the Enduring Power of Attorney.

I/We acknowledge that upon signing of the finalised Enduring Power of Attorney that payment of the Tax Invoice will be paid within fourteen (14) days unless a prior arrangement in writing has been made. Should payment not be made within 30 days all work on this matter or any other matter will cease and interest will become due and payable.

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**Client Name & Signature**