

Please complete a separate form for each person who wishes to make Enduring Powers of Attorney.

There are two forms of Enduring Powers of Attorney ("EPA"). One is for your property (i.e. your belongings, bank accounts, investments, home and other assets). The other is for your personal care and welfare (i.e. healthcare and medical decisions).

The property power allows you to appoint more than one attorney. The personal care and welfare power allows you to appoint only one attorney. You are not required to have the same attorney for each EPA. You may also appoint a "successor attorney" to act if your attorney/s is/are unable to act or passes away.

You **must** read the notes for each type of EPA. These are included with this information sheet. **By completing this information sheet, you are simply providing us with the details to help us prepare your formal EPA documents.** You will sign the formal EPA documents when we meet with you. We stress that you will need to read the notes prior to meeting with us.

Your Personal Information

Title: Mr Mrs Miss Ms Other (please specify): _____

Full Name: _____
Last First Middle

Also Known As: _____

Address: _____
Street Address

City Postcode

Home Phone: (0) Mobile Phone: (02)

Email: _____

Existing EPA

◆ **Have you** made an EPA before? Yes No

If **yes**, tick this box if they are already held with Shanahans . **Your new EPA will cancel any existing EPA unless you specify otherwise.** If there is or are any EPA documents you wish to remain in place, please specify here:

PROPERTY EPA

Appointment of "Attorney 1":

Title: Mr Mrs Miss Ms Other (please specify): _____

Full Name: _____
Last First Middle

Address: _____
Street Address

City Postcode

Home Phone: **(0)** _____ Mobile Phone: **(02)** _____

Email: _____

Relationship to you: _____

Appointment of "Attorney 2":

This attorney (please tick **one**):

- is to act jointly with Attorney 1 above **OR**
- is to act jointly and severally with Attorney 1 above (meaning each attorney will be able to act jointly or individually on their own, as they see fit) **OR**
- is to act as "successor attorney" if Attorney 1 dies before me or is unable/unwilling to act.

Title: Mr Mrs Miss Ms Other (please specify): _____

Full Name: _____
Last First Middle

Address: _____
Street Address

City Postcode

Home Phone: (0) Mobile Phone: (02)

Email:

Relationship to you:

Appointment of "Attorney 3":

This attorney (please tick **one**):

- is to act jointly with Attorney 1 **and** Attorney 2 above **OR**
- is to act jointly and severally with Attorney 1 **and** Attorney 2 above (meaning each attorney will be able to act jointly or individually on their own, as they see fit) **OR**
- is to act as "successor attorney" if Attorney 1 **and** Attorney 2 are both unable to act **OR**
- is to act as "successor attorney" jointly with Attorney 2 above.

Title: Mr Mrs Miss Ms Other (please specify):

Full Name: Last First Middle

Address: Street Address

City Postcode

Home Phone: (0) Mobile Phone: (02)

Email:

Relationship to you:

Appointment of "Attorney 4":

This attorney (please tick **one**):

- is to act jointly with Attorney 1 **and** Attorney 2 **and** Attorney 3 above **OR**
- is to act jointly and severally with Attorney 1 **and** Attorney 2 **and** Attorney 3 above (meaning each attorney will be able to act jointly or individually on their own, as they see fit) **OR**
- is to act as "successor attorney" if Attorney 1 **and** Attorney 2 **and** Attorney 3 are all unable to act **OR**
- is to act as "successor attorney" jointly with Attorney 2 **and** Attorney 3 above.
- is to act as "successor attorney" jointly with Attorney 3 above.

Title: Mr Mrs Miss Ms Other (please specify):

Full Name: Last First Middle

Address: Street Address

City Postcode

Home Phone: (0) Mobile Phone: (02)

Email:

Relationship to you:

- ◆ **Do you want to name anyone that your attorney(s) MUST consult with about property matters?** Yes
 No

If yes, please complete details:

Person 1:		
Full Name:	_____	
	<i>Last</i>	<i>First</i> <i>Middle</i>
Address:	_____	
	<i>Street Address</i>	
	_____	_____
	<i>City</i>	<i>Postcode</i>
Home Phone:	(0)	Mobile Phone: (02)
Relationship to you:	_____	

Person 2:

Full Name: _____
Last First Middle

Address: _____
Street Address

_____ *City Postcode*

Home Phone: **(0)** _____ Mobile Phone: **(02)** _____

Relationship to you: _____

- ◆ **Do you want to** name anyone that your attorney(s) **MUST** give information to about how they are carrying out their role as your attorney(s)? Yes No
If yes, please complete details:

Person 1:

Full Name: _____
Last First Middle

Address: _____
Street Address

_____ *City Postcode*

Home Phone: **(0)** _____ Mobile Phone: **(02)** _____

Relationship to you: _____

Person 2:

Full Name: _____
Last First Middle

Address: _____
Street Address

_____ *City Postcode*

Home Phone: **(0)** _____ Mobile Phone: **(02)** _____

Relationship to you: _____

◆ **Do you want to** allow your attorney(s) to use your property for their own benefit or the benefit of any other person?

Yes No

If yes, please provide details:

◆ **Do you want** your attorney(s) to use your property to provide celebratory gifts or charitable donations?

Yes No

If yes, please specify who is to benefit and the maximum amounts per donation. You may include annual donations to charities, organisations or people. If you are nominating specific people, please advise their relationship to you.

Full Name	Relationship to You	Maximum \$

◆ **Is there anything else** you would like to include in your EPA in relation to property?

Yes No

If yes, please provide details:

PERSONAL CARE & WELFARE EPA

Appointment of "Attorney":

Title: Mr Mrs Miss Ms Other (please specify): _____

Full Name: _____
Last First Middle

Address: _____
Street Address

City Postcode

Home Phone: (0) Mobile Phone: (02)

Email: _____

Relationship to you: _____

Appointment of "Successor Attorney":

This attorney is to act as "successor attorney" if the above attorney dies first or is unable/unwilling to act.

Title: Mr Mrs Miss Ms Other (please specify): _____

Full Name: _____
Last First Middle

Address: _____
Street Address

City Postcode

Home Phone: (0) Mobile Phone: (02)

Email: _____

Relationship to you: _____

◆ **Do you want to name anyone that your attorney MUST consult with about personal care and welfare matters?**

Yes

No

If yes, please complete details:

Person 1:

Full Name: _____
Last First Middle

Address: _____
Street Address

_____ *City Postcode*

Home Phone: **(0)** _____ Mobile Phone: **(02)** _____

Relationship to you: _____

Person 2:

Full Name: _____
Last First Middle

Address: _____
Street Address

_____ *City Postcode*

Home Phone: **(0)** _____ Mobile Phone: **(02)** _____

Relationship to you: _____

- ◆ **Do you want to** name anyone that your attorney **MUST** give information to about how they are carrying out their role as your attorney? Yes No

If yes, please complete details:

Person 1:

Full Name: _____
Last First Middle

Address: _____
Street Address

_____ *City Postcode*

Home Phone: **(0)** _____ Mobile Phone: **(02)** _____

Relationship to you: _____

Person 2: _____

Full Name:	<i>Last</i>	<i>First</i>	<i>Middle</i>
Address:	<i>Street Address</i>		
	<i>City</i>	<i>Postcode</i>	
Home Phone:	(0)	Mobile Phone:	(02)
Relationship to you:			

◆ **Is there anything else** you would like to include in your EPA in relation to personal care and welfare?

Yes

No

If yes, please provide details:

Signature

To Shanahans (please tick to confirm):

I understand that:

- this form does not constitute a valid EPA;
- this form is to provide you with the details required to complete the formal EPA documentation and the resulting EPA may differ significantly depending on the advice you provide; and
- your engagement does not start until you have confirmed to me in writing that you have received this completed form.

I have included with this form, a colour copy of one of the following forms of identification:

- current NZ Driver's Licence
- current Passport
- current Firearms Licence

Other (please specify):

.....
Signature

.....
Print Full Name

Date: ___/___/20___

Once completed and signed, please forward this form and copy identification to:
Shanahans Law Limited
PO Box 15149
New Lynn
Auckland 0640

OR email to: mary@shanahanslaw.co.nz