

# Enduring Power of Attorney



An enduring 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. An enduring power of attorney gives the attorney the authority to manage your legal and financial affairs, including buying and selling real estate, shares and other assets, operating your bank accounts and spending money on your behalf.

The attorney's power continues even if for any reason you lose the mental capacity to manage your own affairs. Once you lose mental capacity you cannot revoke this power of attorney. If you want the power of attorney to cease if you lose mental capacity, use the **General Power of Attorney** form. An attorney under an enduring 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).

The Prescribed Witness Certificate must be completed. Before acting as your attorney/s, the attorney/s (including any substitute attorney/s) must sign the acceptance section.

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

## 1. Appointment of attorney by the Principal

I, We, The Trustees of the Roman Catholic Church for the Diocese of Maitland-Newcastle of  
814 Hunter Street, Newcastle West 2302

[insert full name and address],

### appoint

The Person for the time being holding office in the Catholic Diocese of Maitland-Newcastle as Vice Chancellor Administration and each person relieving or acting in the office under valid appointment.

### and also appoint

Not Applicable

[insert full name and address of each attorney— add more pages if necessary]

### to be my attorney/s.

(Please initial bottom of this page)

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**My attorneys are appointed:**

a) ☐ Jointly (your attorneys must all act together).

*Tick the applicable box below (one only)*

i) ☐ I want the appointment to be terminated if one of the attorneys dies resigns or otherwise vacates office.

ii) ☐ I do 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.**

## Nomination of substitute attorney/s (optional)

If my attorney/s vacates office, I appoint:

The Person for the time being holding office in the Catholic Diocese of Maitland-Newcastle as Vice Chancellor Administration and each person relieving or acting in the office under valid appointment.

*[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

d) ☐ Jointly and Severally (your attorneys may act individually, or together with the other attorneys if they choose).

(Please initial the bottom of this page)

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## 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.

~~I give this power of attorney with the intention that it will continue to be effective if I lack the capacity through loss of mental capacity after its execution.~~

*Additional powers (optional)*

- ☐ 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*.

Not Applicable

*[insert full name and address]*

and (delete if not required)

Not Applicable

*[insert full name and address]*

## 3. Conditions and Limitations

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

My attorney may only execute documents not required to be signed under Common Seal; including but not limited to:

- Development/Construction Certificate Applications to Council, and variations to same.
- Building Applications to Council and variations to same
- Contracts for sale of properties
- Grant applications
- Building Contracts
- Funding Agreements

For the avoidance of doubt, if circumstances arise under which the documents listed above require signature under common seal, my attorney may not execute those documents.

See Page ~~3A~~ for additional conditions

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

(Please initial the bottom of this page)

The exercise by the Attorney of any power under this document does not constitute a representation by the Attorney as to the validity, enforceability, registrability or adequacy of this Power of Attorney or any document signed by the Attorney or any security interest created by it.

The Principal ratifies and confirms everything the Attorney does on behalf of the Principal under this Power of Attorney.

The Principal indemnifies the Attorney against all claims, demands, losses, damages, costs and expenses caused or contributed to by any exercise of the Attorney's powers under this Power of Attorney.

The Attorney's powers remain in force until written notice of its revocation is actually received by the Attorney, but without prejudice to the validity of any act of the Attorney done before that date, and any person dealing with the Attorney or the Principal in good faith may assume without enquiry that this Power of Attorney has not been revoked.

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## 4. Commencement

This power of attorney operates:  
Tick the applicable box below (one only)

- ☒ a) Once the attorney/s have accepted his/her appointment by signing this document.
- ☐ b) Once a medical practitioner considers that I am unable to manage my affairs (and provides a document to that effect).
- ☐ c) Once my attorney considers that I need assistance managing my affairs.
- ☐ d) Other: \_\_\_\_\_

If no option is selected or the options chosen are unclear or inconsistent,  
I intend that the power of attorney will operate once my attorney/s have accepted their appointment by signing this document.

## 5. Your signature to make the appointment

Date: 10 June 2016

Signature of witness: \_\_\_\_\_

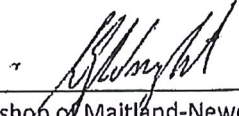
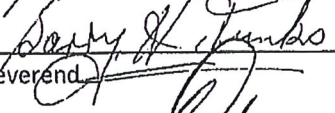

Signature of principal: \_\_\_\_\_

Name of witness: <sup>b</sup>  
See Page 4A for execution

Address of witness: \_\_\_\_\_



THE COMMON SEAL OF THE  
TRUSTEES OF THE ROMAN  
CATHOLIC CHURCH FOR THE  
DIOCESE OF MAITLAND-  
NEWCASTLE was hereunto affixed  
In pursuance of a resolution passed at  
A meeting of the said Body Corporate  
In the presence of the Bishop and two  
other members thereof a" of whose  
signatures are set opposite hereto

)   
) Bishop of Maitland-Newcastle  
)   
) Reverend  
)   
) Reverend  
)  
)  
)



# Enduring Power of Attorney

## 6. Certificate under section 19 of the Powers of Attorney Act 2003

I, Nicola Arvidson of 841 Hunter Street, Newcastle West

[insert full name and address]

certify the following:

- a) I explained the effect of this power of attorney to the principal before it was signed.
- b) The principal appeared to understand the effect of this power of attorney.
- c) I am a prescribed witness.
- d) I have witnessed the signature of this power of attorney by the principal.
- e) I am not an attorney under this power of attorney.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signatory's Capacity  
Tick the appropriate category

☒ Solicitor/barrister of the Commonwealth or of any State or Territory,

☐ Registrar of the Local Court,

☐ Licensed Conveyancer who has successfully completed a course of study approved by the Minister,

☐ NSW Trustee and Guardian employee who has successfully completed a course of study approved by the Minister,

☐ A trustee company employee who has successfully completed a course of study approved by the Minister.

☐ Legal Practitioner qualified in a country other than Australia who is instructed and employed independently of any legal practitioner appointed as an attorney under this power of attorney.

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## 7. Acceptance by attorney

- a) I accept that I must always act in the principal's best interests.
- b) I accept that as attorney I must keep my own money and property separate from the principal's money and property.
- c) I accept that I should keep reasonable accounts and records of the principal's money and property.
- d) I accept that unless expressly authorised, I cannot gain a benefit from being an attorney.
- e) I accept that I must act honestly in all matters concerning the principal's legal and financial affairs.

Failure to do any of the above may incur civil and/or criminal penalties.

Signature: Sean Scanlon Date: 20/6/16.  
 Name: SEAN SCANLON.

And

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Name: \_\_\_\_\_

[add more pages if necessary]

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