



POWER OF ATTORNEY INSTRUCTIONS

YOUR DETAILS

NAME:.....

ADDRESS:.....

POSTAL ADDRESS:.....

.....PHONE:

ATTORNEY DETAILS

ATTORNEY NAME:.....

ADDRESS:.....

ATTORNEY NAME:.....

ADDRESS:.....

ATTORNEY NAME:.....

ADDRESS:.....

- JOINT
- JOINT AND SEVERAL
- JOINTLY, SEVERALLY ONLY IF AN ATTORNEY IS UNABLE TO ACT
- JOINT AND SEVERAL BUT SUCCESSIVELY FROM ATTORNEY TO ANOTHER ATTORNEY
- JOINT AND SEVERAL BY MAJORITY
- POWER OF ATTORNEY TO CONTINUE EFFECT DESPITE DEATH OF AN ATTORNEY
- NOT APPLICABLE (SOLE ATTORNEY)

ALTERNATIVE ATTORNEY DETAILS

APPOINT ALTERNATIVE ATTORNEY(S)? YES NO

ALTERNATIVE ATTORNEY NAME:.....

ADDRESS:.....

ALTERNATIVE ATTORNEY NAME:.....

ADDRESS:.....

- JOINT
- JOINT AND SEVERAL
- JOINTLY, SEVERALLY ONLY IF AN ALTERNATIVE ATTORNEY IS UNABLE TO ACT
- JOINT AND SEVERAL BUT SUCCESSIVELY FROM AN ALTERNATIVE ATTORNEY TO ANOTHER ALTERNATIVE ATTORNEY
- JOINT AND SEVERAL BY MAJORITY
- POWER OF ATTORNEY TO CONTINUE EFFECT DESPITE DEATH OF AN ATTORNEY
- NOT APPLICABLE (SOLE ALTERNATIVE ATTORNEY)

FURTHER DETAILS

POWER OF ATTORNEY TO BE:

- PRESCRIBED POA (time limit)
- ENDURING POA (effective until revoked)

POWER OF ATTORNEY TO OPERATE:

- IMMEDIATELY
- WHEN ATTORNEY ACCEPTS APPOINTMENT
- ON AND FROM(date) TO AND INCLUDING.....(date)
- WHEN MY ATTORNEY CONSIDERS THAT I NEED ASSISTANCE
- OTHER:.....

ATTORNEY AUTHORISED TO MAKE GIFTS: YES NO

ATTORNEY AUTHORISED TO BENEFIT SELF: YES NO

ATTORNEY AUTHORISED TO BENEFIT OTHERS: YES NO

IF YES, PROVIDE DETAILS:

.....
.....

ANY OTHER RESTRICTIONS OR LIMITATIONS

YES NO

IF YES, PROVIDE DETAILS:

.....
.....

INSTRUCTIONS TAKEN AT: MBT OFFICE

OTHER PLACE:.....

PERSONS PRESENT WHEN INSTRUCTIONS GIVEN:

PRINCIPAL: YES NO

OTHER(S): YES NO

IF YES, NAME(S):.....

COPY OF YOUR WILL TO BE PROVIDED TO YOUR ATTORNEY?

YES NO

POWER OF ATTORNEY TO BE REGISTERED:

YES NO

OTHER MATTERS:.....

.....
.....

SOLICITOR ATTENDING:.....

CONFIRMATION OF INSTRUCTIONS:

I confirm that I have received advice with respect to these instructions and that I have been given the Power of Attorney Information Brochure relating to that advice for me to consider prior to the execution by me of the Power of Attorney that will be prepared pursuant to these instructions.

SIGNATURE OF CLIENT:.....

DATED:.....