

Form of Appointment of Enduring Guardian

1. Appointment of enduring guardian or enduring guardians

I, Name _____
Address _____

Occupation _____

(a) appoint

NOTE: You may appoint one or more than one enduring guardian.

If you want to appoint more than one enduring guardian and you want your enduring guardians to have the same functions, then you should fill out this form by inserting the names of all your proposed enduring guardians in the place indicated. Each person must sign this form to show that he or she accepted the appointment. However, if you want to appoint more than one enduring guardian and want your enduring guardians to have different functions and act separately, you should fill out a different form for each enduring guardian appointed.

Name _____
Address _____

Occupation _____

and

Name _____
Address _____

Occupation _____

to be my enduring guardian or enduring guardians if because of a disability I am partially or totally incapable of managing my person.

(b) I appoint my enduring guardians to act jointly OR severally OR jointly and severally

NOTE: This relates to the appointment of two more enduring guardians. If you are only appointing one enduring guardian, then cross out this section and put your initials beside any writing you have crossed out. If you are appointing more than one person, you should indicate whether you want them to act jointly (with the same functions, and agreeing and acting together when making decisions) OR severally (with the same functions, and able to make decisions independently) OR jointly and severally (with the same functions, and able to act together or independently when making decisions). Cross out whichever does not apply and put your initials beside any writing you have crossed out.

(c) The death, resignation or the incapacity of one or more of my joint enduring guardians does not operate to terminate the appointment of any other of my joint enduring guardians.

NOTE: If you have appointed one enduring guardian, cross out (c) and put your initials beside the writing you have crossed out. If you have appointed two or more enduring guardians jointly, you may state that the death, resignation or incapacity of

one enduring guardian will not terminate the appointment of the other enduring guardians. If you do not want this to happen, then cross out (c) and put your initials beside the writing you have crossed out.

2. Functions

I authorise my enduring guardian or each of my enduring guardians to exercise the following additional functions:

- (a) Accommodation- to decide where I live.
- (b) Health Care- to decide what health care I receive,
- (c) Consent to the carrying out of medical or dental treatment on me (in accordance with Part 5 of the Guardianship Act)
- (d) Health Care- to decide what health care I receive

NOTE: Your enduring guardian or enduring guardians will automatically exercise all of the functions listed above unless you cross out the functions you do not want your enduring guardian to exercise. You can cross out any or all of the above functions. You need to put your initials beside any writing you have crossed out. If you cross out all the functions, you need to list the functions that you want your enduring guardian or enduring guardians to exercise. If you would prefer, you can give your enduring guardian or enduring guardians power to exercise only part of any function.

3. Additional Functions

I also authorise my enduring guardian or each of my enduring guardians to exercise the following additional functions:

NOTE: You can add any additional functions here or leave this blank by crossing it out and putting your initials beside it.

4. Directions

I require that my enduring guardian (or each of my enduring guardians) exercise his or her functions subject to the following directions:

NOTE: You can add any specific requirements or limitations here or leave this blank by crossing it out and putting your initials beside it.

5. Alternative enduring guardian

I appoint

I, Name _____

Address _____

Occupation _____

to be my alternative enduring guardian.

NOTE: You can choose to appoint an alternative enduring guardian to exercise the functions of your enduring guardian if the enduring guardian dies, resigns or becomes incapacitated. If you do not want to appoint an alternative enduring guardian, cross this out and put your initials beside any writing you have crossed out.

6. Your signature to execute the appointment

Signature: _____

Date: _____

NOTE: if you cannot sign for yourself you can direct a person to sign the document on your behalf. This person must be at least 18 years of age, not a witness to this form of appointment, and not someone you are appointing as your enduring guardian or alternative enduring guardian. You should give this direction to sign on your behalf in the presence of the person who is witnessing the signatures.

Because I cannot sign, I direct

Name _____

Address _____

to sign this document on my behalf.

NOTE: If this statement does not apply, cross it out and put your initials beside any writing you have crossed out.

7. Acceptance of appointment

I accept my appointment as enduring guardian/alternative enduring guardian

NOTE: Cross out whichever does not apply.

Signature: _____

Name: _____

Date: _____

I accept my appointment as enduring guardian/alternative enduring guardian

NOTE: Cross out whichever does not apply.

Signature: _____

Name: _____

Date: _____

I accept my appointment as enduring guardian/alternative enduring guardian

NOTE: Cross out whichever does not apply.

Signature: _____

Name: _____

Date: _____

8. Certificate of witness

I, _____

of _____

being a NSW solicitor/NSW barrister/Clerk of a Local Court/interstate legal practitioner/prescribed person certify that:

(a) I witnessed the execution of this instrument by/for

(name of appointer)

and by

(name of appointee or appointees)

and

(b) each person executed the instrument voluntarily and appeared to understand the effect of the instrument, and

NOTE: a person may witness both the signatures of the appointor and the appointee or appointees where the signatures of appointor and appointee are witnessed by different persons, each witness should sign a certificate in respect of the signatures witnessed.

If an appointor has instructed another person to sign the instrument on his or her behalf, the witness must certify the matter referred to in (c).

(c) the appointor in my presence instructed the person named in the instrument to sign the instrument on the appointor's behalf.

NOTE: Cross out and initial if this does not apply.

Signature of witness: _____

State or Territory where signature witnessed: _____
(if witnessed outside New South Wales)

Date: _____