



ENDURING GUARDIANSHIP INSTRUCTIONS

YOUR DETAILS

NAME:.....

ADDRESS:.....

.....PHONE:

OCCUPATION:

GUARDIAN DETAILS

GUARDIAN NAME:.....

ADDRESS:.....

OCCUPATION:.....

GUARDIAN NAME:.....

ADDRESS:.....

OCCUPATION:.....

GUARDIAN NAME:.....

ADDRESS:.....

OCCUPATION:.....

- JOINT
- JOINT AND SEVERAL
- JOINTLY, SEVERALLY ONLY IF A GUARDIAN IS UNABLE TO ACT
- JOINT AND SEVERAL BUT SUCCESSIVELY FROM GUARDIAN TO ANOTHER GUARDIAN
- JOINT AND SEVERAL BY MAJORITY
- ENDURING GUARDIANSHIP TO CONTINUE EFFECT DESPITE DEATH OF A GUARDIAN
- NOT APPLICABLE (SOLE GUARDIAN)

ALTERNATIVE GUARDIAN DETAILS

APPOINT ALTERNATIVE GUARDIAN(S)? YES NO

ALTERNATIVE GUARDIAN NAME:.....

ADDRESS:.....

OCCUPATION:.....

ALTERNATIVE GUARDIAN NAME:.....

ADDRESS:.....

OCCUPATION:.....

ALTERNATIVE GUARDIAN NAME:.....

ADDRESS:.....

OCCUPATION:.....

- JOINT
- JOINT AND SEVERAL
- JOINTLY, SEVERALLY ONLY IF AN ALTERNATIVE GUARDIAN IS UNABLE TO ACT
- JOINT AND SEVERAL BUT SUCCESSIVELY FROM ALTERNATIVE GUARDIAN TO ANOTHER ALTERNATIVE GUARDIAN
- JOINT AND SEVERAL BY MAJORITY
- ENDURING GUARDIANSHIP TO CONTINUE EFFECT DESPITE DEATH OF A GUARDIAN
- NOT APPLICABLE (SOLE ALTERNATIVE GUARDIAN)

FURTHER DETAILS

GUARDIAN AUTHORISED TO:

DECIDE WHERE I LIVE: YES NO

DECIDE WHAT HEALTH CARE I RECEIVE: YES NO

DECIDE WHAT OTHER KINDS OF PERSONAL SERVICES I RECEIVE: YES NO

CONSENT TO THE CARRYING OUT OF MEDICAL OR DENTAL TREATMENT ON ME (IN ACCORDANCE WITH PART 5 OF THE *GUARDIANSHIP ACT 1987*) YES NO

ANY RESTRICTION ON POWER OF GUARDIAN(S)? YES NO

IF YES, PROVIDE DETAILS:

.....
.....

ANY FUNCTIONS OF GUARDIAN(S) TO BE EXERCISED WITH SPECIFIC DIRECTIONS: YES NO

IF YES, PROVIDE DETAILS:

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.....

INSTRUCTIONS TAKEN AT: MBT OFFICE
 OTHER PLACE:.....

PERSONS PRESENT WHEN INSTRUCTIONS GIVEN:

PRINCIPAL: YES NO

OTHER(S): YES NO

IF YES, NAME(S):.....

OTHER MATTERS:.....

.....
.....

SOLICITOR ATTENDING:.....

CONFIRMATION OF INSTRUCTIONS:

I confirm that I have received advice with respect to these instructions and that I have been given the Appointment of Enduring Guardianship Information Brochure relating to that advice for me to consider prior to the execution by me of the Appointment of Enduring Guardianship that will be prepared pursuant to these instructions.

SIGNATURE OF CLIENT:.....

DATED:.....