

ENDURING POWER OF ATTORNEY INFORMATION

GRANTOR:

Name: _____

Address: _____

_____ Postal Code _____

Occupation _____

Telephone: (Home) _____ (Work) _____

Email: _____

Date of Birth: _____ Place: _____

Date of Previous P/A: _____

Where kept: _____

Where this P/A to be kept: _____

GRANTOR:

Name: _____

Address: _____

_____ Postal Code _____

Occupation _____

Telephone: (Home) _____ (Work) _____

Email: _____

Date of Birth: _____ Place: _____

Date of Previous P/A: _____

Where kept: _____

Where this P/A to be kept: _____

ATTORNEY: Spouse / or

Name: _____

Address: _____

ALTERNATE ATTORNEY:

Name: _____

Address: _____

POWERS:

General Powers: Yes / No

Specific Powers: _____

Powers to be executed while adult is capable: Yes / No

Powers to be executed only when adult is incapable: Yes / No

Is Attorney authorised to make gift, loan or insurable gift? Yes / No

COMPENSATION:

Is Attorney to be compensated for acting as Attorney? Yes / No

If yes, rate per hour \$_____

GENERAL:

Is there a period of time when the Enduring Power of Attorney will be suspended? Yes / No

If yes, state period: _____

Is authority of Attorney to continue if marriage/relationship ends? Yes / No

DOES DONOR HAVE THE CAPACITY TO GRANT AN ENDURING POWER OF ATTORNEY?

✓	Does the adult in his or her own words understand each of the following:
	the property the adult owns and its approximate value;
	the obligation the adult owes to his or her dependents;
	that the Attorney will be able to do on the adult's behalf anything in respect of the adult's financial affairs that the adult could do if capable, except make a will, subject to the conditions and restrictions set out in the <i>Power of Attorney Act</i> ;
	that unless the Attorney manages the business and property prudently, their value may decline;
	that the Attorney might misuse the Attorney's authority;
	that the adult may, if capable, change or revoke the Enduring Power of Attorney;
	any other prescribed matter;