
SUMMARY

I authorise my attorneys to do anything I can lawfully authorise them to do on my behalf for personal and financial matters.

This authority continues even if I lose mental capacity and is given under the laws of Victoria, Australia.

ENDURING POWER OF ATTORNEY VICTORIA

ENDURING POWER OF ATTORNEY

This enduring power of attorney is made under Part 3 of the *Powers of Attorney Act 2014* (Victoria), incorporating the amendments in the *Powers of Attorney Amendment Act 2016* and has effect as a deed under section 81 of the Act.

1 Principal

My name is VICTORIA. I was born on 11 November 0011 and my address is 19 SHORT STREET, MELBOURNE VIC 3000.

I specify that the following parts of the enduring power of attorney made by me on 1 March 2015 are not revoked by this enduring power of attorney: the powers of attorney for medical agent.

SAMPLE

2 Attorneys

I appoint the following to be my attorneys:

- (a) PRINCE ANDREW of 2 PARK LANE, MELBOURNE VIC 3000 (PRINCE ANDREW vacates office); and
- (b) PRINCE PHILIP of 7 BEACH STREET, MELBOURNE VIC 3000

My attorneys are appointed to act together

3 Authorisation

I authorise my attorneys to do anything I can do personally in respect of my personal and financial matters.

4 Commencement

The powers under this enduring power of attorney for all matters are exercisable immediately on the making of this enduring power of attorney.

INITIALS OF VICTORIA

INITIALS OF AUTHORISED WITNESS

INITIALS OF OTHER WITNESS

5 Conditions and Instructions

The exercise of power under this enduring power of attorney is subject to the following conditions or instructions:

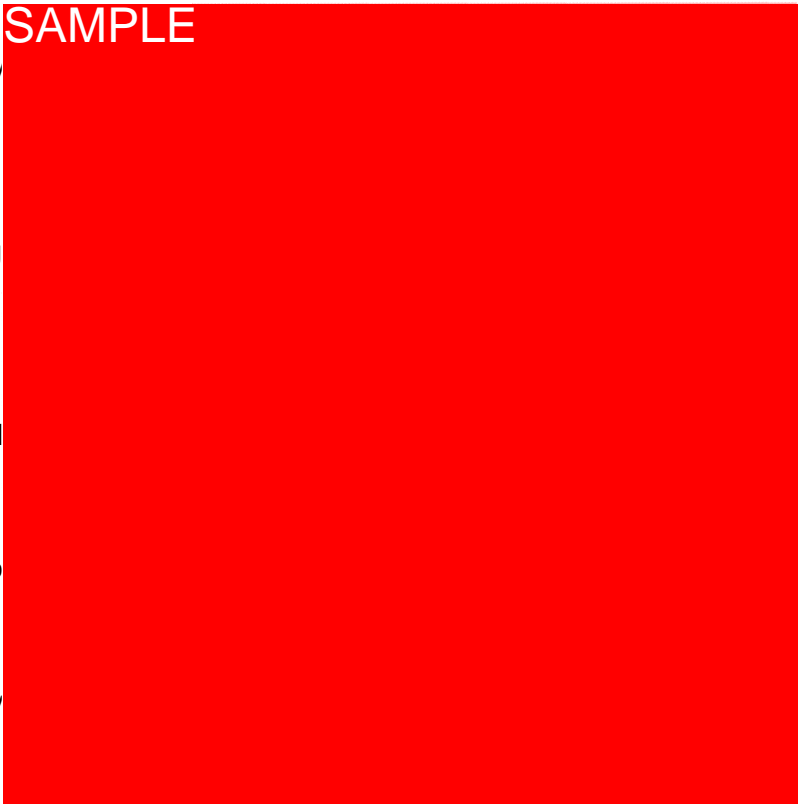
Conflict transactions. I authorise my attorney the attorneys can rent my holiday house.

Gifts. The authority of my attorneys to ma conditions or restrictions: the attorneys can g at up to \$500 per year.

Maintenance of dependants. I authorise my dependants from my money or other financial the maintenance of my god-son, Tiger Lawre

Payments to attorneys. I authorise my atto attorneys: \$100 per year.

Additional conditions or instructions. I specify for my attorneys: the attorneys should ensure community to use on Sundays.



END OF THIS PAGE


INITIALS OF VICTORIA 

INITIALS OF AUTHORISED WITNESS 

INITIALS OF OTHER WITNESS 

SIGNATURE OF VICTORIA

Signed by VICTORIA

SIGNATURE OF VICTORIA 

HAND WRITE THE DATE OF SIGNING 

You need to sign and date this form by hand.

You must sign the form in front of two witnesses.

There is a space for each witness to sign on the next page. They must then sign and date the form in front of you and each other.

One witness must be a medical practitioner, or be a person who is authorised to witness affidavits.

A list of people who are authorised to witness an affidavit can be found at www.justice.vic.gov.au/affidavit.

SAMPLE



CERTIFICATE OF WITNESSES

Each witness certifies that:

- (a) the principal appeared to freely and voluntarily
- (b) at that time, the principal appeared to me to making of this enduring power of attorney; and
- (c) I am not an attorney under this enduring power
- (d) I am not a relative of the principal or of an attorney
- (e) I am not a care worker or accommodation provider

SAMPLE

Signed by authorised witness

NAME OF THE AUTHORISED WITNESS

ADDRESS OF THE AUTHORISED WITNESS

SIGNATURE OF THE AUTHORISED WITNESS

DATE SIGNED BY THE AUTHORISED WITNESS

QUALIFICATION OF AUTHORISED WITNESS

ADDRESS OF THE AUTHORISED WITNESS

SIGNATURE OF THE AUTHORISED WITNESS

DATE SIGNED BY THE OTHER WITNESS

The authorised witness must be qualified as a medical practitioner or person authorised to witness affidavits (as listed here: www.justice.vic.gov.au/affidavit).

ACCEPTANCE BY PRINCE ANDREW

I, PRINCE ANDREW of 2 PARK LANE, MELBOURNE VIC 3000, accept my appointment as attorney for the principal under this enduring power of attorney and state that:

- (a) I am eligible under Part 3 of the Powers of Attorney Act 2014 to act as an attorney under an enduring power of attorney; and
- (b) I understand the obligations of an attorney under an enduring power of attorney and under the Powers of Attorney Act 2014 and the consequences of failing to comply with those obligations; and
- (c) I undertake to act in accordance with the principles that apply to enduring powers of attorney; and
- (d) (if applicable and the appointment is for financial matters) I have not, and have not been convicted or found guilty of an offence under the law of Victoria or any other jurisdiction in relation to the exercise of powers of attorney.

SAMPLE

Signed by PRINCE ANDREW

SIGNATURE OF PRINCE ANDREW

Witnessed by

NAME OF WITNESS

SIGNATURE OF WITNESS

ADDRESS OF WITNESS

DATE WITNESSED

ACCEPTANCE BY PRINCE PHILIP

I, PRINCE PHILIP of 7 BEACH STREET, MELBOURNE VIC 3000, accept my appointment as attorney for the principal under this enduring power of attorney and state that:

- (a) I am eligible under Part 3 of the Powers of Attorney Act 2014 to act as an attorney under an enduring power of attorney; and
- (b) I understand the obligations of an attorney under the Powers of Attorney Act 2014 and the consequences of my appointment; and
- (c) I undertake to act in accordance with the principal's wishes in relation to enduring powers of attorney; and
- (d) (if applicable and the appointment is for financial matters) I have not, and have not been convicted or found guilty of an offence under the Powers of Attorney Act 2014.

SAMPLE

Signed by PRINCE PHILIP

SIGNATURE OF PRINCE PHILIP

DATE SIGNED

Witnessed by

NAME OF WITNESS

SIGNATURE OF WITNESS

ADDRESS OF WITNESS

DATE WITNESSED

ACCEPTANCE BY CAMILLA PARKER BOWLES

I, CAMILLA PARKER BOWLES of 3 FAIRY LANE, MELBOURNE VIC 3000, accept my appointment as attorney for the principal under this enduring power of attorney and state that:

- (a) I am eligible under Part 3 of the *Powers of Attorney Act 2014* to act as an attorney under an enduring power of attorney; and
- (b) I understand the obligations of an attorney under the *Powers of Attorney Act 2014* and the consequences of my appointment; and
- (c) I undertake to act in accordance with the provisions of the *Powers of Attorney Act 2014* that relate to enduring powers of attorney; and
- (d) (if applicable and the appointment is for financial matters) I have not, and I have not been convicted or found guilty of an offence under the *Powers of Attorney Act 2014* relating to the exercise of powers of attorney.

SAMPLE

Signed by CAMILLA PARKER BOWLES

SIGNATURE OF CAMILLA PARKER BOWLES

DATE SIGNED

Witnessed by

NAME OF WITNESS

SIGNATURE OF WITNESS

ADDRESS OF WITNESS

DATE WITNESSED

SIGNING INSTRUCTIONS

1. Print this power of attorney

VICTORIA, print this document (either in black & white or colour) on A4 paper using a high-quality printer, so it is clearly legible. Carefully check whether this document expresses your wishes, and if necessary create a new version, before you sign.

2. Sign your Power of Attorney

After you print out this document you need to do the following:

- (a) sign the form (or have a person sign at your direction) in front of two witnesses
- (b) have your two witnesses sign and date the form in front of you and each other
- (c) have the attorney(s) sign the statement of acceptance in front of a witness
- (d) have a witness sign for each attorney's statement of acceptance.

When you sign this document, your two witnesses must be with you and they must see you sign it. Your attorney does not need to be present when you are signing the appointment form.

Your attorney needs to sign the statement of acceptance of appointment in front of a witness, and have that witness sign the form.

3. Who can be a witness?

Witnesses must be 18 years of age or older. One of the witnesses to an enduring power of attorney must be:

- (a) a medical practitioner, or
- (b) a person who is authorised to witness affidavits.

A witness cannot be:

- (a) your relative
- (b) someone being appointed as an attorney(s)
- (c) a relative of your attorney(s)
- (d) your care worker
- (e) your accommodation provider.

A person who has signed the form on your behalf (if you cannot physically sign) also cannot be your witness.

3. When the form is filled out and signed

You do not need to submit this form anywhere. You need to complete it, make sure it is signed and witnessed properly, and then keep the original in a safe place. You should keep all pages of this form together at all times. You should give your attorney(s) a certified copy of this form.