General Power of Attorney

Complete this form by writing your responses on the lines. Clauses with options are to be completed by placing a tick in the appropriate box and ruling through those options that do not apply.

These margin notes are not part of the prescribed form and can be removed.

Please refer to the Powers of Attorney Fact Sheet that accompanies this form for more information. The Powers of Attorney Fact Sheet is also available from the Land and Property Information website at www.lpi.nsw.gov.au

A general power of attorney is a legal document that allows you (the 'principal') to nominate one or more persons (referred to as an 'attorney') to act on your behalf. A general power of attorney gives the attorney the authority, if you choose, to manage your legal and financial affairs, including buying and selling real estate, shares and other assets for you, operating your bank accounts, and spending money on your behalf.

The power of attorney ceases if you lose your mental capacity after its execution. If you wish the power of attorney to continue if you lose mental capacity, use the **Enduring Power of Attorney** prescribed form. An attorney under general power of attorney cannot make decisions about your lifestyle or health; these decisions can only be made by a guardian (whether an enduring guardian appointed by you or a guardian appointed by the Civil and Administrative Tribunal or the Supreme Court).

You may set whatever limitations or conditions on your attorney that you choose. An attorney must always act in your best interest. If your attorney does not follow your directions, or does not act in your best interest, you should revoke the power of attorney. You or someone on your behalf should inform the attorney of the revocation, preferably in writing. The attorney must then immediately cease to act as your attorney. If anyone else, such as a bank, has been advised about the power of attorney, that person or entity should also be informed of the revocation.

The **Important Information** set out at the end of this form includes notes to assist in completing this form and more fully explains the role and responsibilities of an attorney.

Principal

You, the person who appoints the attorney.

The Attorney

The person you nominate to look after your legal and financial affairs. Your attorney may also be a company or other organisation such as the NSW Trustee and Guardian.

You can appoint more than one attorney. If you appoint more than one attorney, it may be useful to appoint people who can work cooperatively and in your best interest.

(Please initial the bottom of this page)

1. Appointment of attorney by the Principal
, MARCIE J. LAKIN
PO BOX 461
60200 NSW 2072
[insert full name and address],
appoint GARMH LAKIN
Po Box 461 GARDON A MAIL DATA
GORDON NEW 2072
and also appoint
[insert full name and address of each attorney add more pages if necessary]
to be my attorney/s.

Complete this section only if more than one attorney is appointed.	My attorneys are appointed:
	a) 🔲 Jointly (your attorneys must all act together).
Tick the option that applies and rule through any that don't apply.	Tick the applicable box below (only one)
	 i) I want the appointment to be terminated if one of the attorneys dies, resigns or otherwise vacates office.
If you ticked box a) , you must also tick box i or ii.	ii) ldo not want the appointment to be terminated if one of the attorneys dies, resigns or otherwise vacates office.
	Or
	b) Jointly and Severally (your attorneys may act individually, or together with the other attorneys if they choose).
	If no option is selected or the option chosen is unclear or inconsistent, I intend my attorneys to act jointly and severally.
If your attorney/s vacates office (e.g. dies), you have the option to nominate someone else to take their place. (See Notes for completion regarding the meaning of 'vacates').	Nomination of substitute attorney/s (optional)
	If my attorney/s vacates office, I appoint:
You can choose more than one substitute attorney.	
Only complete this section if more than one substitute attorney is appointed. Tick the option that applies and rule through any that don't apply.	[insert full name and address of substitute attorney/s] to be my substitute attorney/s
	My substitute attorney/s are to be appointed:
	c) 🔲 Jointly (your attorneys must all act together).
	Or
(Please initial the bottom of this page)	d) Jointly and Severally (your attorneys may act individually, or together with the other attorneys if they choose).

2. Powers

My attorney/s may exercise the authority conferred on my attorney/s by Part 2 of the *Powers of Attorney Act 2003* to do anything on my behalf I may lawfully authorise an attorney to do.

You may choose to allow your attorney to use your money and assets to pay for those things listed here in (a)-(c). Tick options which you wish to apply and rule through any that don't apply.

 a) I authorise my attorney to give reasonable gifts as provided by section 11(2) of the Powers of Attorney Act 2003.

b) I authorise my attorney to confer benefits on the attorney to meet his/her reasonable living and medical expenses as provided by section 12(2) of the Powers of Attorney Act 2003.

c) I authorise my attorney to confer benefits on the following person/s to meet their reasonable living and medical expenses as provided by section 13(2) of the *Powers of Attorney Act 2003*.

If you have ticked **box (c)**, please complete this section. You can confer benefits on as many people as you wish.

[insert full name and address]

Additional powers (optional)

and (delete if not required)

[insert full name and address]

You can place limits and conditions on your attorney. For example, you can specify that the attorney may only act to sell your house; or the attorney can only act to deal with shares; or the attorney must submit accounts to a nominated accountant every year for audit.

If you do not want to place conditions or limitations on your attorney, please write the word **NIL** in the space provided.

(Please initial the bottom of this page)

3. Conditions and Limitations

I place the following limits and/or conditions on the authority of my attorney/s:

[insert any limits and conditions - add more pages if necessary]

You may choose when this power of attorney is to commence operation. Tick the box that corresponds to when you want this power of attorney to operate.

This power of attorney operates: Tick the applicable box below (one only) a) Immediately: On and from ____/___up to and □ b) including ____/_ / : (specify dates) Whilst I am overseas; Other..... If no option is selected or the options chosen are unclear or inconsistent, I intend that the power of attorney will operate immediately. 5. Your signature to make the appointment Signature: Witness signature .. _____ Name and address of witness Strated W CumPso V 6 OLINDA PLACE ST IVER 2005

You must sign and your signature must be witnessed.

The witness must be someone over the age of 18 and who is not an attorney under this power of attorney.

Please make your attorney aware of their obligations by showing this clause 6 to them. You and your attorney/s should also read the **Important Information** section at the end of this document.

Please see a solicitor should the attorney fail to abide by their responsibilities. The Police or the Supreme Court of NSW may also need to be involved.

(Please initial the bottom of this page)

6. Attorney responsibilities

4. Commencement

Your attorney must do the following:

- a) Keep your money and property separate from the attorney's money and property.
- b) Keep reasonable accounts and records of your money and property.
- c) Not benefit from being an attorney, unless expressly authorised by you.
- d) Always act in your best interests.
- e) Always act honestly in all matters concerning your legal and financial affairs.

Failure to do so may incur civil and/or criminal penalties.

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