

Appointment of Enduring Guardian

[Section 6C, Guardianship Act 1987 (NSW)]

PLEASE PRINT CLEARLY USING A BLACK PEN

Note: This form only has space to appoint a maximum of three enduring guardians (provided they have the same functions) and one alternative enduring guardian. If this does not meet your needs, you will need to draft your own form or seek legal assistance.

Clause 1 Your details and details of your enduring guardian(s)

I _____
(the "appointor")

of _____
(address)

Occupation: _____

APPOINT

(name of enduring guardian)

of _____
(address of enduring guardian)

Occupation: _____

AND

(name of enduring guardian)

of _____
(address of enduring guardian)

Occupation: _____

AND

(name of enduring guardian)

of _____
(address of enduring guardian)

Occupation: _____

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

Note: If you are appointing two or three enduring guardians, insert the names and details of your other enduring guardians. Cross out and initial the section above if you are only appointing one enduring guardian.

Clause 2 Several or joint appointment of attorneys

Note: If you are only appointing one enduring guardian, then cross out and initial this whole clause. If you are appointing more than one enduring guardian then choose one of the options below and cross out and initial the options that you do not want to apply. Seek legal advice if you are not sure about which option to choose.

I appoint my enduring guardians to act jointly

OR

I appoint my enduring guardians to act severally

OR

I appoint my enduring guardians to act jointly and severally.

Clause 3 Death/incapacity/resignation of a joint enduring guardian

Note: This clause only applies if you are appointing two or more enduring guardians to act jointly. Choose one of the options below and cross out and initial the option that you **do not** want to apply. Seek legal advice if you are not sure about which option to choose.

The death, resignation or 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.

OR

The death, resignation or incapacity of one or more of my joint enduring guardians **does** operate to terminate the appointment of any other of my joint enduring guardians.

Clause 4 Functions of your enduring guardian(s)

Note: Cross out any of the functions listed below you **do not** want your enduring guardian(s) to exercise. If you cross out all of the functions, then list the functions you want your enduring guardian(s) to exercise in the space provided. If you would prefer, you can give your enduring guardian(s) power to exercise only part of any function. Put your initials beside any writing that you have crossed out.

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

- (a) to decide where I live,
- (b) to decide what health care I receive,
- (c) to decide what other kinds of personal services I receive,
- (d) to consent to the carrying out of medical or dental treatment on me (in accordance with Part 5 of the *Guardianship Act 1987*).

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

Clause 5 Directions

Note: You can add any specific requirements or limitations here or leave this blank. Cross out and initial if you **do not** want to add any requirements or limitations.

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

Clause 6 Alternative enduring guardian

Note: If you appoint an alternative enduring guardian, he or she will be authorised to exercise the functions of your enduring guardian should the enduring guardian die, resign or become incapacitated. An alternative enduring guardian is not authorised to exercise those functions until (and unless) that happens. Cross this clause out if you **do not** wish to appoint an alternative enduring guardian. Put your initials beside any writing that you have crossed out.

I also appoint

Name: _____
(Insert name of alternative enduring guardian)

Address: _____

Occupation: _____

to be an alternative enduring guardian.

Before anyone signs this document - please read this information

Any person who signs this form must do so in the presence of a witness.

A witness must be a NSW barrister or solicitor with a practising certificate, a registrar of the Local Court, or an interstate legal practitioner. Every signature on the form must be witnessed. The different signatures can be witnessed by different people at different times and places. For example, your signature can be witnessed in NSW and the enduring guardian's signature can be witnessed in another state or territory by a different witness.

Witnesses are required to complete a certificate of witness commencing on page 6 of this form.

Appointor's signature to execute the appointment

Signed by: _____
(appointor's signature)

Date: _____

Signature of eligible signer if appointor physically unable to sign

Note: The details below should be completed if someone signs this form on your behalf (an eligible signer) because you are physically unable to sign. An eligible signer must be over 18 years and must not be your enduring guardian or your alternative enduring guardian. Your witness cannot also be your eligible signer. You must direct your eligible signer to sign for you in the presence of your witness. Cross out and initial this eligible signer section if it does not apply to you.

Signed on behalf of the appointor by: _____
(eligible signer's signature)

Date: _____

Because I cannot sign, I directed

Name: _____
(insert name of eligible signer)

Address: _____
(insert address of eligible signer)

to sign this document on my behalf.

Acceptance of appointment by enduring guardian(s)

✦ I accept my appointment as enduring guardian.

Signed by: _____
(enduring guardian's signature)

(Print name clearly here) (Date)

✦ I accept my appointment as enduring guardian.

Signed by: _____
(enduring guardian's signature)

(Print name clearly here) (Date)

✦ I accept my appointment as enduring guardian.

Signed by: _____
(enduring guardian's signature)

(Print name clearly here) (Date)

Acceptance of appointment by alternative guardian

Note: Cross out and initial this alternative guardian section if it **does not** apply.

I accept my appointment as alternative enduring guardian.

Signed by: _____
(alternative enduring guardian's signature)

(Print name clearly here) (Date)

Certificate of witness

1. Certificate of witness

I, _____
(insert name)

of _____
(address)

being a NSW barrister/NSW solicitor/Registrar of a Local Court of NSW/interstate legal practitioner certify that:

(a) I witnessed the execution of this instrument

By the appointor

OR

for the appointor

by _____
(insert name of person signing on behalf of appointor physically incapable of signing)

AND

by _____
(insert names of any other persons whose signatures are being witnessed,
eg enduring guardians and/or alternative enduring guardian)

(b) this person/these persons executed the instrument voluntarily and appeared to understand the effect of the instrument,

AND

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

(delete if inapplicable)

Signature: _____

Date: _____ State or territory where signatures witnessed: _____

Note: These additional certificates of witness need **only** be completed if there is more than one witness. For example, your signature can be witnessed in NSW and the enduring guardian's signature can be witnessed in another state or territory by a different witness.

2. Certificate of witness

I, _____
(insert name)

of _____
(address)

being a NSW barrister/NSW solicitor/Registrar of a Local Court of NSW/interstate legal practitioner **certify** that:

(a) I witnessed the execution of this instrument

by _____
(insert name(s) of enduring guardian(s) and/or alternative enduring guardian)

And

(b) this person/these persons executed the instrument voluntarily and appeared to understand the effect of the instrument.

Signature: _____

Date: _____ State or territory where signatures witnessed: _____

3. Certificate of witness

I, _____
(insert name)

of _____
(address)

being a NSW barrister/NSW solicitor/Registrar of a Local Court of NSW/interstate legal practitioner **certify** that:

(a) I witnessed the execution of this instrument

by _____
(insert name(s) of enduring guardian(s) and/or alternative enduring guardian)

And

(b) this person/these persons executed the instrument voluntarily and appeared to understand the effect of the instrument.

Signature: _____

Date: _____ State or territory where signatures witnessed: _____

4. Certificate of witness

I, _____
(insert name)

of _____
(address)

being a NSW barrister/NSW solicitor/Registrar of a Local Court of NSW/interstate legal practitioner **certify** that:

(a) I witnessed the execution of this instrument

by _____
(insert name(s) of enduring guardian(s) and/or alternative enduring guardian)

And

(b) this person/these persons executed the instrument voluntarily and appeared to understand the effect of the instrument.

Signature: _____

Date: _____ State or territory where signatures witnessed: _____

5. Certificate of witness

I, _____
(insert name)

of _____
(address)

being a NSW barrister/NSW solicitor/Registrar of a Local Court of NSW/interstate legal practitioner **certify** that:

(a) I witnessed the execution of this instrument

by _____
(insert name(s) of enduring guardian(s) and/or alternative enduring guardian)

And

(b) this person/these persons executed the instrument voluntarily and appeared to understand the effect of the instrument.

Signature: _____

Date: _____ State or territory where signatures witnessed: _____