client
LEGAL SOLUTIONS

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INSTRUCTIONS FOR ENDURING POWERS OF ATTORNEY

Please complete and return the following questionnaire to help us prepare your EPOA.

This information will help us understand your wishes, so we can support you to give effect to them. Please do not worry if you are unable to answer all the questions, or would prefer to discuss these matters in person. Simply complete the form as you like, note down any question, and we will contact you to discuss.

DONOR'S DETAILS (the person granting the power of attorney)
Mr/Mrs/Ms/other
Family name
First name(s)
Address
Telephone
Email address

INSTRUCTIONS - PROPERTY
Attorney 1 (Property)
Mr/Mrs/Ms/other
Family name
First name(s)
Relationship to donor
Address
Telephone
Email address
Attorney 2 (Property)
Mr/Mrs/Ms/other
Family name
First name(s)
Relationship to donor
Address
Telephone
Email address

Attorney 3 (Property)	
Mr/Mrs/Ms/other	
Family name	
First name(s)	
Relationship to donor	
Address	
Telephone	
Email address	
Type of authority	☐ Joint ☐ Joint and several ☐ Joint but survivor can act alone
General authority	Yes / no
If no, set out any restrictions/limitations	
When is power effective	☐ Immediately ☐ Only once mentally incapable ☐ Immediately for attorneys; only once mentally incapable for successor attorneys
Successor Attorney 1 (Property)	
Mr/Mrs/Ms/other	
Family name	
First name(s)	
Relationship to donor	
Address	
Telephone	
Email address	
Successor Attorney 2 (Property)	
Mr/Mrs/Ms/other	
Family name	
First name(s)	
Relationship to donor	
Address	
Telephone	
Email address	

Successor Attorney 3 (Property)	
Mr/Mrs/Ms/other	
Family name	
First name(s)	
Relationship to donor	
Address	
Telephone	
Email address	
Type of authority (applying to successors)	☐ Joint ☐ Joint and several ☐ Joint but survivor may act alone
Consultation	
Consultation by attorneys?	Yes / no
Consultation by successor attorneys?	Yes / no
If yes, who is to be consulted by your attorneys and/or your successor attorneys *(please include name and, if someone new, all contact details for that person)*	**Consultation Person 1** Name: Relationship to donor: Address: Telephone: Email: **Consultation Person 2** Name: Relationship to donor: Address: Telephone: Email:
Information	
Attorneys to provide information?	Yes / no
Successor attorneys to provide information?	Yes / no
If yes, who is to be given information by your attorneys and/or your successor attorneys (*please include name and, if someone new, all their contact details for that person*)	**Information Person 1** Name: Relationship to donor: Address: Telephone: Email:

	Information Person 2 Name: Relationship to donor: Address: Telephone: Email:
Other Matters	
Can attorneys sign Will (if empowered by Court)?	Yes / no
Attorneys to be paid out of pocket expenses?	Yes / no
Attorneys to benefit? (If so, give details)	Yes / no
Attorneys to make gifts/donations? (if so, give details)	Yes / no
Other information, directions or wishes:	

INSTRUCTIONS PERSONAL CARE AND WELFARE	
Attorney (Personal Care)	
Mr/Mrs/Ms/other	
Family name	
First name(s)	
Relationship to donor	
Address	
Telephone	
Email address	
General authority	Yes / no
If no, set out any restrictions/limitations	
Successor Attorney 1 (Personal Care)	
Mr/Mrs/Ms/other	
Family name	
First name(s)	
Relationship to donor	
Address	
Telephone	
Email address	
Successor Attorney 2 (Personal Care)	
Mr/Mrs/Ms/other	
Family name	
First name(s)	
Relationship to donor	
Address	
Telephone	
Email address	

Consultation	
Consultation by attorneys?	Yes / no
Consultation by successor attorneys?	Yes / no
If yes, who is to be consulted by your attorneys and/or your successor attorneys (*please include name and, if someone new, all contact details for that person*)	**Consultation Person 1** Name: Relationship to donor: Address: Telephone: Email: **Consultation Person 2** Name: Relationship to donor: Address: Telephone: Email:
Information	
Attorneys to provide information?	Yes / no
Successor attorney to provide information?	Yes / no
If yes, who is to be given information by your attorneys and/or your successor attorneys (*please include name and, if someone new, all their contact details for that person*)	**Information Person 1** Name: Relationship to donor: Address: Telephone: Email: **Information Person 2** Name: Relationship to donor: Address: Telephone: Email:
Other Matters	
Other information, directions or wishes:	