Revocation by Principal of Enduring Power of Attorney or Appointment of Attorney or Alternative Attorney

What this form is for

You should fill out this form if you want to revoke (cancel):

- an entire enduring power of attorney, or
- the appointment of an attorney(s), or an alternative attorney(s).

You need to have decision making capacity to revoke an enduring power of attorney, the appointment of an attorney or an alternative attorney.

What you will need

- the contact details of your attorney(s) and any alternative attorney(s), and
- a copy of the enduring power of attorney, and
- the date that the enduring power of attorney was made, and
- two witnesses to sign the form.

Who can be a witness?

Witnesses must be 18 years of age or older.

One of the witnesses to the revocation of an enduring power of attorney or the appointment of an attorney or alternative attorney (the instrument of revocation) must be:

- a medical practitioner, or
- a person who is authorised to witness affidavits (a list of people who are eligible to witness affidavits can be found at justice.vic.gov.au/affidavits), or
- a special witness if witnessing using the remote witnessing procedure, who is defined in section 3(1) of the **Powers of Attorney Act 2014** as either:
  - an Australian legal practitioner, or
  - a justice of the peace appointed under section 7 of the **Honorary Justices Act 2014**.

If more than one witness qualifies as a special witness, only one of the witnesses is to be a special witness.

A witness cannot be:

- a relative of the principal
- a relative of an attorney(s) under the enduring power of attorney
- a care worker or accommodation provider for the principal
- a person signing the form at the direction of the principal.

Filling in the form

Fill in the details of your revocation on pages 1 and 2. You can fill in these pages electronically or by hand. Print the form to fill it in by hand.

Signing the form

You can sign this form in person by hand, electronically, using the remote witnessing procedure, or a combination of these approaches.

Whichever way you sign, you need to do the following:

- sign the form (or have a person sign at your direction) in front of two witnesses, and
- have your two witnesses sign and date the form in front of you and each other.

When you sign the form, your two witnesses must be with you and they must see you sign it.

Each person signing the form must also enter their personal details.

Signing the form in person and by hand

- If you filled in the form **electronically**, print the filled-in form and follow the steps outlined above under ‘Signing the form’.
- If you filled in the form **by hand**, ensure you have all pages of the form together and follow the steps outlined above under ’Signing the form’.

Preparing the form for electronic signing

If you have filled in the form electronically, you have the option of signing it electronically and asking your witnesses to sign electronically. Note the following:

- People signing electronically must all sign the same form that you filled in and signed.
- If more than one person is signing at the same time and in the same place, you may all do so on the same device. Otherwise, you will need to share the file, for example by email, and have the file returned to you after signing or witnessing.

- When sharing the file for electronic signing, ask the people signing to use the **Draw** tool (or **Pencil** tool in some PDF readers). Do *not* use the E-Sign, Fill and Sign, or Request Signatures tools as they are not suitable for this form.
- Save a backup copy of your form before sending it to another person to sign electronically, in case there are problems with the form when it is returned – for example, it becomes read-only. Alternatively, you may print and scan the newly signed page and replace the original page in your backup copy.

When you sign the form electronically, you may do so in person or, if you choose, using the remote witnessing procedure. These procedures are explained below.

Signing the form in person using an electronic signature

Fill in the form electronically, then follow the steps outlined above under 'Signing the form' and 'Preparing a form for electronic signing'.

If signing and witnessing electronically is not done in person, refer to 'Signing the form using the remote witnessing procedure' below.

Signing the form using the remote witnessing procedure

Fill in the form electronically, then follow the steps outlined above under 'Signing the form' and 'Preparing a form for electronic signing'.

Signing the enduring power of attorney or supportive attorney appointment or revocation form can be witnessed using the remote witnessing procedure, where:

- one or more people participating can be present via audio visual link, or a combination of physical presence and audio visual link, provided they are physically situated in Victoria
- each witness is still required to fulfil all existing obligations under the **Powers of Attorney Act 2014**. For example, a witness must:
  - confirm the identity of the person signing
  - determine that the person signing has capacity to understand the form they are signing
  - establish that the person is signing freely and voluntarily
  - be satisfied the transaction is not affected by an 'apparent defect'. This can include behaviour such as undue influence, duress or unconscionable conduct.

  If a witness is not able to satisfy themselves of these matters by audio visual link, they should not execute the document online.

Remote witnesses have additional certification requirements:

- a *special witness* is required for online witnessing of an appointment or revocation of an enduring power of attorney or a supportive attorney
- the remote witnessing procedure must be completed within the one day.

Making arrangements for remote witnessing

When organising to have a form witnessed via an audio visual link, you should consider:

- How will you meet online? For example, through Teams, Zoom or Skype.
- How will you send the form to one another? For example, through an email.
- Do you want to use a scanned copy or an electronic copy of the form?
- Do you have access to a printer and a scanner (or a mobile device to photograph the signed page)?
- Is a 'special witness' required?

Special witness

One witness must be a special witness when the remote witnessing procedure is used for making or revoking an enduring power of attorney or supportive attorney appointment.

A special witness must be an Australian legal practitioner, or a justice of the peace. The role of the special witness is to oversee the use of the remote witnessing procedure.

Steps to using the remote witnessing procedure

The remote witnessing procedure requires the following steps to occur within Victoria (Note: these steps can be recorded when all parties agree):

Step 1

The witnesses see you (or a person you are directing to sign for you) sign the form by audio visual link or in person.

- If you are directing a person to sign for you, the witnesses must also see and hear your direction.

Step 2

Any witness physically present with you – so long as they are not the special witness – signs the form.

Step 3

A copy of the form is then sent by electronic communication to any witnesses who are attending online. The remote witness(es) must:

- be reasonably satisfied that the form is the same form that you (or the person you directed to sign for you) signed
- certify that they witnessed the form by audio visual link in accordance with the remote witnessing procedure, and
- sign and date the form in the presence by audio visual link of you and the other witness. They can use a handwritten signature on a printed copy of the form.

Step 4

The special witness must fulfil the requirements of an ordinary witness (above). The special witness must be the final signatory, and only sign the form after:

- checking the form for compliance with the remote witnessing procedure, and
- certifying:
  - that the form was signed and witnessed in accordance with the remote witnessing procedure
  - that they are a special witness and include their qualification as a special witness, and
  - whether, to their knowledge, an audio visual recording was made of the remote witnessing procedure.

Replacing form pages with scanned pages

If you need to replace pages in this form with a scanned page, you will need to use a PDF reader or editor that includes a Replace Pages function.

Adobe Reader includes an Organise Pages button for this purpose, but the process is more complex. The button opens the Adobe online cloud service in your browser, and there is an option to replace pages in a copy of your file.

This form is an accessible document if completed electronically. This means it can be read by most users in the way they prefer, including using a screen reader. If you need your completed form to be an accessible document, ask people signing to do so electronically.

When the form is filled out and signed

You should keep all pages of the final signed form together at all times. You do not need to keep the instructions on pages i–vi with the form.

If you have not completed any of the continuation sections, you do not need to keep those pages – only keep pages 1–4. If you have completed some of the continuation sections (Sections A1 to A3), you only need to keep all pages up to the final section you have used. Do not discard any prior pages, even if you have not used them. There should not be any missing page numbers in your final printed form.

You need to take reasonable steps to inform:

- any attorneys or alternative attorneys under the enduring power of attorney, if you revoke the entire power, or
- any attorney(s) or alternative attorney(s) under the enduring power of attorney, if you revoke an individual appointment.

It is important to tell any organisations or people such as financial institutions, businesses, or health care workers, who have a copy of your enduring power of attorney, of the revocation.

Once completed, keep the original and a record of who you have informed of the revocation.

Need more information or help?

- You can find general information about powers of attorney and medical treatment decision makers on the Office of the Public Advocate (OPA) website at publicadvocate.vic.gov.au.
- If you have a general question about powers of attorney and cannot find the information on the OPA website, you can contact the OPA Advice Service on 1300 309 337. Please note that members of the OPA Advice Service team are not legally trained and cannot provide legal advice.
- You can also find information about enduring powers of attorney and supportive attorneys (and download the forms) on the Department of Justice and Community Safety website at justice.vic.gov.au.
- This area of law can be complex. It can be helpful to get legal advice for your circumstances, particularly if your financial circumstances are complicated or if you think you may need to use the remote witnessing procedure. Look for a lawyer who understands this area of law. Keep in mind there is likely to be a cost. To find a lawyer, you can contact:
  - Law Institute of Victoria via the LIV Find Your Lawyer Referral Service, liv.asn.au/referral, or phone 9607 9311
  - Victoria Legal Aid via Legal Help Chat at www.legalaid.vic.gov.au, or phone the Legal Help phoneline on 1300 792 387.

Revocation
Enduring Power of Attorney

I revoke under section 44 of the **Powers of Attorney Act 2014**:

The enduring power of attorney made by me on the date below ☐

Date the enduring power of attorney was made

☐☐ ☐☐ ☐☐☐☐

If you selected this option, go to 'Signature of principal' on page 3.

OR

The appointment of the following specified attorney(s) and/or alternative attorney(s) under the enduring power of attorney made by me on the date below ☐

Date the enduring power of attorney was made

☐☐ ☐☐ ☐☐☐☐

Name or position of attorney or alternative attorney

Residential or business address (if known) of attorney or alternative attorney

Email (if known)

Phone number (if known)

Role under the appointment

Please select **one** option:

Attorney ☐ or

Alternative attorney ☐

If an alternative attorney, I revoke their appointment for the following attorney(s)

Name or position of attorney or alternative attorney

Residential or business address (if known) of attorney or alternative attorney

Email (if known)

Phone number (if known)

Role under the appointment

Please select **one** option:

Attorney ☐ or

Alternative attorney ☐

If an alternative attorney, I revoke their appointment for the following attorney(s)

Name or position of attorney or alternative attorney

Residential or business address (if known) of attorney or alternative attorney

Email (if known)

Phone number (if known)

Role under the appointment

Please select **one** option:

Attorney ☐ or

Alternative attorney ☐

If an alternative attorney, I revoke their appointment for the following attorney(s)

Name or position of attorney or alternative attorney

Residential or business address (if known) of attorney or alternative attorney

Email (if known)

Phone number (if known)

Role under the appointment

Please select **one** option:

Attorney ☐ or

Alternative attorney ☐

If an alternative attorney, I revoke their appointment for the following attorney(s)

Signature of principal

You need to sign this form. You must sign the form in front of two witnesses. They must then sign the form in front of you and each other. Alternatively, the form can be signed using the remote witnessing procedure.

If you are signing on this page in front of two witnesses, one witness must be an authorised witness, that is, a medical practitioner, or a person who is authorised to witness affidavits. A list of people who are authorised to witness an affidavit can be found at justice.vic.gov.au/affidavits.

If you need someone to sign for you due to a physical disability, do not fill out this section. Fill out **Section A1** on page 5.

If you are signing the form using the remote witnessing procedure, do not fill out this section. Fill out **Section A2** on page 7.

If you need someone to sign for you due to a physical disability, using the remote witnessing procedure, do not fill out this section. Fill out **Section A3** on page 9.

In this section, the words 'I', 'my' or 'me' refer to a witness. The word 'principal' means the person making this revocation.

Name of principal

Residential address of principal

Email (if known)

Phone number (if known)

Signature of principal

Date [DD/MM/YYYY]

Witness certification

Each witness **certifies** under section 49 of the **Powers of Attorney Act 2014** that:

- the principal appeared to freely and voluntarily sign this instrument of revocation in my presence, and
- at that time, the principal appeared to me to have decision making capacity to revoke this enduring power of attorney, and
- I am not an attorney under the enduring power of attorney, and
- I am not a relative of the principal or of an attorney under the enduring power of attorney, and
- I am not a care worker or accommodation provider for the principal. [*care worker and accommodation provider are defined in section 3(1) of the* **Powers of Attorney Act 2014**]

Name of authorised witness

Residential or business address

Email (if known)

Phone number (if known)

Qualification

Please select **one** option:

- medical practitioner ☐ or
- person authorised to witness affidavits ☐

Signature

Date [DD/MM/YYYY]

Name of other witness

Residential or business address

Email (if known)

Phone number (if known)

Signature

Date [DD/MM/YYYY]

Section A1: Signed at the direction of the principal

If you need someone to sign for you, at your direction, they must be 18 years or older. They cannot be an attorney under this enduring power of attorney or a witness to the signing of this form. They must sign the form in front of you and two witnesses, who must then sign and date the form in front of you and each other. **One** witness must be an authorised witness, that is, a medical practitioner, or a person who is authorised to witness affidavits.

Alternatively, the form can be signed at your direction using the remote witnessing procedure. In that case, do not fill out this section. Fill out **Section A3** on page 9.

I sign this instrument of revocation at the direction of and in the presence of the principal.

Name of principal

Name of person signing at the direction of the principal

Residential address of person signing at the direction of the principal

Email (if known)

Phone number (if known)

Signature

Date [DD/MM/YYYY]

Witness certification

Each witness **certifies** under section 49 of the **Powers of Attorney Act 2014** that:

- in my presence, the principal appeared to freely and voluntarily direct the person to sign for the principal and that person signed this instrument of revocation in my presence and in the presence of the principal, and
- at that time, the principal appeared to me to have decision making capacity to revoke the enduring power of attorney, and
- I am not an attorney under the enduring power of attorney, and
- I am not a relative of the principal or of an attorney under the enduring power of attorney, and
- I am not a care worker or accommodation provider for the principal, and
- I am not the person who is signing at the direction of the principal.

Name of authorised witness

Residential or business address

Email (if known)

Phone number (if known)

Qualification

Please select **one** option:

- medical practitioner ☐ or
- person authorised to witness affidavits ☐

Signature

Date [DD/MM/YYYY]

Name of other witness

Residential or business address

Email (if known)

Phone number (if known)

Signature

Date [DD/MM/YYYY]

Section A2: Principal's signature, using the remote witnessing procedure

You need to sign this form. When using the remote witnessing procedure, you must sign the form in front of two witnesses, by audio visual link or a combination of physical presence and audio visual link, and one witness must be a special witness (that is, an Australian legal practitioner, or a justice of the peace appointed under section 7 of the **Honorary Justices Act 2014**). Please refer to guidance for using the remote witnessing procedure on pages iii–v of this form.

In this section, the words 'I', 'my' or 'me' refer to a witness. The word 'principal' means the person making this revocation.

Name of principal

Residential address of principal

Email (if known)

Phone number (if known)

Signature of principal

Date [DD/MM/YYYY]

Witness certification

Each witness **certifies** under section 49 of the **Powers of Attorney Act 2014** that:

- the principal appeared to freely and voluntarily sign this instrument of revocation in my presence, and
- at that time, the principal appeared to me to have decision making capacity to revoke this enduring power of attorney, and
- I am not an attorney under the enduring power of attorney, and
- I am not a relative of the principal or of an attorney under the enduring power of attorney, and
- I am not a care worker or accommodation provider for the principal. [*care worker and accommodation provider are defined in section 3(1) of the* **Powers of Attorney Act 2014**]

Each witness attending by audio visual link **also certifies** that:

- I witnessed the signing of this instrument of revocation by audio visual link in accordance with the remote witnessing procedure in section 5A of the **Powers of Attorney Act 2014**, and
- I have signed and dated this instrument of revocation in the presence by audio visual link of the principal and the other witness.

The special witness **certifies** that:

- This instrument of revocation was signed and witnessed in accordance with the remote witnessing procedure in section 5A of the **Powers of Attorney Act 2014**, and
- I am a special witness (please select **one** option):
  - an Australian legal practitioner ☐ or
  - a justice of the peace ☐
- An audio visual recording (please select **one** option):
  - was made ☐ or
  - was not made ☐

  of the signing and witnessing of this instrument of revocation by the remote witnessing procedure.

  Under section 5C of the **Powers of Attorney Act 2014***, an audio visual recording may be made of the execution or signing of an instrument of revocation by the remote witnessing procedure only if all the parties to the procedure consent to the recording being made.*
- I have signed this instrument of revocation last, following the principal and the other witness.

  All elements of the remote witnessing procedure in section 5A of the **Powers of Attorney Act 2014** *must be carried out on the same day and within Victoria.*

Name of special witness

Residential or business address

Email (if known)

Phone number (if known)

Signature

Date [DD/MM/YYYY]

Name of other witness

Residential or business address

Email (if known)

Phone number (if known)

Signature

Date [DD/MM/YYYY]

Section A3: Signed at the direction of the principal, using the remote witnessing procedure

If you need someone to sign for you, at your direction, they must be 18 years or older. They cannot be an attorney under this enduring power of attorney or a witness to the signing of this form. When using the remote witnessing procedure, the person signing at your direction must sign the form in your presence and in front of two witnesses, by audio visual link or a combination of physical presence and audio visual link, and one witness must be a special witness (that is, an Australian legal practitioner, or a justice of the peace appointed under section 7 of the **Honorary Justices Act 2014**). Please refer to guidance for using the remote witnessing procedure on pages iii–v of this form.

I sign this instrument of revocation at the direction of and in the presence of the principal.

Name of principal

Name of person signing at the direction of the principal

Residential address of person signing at the direction of the principal

Email (if known)

Phone number (if known)

Signature

Date [DD/MM/YYYY]

Witness certification

Each witness **certifies** under section 49 of the **Powers of Attorney Act 2014** that:

- in my presence, the principal appeared to freely and voluntarily direct the person to sign for the principal and that person signed this instrument of revocation in my presence and in the presence of the principal, and
- at that time, the principal appeared to me to have decision making capacity to revoke this enduring power of attorney, and
- I am not an attorney under the enduring power of attorney, and
- I am not a relative of the principal or of an attorney under the enduring power of attorney, and
- I am not a care worker or accommodation provider for the principal, and
- I am not the person who is signing at the direction of the principal.

Each witness attending by audio visual link **also certifies** that:

- I witnessed the signing of this instrument of revocation by audio visual link in accordance with the remote witnessing procedure in section 5A of the **Powers of Attorney Act 2014**, and
- I have signed and dated this instrument of revocation in the presence by audio visual link of the principal, the person who signed this document at the direction of the principal, and the other witness.

The special witness **certifies** that:

- This instrument of revocation was signed and witnessed in accordance with the remote witnessing procedure in section 5A of the **Powers of Attorney Act 2014**, and
- I am a special witness (please select **one** option):
  - an Australian legal practitioner ☐ or
  - a justice of the peace ☐
- An audio visual recording (please select **one** option):
  - was made ☐ or
  - was not made ☐

  of the signing and witnessing of this instrument of revocation by the remote witnessing procedure.

  Under section 5C of the **Powers of Attorney Act 2014***, an audio visual recording may be made of the execution or signing of an instrument of revocation by the remote witnessing procedure only if all the parties to the procedure consent to the recording being made.*
- I have signed this instrument of revocation last, following the person who signed this document at the direction of the principal and the other witness.

  All elements of the remote witnessing procedure in section 5A of the **Powers of Attorney Act 2014** *must be carried out on the same day and within Victoria.*

Name of special witness

Residential or business address

Email (if known)

Phone number (if known)

Signature

Date [DD/MM/YYYY]

Name of other witness

Residential or business address

Email (if known)

Phone number (if known)

Signature

Date [DD/MM/YYYY]