

Enduring Power of Attorney – Queensland Checklist

☐ DONOR'S DETAILS

Donor's Full Name	
Donor's Address	

☐ ATTORNEY'S DETAILS (MAXIMUM OF 3)

First Attorney's Full Name	
First Attorney's Address	
Second Attorney's Full Name (if applicable)	
Second Attorney's Address (if applicable)	
Third Attorney's Full Name (if applicable)	
Third Attorney's Address (if applicable)	

☐ HOW ATTORNEYS ARE TO ACT TOGETHER

If 2 Attorneys, How Do You Want Your Attorneys to Act?	<ul style="list-style-type: none">• Together OR <ul style="list-style-type: none">• Independently
If 3 Attorneys, How Do You Want Your Attorneys to Act?	<ul style="list-style-type: none">• Together OR <ul style="list-style-type: none">• Independently OR <ul style="list-style-type: none">• By Majority

☐ **MATTERS FOR ATTORNEY TO ACT ON**

Financial Matters	Personal / Health Matters	BOTH Financial AND Personal / Health Matters

☐ **FOR FINANCIAL ONLY; WHEN ATTORNEY STARTS TO ACT**

Immediately	Only When Declared of Unsound Mind	On The Date Listed Below