

Instructions for SMSF – Enduring Power of Attorney

WHEN TO USE THIS FORM

- Please use this form when appointing an enduring power of attorney
- Please use BLOCK LETTERS.

ORDER PLACED BY

(Please note documents & invoice will be directed to this person, unless otherwise stated)

Address	<input type="text"/>	
Email	<input type="text"/>	
Phone	<input type="text"/>	Fax <input type="text"/>

Step 1

Is the fund on SUPERCentral?

YES – Please provide

- Date of establishment of fund ___/___/___
- Date of signing SUPERCentral deed ___/___/___

NO – Please provide a signed copy of the current deed and any deeds of amendment since its establishment.

Mail/Courier documents to:

SUPERCentral Pty Ltd
Level 9, 65 York Street
Sydney NSW 2000

Please note that any photocopied documents we receive will be scanned onto our system and the photocopies will then be destroyed.

Current Name of Fund

ABN of Fund

Step 2

Where are the majority of fund assets located? (State/Territory)

Number of Members

Fund Structure Individual Corporate

Step 3

The trustees are **Individuals** – complete this part

Member 1 Details

T1	First Name		
	Middle Name		
	Surname		
	Address		
	Suburb	State:	Postcode:
	Date of Birth		
	Email		

Is this member a Trustee? Yes No

Important Note: If No, then please provide the name and address details of the person who is to be the trustee instead of this member. Remember, a member must be a trustee unless the member is under age 18, intellectually incapable of acting as a trustee, or the member has given a current enduring power of attorney. In these situations the legal personal representative, the parent or guardian of the member, can act as trustee instead of the member.

T1	First Name		
	Middle Name		
	Surname		
	Address		
	Suburb	State:	Postcode:
	Date of Birth		
	Email		

Member 2 Details

T2	First Name		
	Middle Name		
	Surname		
	Address		
	Suburb	State:	Postcode:
	Date of Birth		
	Email		

Is this member a Trustee? Yes No

Important Note: If No, then please provide the name and address details of the person who is to be the trustee instead of this member. Remember, a member must be a trustee unless the member is under age 18, intellectually incapable of acting as a trustee, or the member has given a current enduring power of attorney. In these situations the legal personal representative, the parent or guardian of the member, can act as trustee instead of the member.

T2	First Name		
	Middle Name		
	Surname		
	Address		
	Suburb	State:	Postcode:
	Date of Birth		
	Email		

Member 3 Details

T3	First Name		
	Middle Name		
	Surname		
	Address		
	Suburb	State:	Postcode:
	Date of Birth		
	Email		

Is this member a Trustee? Yes No

Important Note: If No, then please provide the name and address details of the person who is to be the trustee instead of this member. Remember, a member must be a trustee unless the member is under age 18, intellectually incapable of acting as a trustee, or the member has given a current enduring power of attorney. In these situations the legal personal representative, the parent or guardian of the member, can act as trustee instead of the member.

T3	First Name		
	Middle Name		
	Surname		
	Address		
	Suburb	State:	Postcode:
	Date of Birth		
	Email		

Member 4 Details

T4	First Name		
	Middle Name		
	Surname		
	Address		
	Suburb		
	Date of Birth		
	Email		

Is this member a Trustee? Yes No

Important Note: If No, then please provide the name and address details of the person who is to be the trustee instead of this member. Remember, a member must be a trustee unless the member is under age 18, intellectually incapable of acting as a trustee, or the member has given a current enduring power of attorney. In these situations the legal personal representative, the parent or guardian of the member, can act as trustee instead of the member.

T4	First Name		
	Middle Name		
	Surname		
	Address		
	Suburb		
	Date of Birth		
	Email		

The trustee is a **company** – complete this part

Company name		
ACN		
Address or Registered Office		
	State:	Post Code:
Email		

Please provide details of directors:

Member 1 Details

M1	First Name		
	Middle Name		
	Surname		
	Address		
	Suburb	State:	Postcode:
	Date of Birth		
	Email		

Is this member a Director? Yes No

Important Note: If No, then please provide the name and address details of the person who is to be the director instead of this member. Remember, a member must be a director unless the member is under age 18, intellectually incapable of acting as a director, or the member has given a current enduring power of attorney. In these situations the legal personal representative, the parent or guardian of the member, can act as director instead of the member.

M1	First Name		
	Middle Name		
	Surname		
	Address		
	Suburb	State:	Postcode:
	Date of Birth		
	Email		

Member 2 Details

M2	First Name		
	Middle Name		
	Surname		
	Address		
	Suburb	State:	Postcode:
	Date of Birth		
	Email		

Is this member a Director? Yes No

Important Note: If No, then please provide the name and address details of the person who is to be the director instead of this member. Remember, a member must be a director unless the member is under age 18, intellectually incapable of acting as a director, or the member has given a current enduring power of attorney. In these situations the legal personal representative, the parent or guardian of the member, can act as director instead of the member.

M2	First Name		
	Middle Name		
	Surname		
	Address		
	Suburb	State:	Postcode:
	Date of Birth		
	Email		

Member 3 Details

M3	First Name		
	Middle Name		
	Surname		
	Address		
	Suburb	State:	Postcode:
	Date of Birth		
	Email		

Is this member a Director? Yes No

Important Note: If No, then please provide the name and address details of the person who is to be the director instead of this member. Remember, a member must be a director unless the member is under age 18, intellectually incapable of acting as a director, or the member has given a current enduring power of attorney. In these situations the legal personal representative, the parent or guardian of the member, can act as director instead of the member.

M3	First Name		
	Middle Name		
	Surname		
	Address		
	Suburb	State:	Postcode:
	Date of Birth		
	Email		

Member 4 Details

M4	First Name		
	Middle Name		
	Surname		
	Address		
	Suburb	State:	Postcode:
	Date of Birth		
	Email		

Is this member a Director? Yes No

Important Note: If No, then please provide the name and address details of the person who is to be the director instead of this member. Remember, a member must be a director unless the member is under age 18, intellectually incapable of acting as a director, or the member has given a current enduring power of attorney. In these situations the legal personal representative, the parent or guardian of the member, can act as director instead of the member.

M4	First Name		
	Middle Name		
	Surname		
	Address		
	Suburb	State:	Postcode:
	Date of Birth		
	Email		

Step 4 - Details for Appointment of Enduring Power of Attorney

Is there a current Enduring Power of Attorney in place? Documentation is only required to appoint the Attorney as replacement trustee/director.*

Yes No

If Yes, Please provide a copy of the existing Enduring Power of Attorney.

Please either attach scanned documents or send via post to:

SUPERCentral Pty Ltd
Level 9, 65 York Street
Sydney NSW 2000

Please note that any photocopied documents we receive will be scanned onto our system and the photocopies will then be destroyed

Do you want to cancel the appointment and appoint a different Enduring Attorney?

Yes No

Step 5

Name of Member Appointing Attorney:

Details of Current Attorney

Title			
First Name			
Middle Name			
Surname			
Address			
Suburb	State:	Postcode:	
Date of Birth			
Place of Birth			

Step 6 – Instructions for Contents of Current Enduring Power of Attorney

If assets of fund are located in NEW SOUTH WALES complete the following:

Will the power of attorney continue to be effective if the person appointing the attorney lacks capacity through loss of mental capacity after its execution?

Yes No

If more than one Attorney is appointed then are they appointed jointly and severally?

Yes No

Is the Attorney to have the power to give reasonable gifts?

Yes No

Is the Attorney to have the power to confer benefits on themselves?

Yes No

Attorney's power to confer benefits on children members making EPOA:

Yes No

Please define the scope of the power of attorney:

Unlimited as authorised under the Power of Attorney Act 2003 (NSW)

Attorney's power limited to management of superannuation affairs

Other limitations. The attorney's power is to be limited as follows

If Assets of fund located in ACT complete the following

Will the power of attorney continue to be effective if the person appointing the attorney lacks capacity through loss of mental capacity after its execution?

Yes No

Will the attorney have the power to make a decision on your behalf in relation to property and financial affairs including superannuation?

Yes No

Will the attorney have the power to make decisions on your behalf in relation to personal care matters?

Important Note: Personal care matters include where you live, your dress and diet, where and how you work, but does not allow (amongst other things) the attorney to make a Will for you or vote at an election. Also the attorney will not have this power until you become incapacitated.

Yes No

Will the attorney have the power to make decisions on your behalf in relation to health care matters?

Important Note: Health care matters include giving consent to lawful medical treatment that is needed for your wellbeing, withholding medical treatment for but do not include decisions relating to treatment of mental illness, pregnancy termination and sterilization, participation in medical research or experimental health care. The attorney will not have this power until you become incapacitated.

Yes No

Once signed, your enduring power of attorney will override any health direction previously made by you under Medical Treatment (Health Directions) 2006 (ACT). You are entitled to set any conditions in relation to refusing withdrawal treatment. Fill out the below details if you have any particular wishes.

If Yes, the attorney may consent on my behalf to:

Refuse or require the withdrawal of medical treatment generally

Refuse or require the withdrawal of the following kinds of medical treatment:

Please define the scope of the power of attorney:

Unlimited as authorised under the Power of Attorney Act 2006 (ACT)

Attorney's power limited to management of superannuation affairs

Other limitations. The attorney's power is to be limited as follows

If Assets of fund located in VICTORIA complete the following

Will the power of attorney continue to be effective if the person appointing the attorney lacks capacity through loss of mental capacity after its execution?

Yes No

Please define the scope of the power of attorney:

Unlimited as authorised under the Instruments Act 1958 (VIC)

Attorney's power limited to management of superannuation affairs

Other limitations. The attorney's power is to be limited as follows

If Assets of fund located in SOUTH AUSTRALIA complete the following

Will the power of attorney continue to be effective if the person appointing the attorney lacks capacity through loss of mental capacity after its execution?

Yes No

Please define the scope of the power of attorney:

Unlimited as authorised under the Power of Attorney and Agency Act 2006 (SA)

Attorney's power limited to management of superannuation affairs

Other limitations. The attorney's power is to be limited as follows

If Assets of fund located in WESTERN AUSTRALIA complete the following:

Will the power of attorney continue to be effective if the person appointing the attorney lacks capacity through loss of mental capacity after its execution?

Yes No

Please define the scope of the power of attorney:

Unlimited as authorised under the Guardianship and Administration Act 1990 (WA)

Attorney's power limited to management of superannuation affairs

Other limitations. The attorney's power is to be limited as follows

If Assets of fund located in QUEENSLAND complete the following:

Will the power of attorney continue to be effective if the person appointing the attorney lacks capacity through loss of mental capacity after its execution?

Yes No

Will the attorney have the power to make a decision on your behalf in relation to property and financial affairs including superannuation?

Yes No

Will the attorney have the power to make decisions on your behalf in relation to personal and health care matters?

Important Note: Personal care matters include where you live, your dress and diet, where and how you work, but does not allow (amongst other things) the attorney to make a Will for you or vote at an election. Also the attorney will not have this power until you become incapacitated.

Health care matters include giving consent to lawful medical treatment that is needed for your wellbeing, withholding medical treatment for but do not include decisions relating to treatment of mental illness, pregnancy termination and sterilization, participation in medical research or experimental health care. The attorney will not have this power until you become incapacitated.

Yes No

Please define the scope of the power of attorney:

Unlimited as authorised under the Powers of Attorney Act 1998 (QLD)

Attorney's power limited to management of superannuation affairs

Other limitations. The attorney's power is to be limited as follows

If Assets of fund located in TASMANIAN and NORTHERN TERRITORY complete the following:

Will the power of attorney continue to be effective if the person appointing the attorney lacks capacity through loss of mental capacity after its execution?

Yes No

Please define the scope of the power of attorney:

Unlimited as authorised under the Powers of Attorney Act

Attorney's power limited to management of superannuation affairs

Other limitations. The attorney's power is to be limited as follows

Order Confirmation

I, (print name)

Confirm that the persons/corporations named above have consented to act in the capacity shown.

Applicable Charges

Fund type	Our Fees (Including GST but excluding delivery charges if any**)
SUPERCentral Fund	\$550.00
Non-SUPERCentral Fund	\$750.00

** Delivery charges include express post or courier charges. Please Note: No charges will apply for normal postage or email delivery.

Delivery Options – Please tick as desired

- Email docs in Adobe PDF format
- Send docs by Express Post (\$15.00)

