

Certificate of Non-Revocation of Power of Attorney

Complete this Certificate to advise us that a Power of Attorney or Enduring Power of Attorney in relation to property, is still in place at the time of making any requests. Where multiple attorneys are appointed with joint but not severable authority, each attorney must complete a separate form. If you have any questions, please contact us on 0800 808 267.

This form can be completed on-screen by typing content directly into the PDF document. Please use block letters if you're not completing this form online.

Please send this form and supporting documents to the address above.

Attorney details

Complete this part to let us know the current details of the person who has been appointed Attorney under the Power of Attorney or Enduring Power of Attorney.

Title	Date of birth	
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
First name(s)	Surname	
<input type="text"/>	<input type="text"/>	
Postal address (This is the address of the person who has been appointed as Attorney)		
<input type="text"/>		
<input type="text"/>	Country	Postcode
Work phone	Mobile phone	
(<input type="text"/>) <input type="text"/>	(<input type="text"/>) <input type="text"/>	
Email		
<input type="text"/>		

Donor details

Complete this part to let us know the current details of the person (the donor) who appointed the Attorney.

Plan/policy number		
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Title	Date of birth	
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
First name(s)	Surname	
<input type="text"/>	<input type="text"/>	
Postal address (This is the address of the person who has appointed the Attorney)		
<input type="text"/>		
<input type="text"/>	Country	Postcode
Work phone	Mobile phone	
(<input type="text"/>) <input type="text"/>	(<input type="text"/>) <input type="text"/>	
Email		
<input type="text"/>		

Please complete and sign Option 1 or Option 2 below:

Option 1 - Please complete if you have been appointed as Attorney under an Enduring Power of Attorney in relation to Property

Certificate of Non-Revocation and Non-Suspension of Enduring Power of Attorney
Section 103C, Protection of Personal and Property Rights Act 1988

I, _____ FULL NAME OF ATTORNEY
of _____ FULL RESIDENTIAL ADDRESS
_____ Country _____ Postcode _____
_____ OCCUPATION _____, certify that;

1. On

D	D	M	M	Y	Y	Y	Y
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 _____ FULL NAME OF DONOR
granted to me an Enduring Power of Attorney to act in relation to his/her property.
2. I have not received notice of any event revoking my authority to act under the Enduring Power of Attorney.
3. I have not received written notice from _____ FULL NAME OF DONOR
suspending my authority to act under the Enduring Power of Attorney.

Location (Town/City) of signing

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Dated

D	D	M	M	Y	Y	Y	Y
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Signature of Attorney

SIGN HERE

Notes: Definition of an event revoking the Power of Attorney

An event **revoking the Power of Attorney** means any of the following events in which the Enduring Power of Attorney ceases to have effect:

- (a) the donor, by notice in writing to the attorney, revokes the power while mentally capable of doing so; or
(ab) it is revoked by notice given in the manner set out in section 95A of the Protection of Personal and Property Rights Act 1988 ("Act"), to the attorney or attorneys; or
(b) the donor dies; or
(ba) the donor, by notice in writing to the attorney, revokes the appointment of the attorney while mentally capable of doing so; or
(bb) in the case of an enduring power of attorney that appoints more than 1 attorney with joint but not several authority, the donor, by notice in writing to one of the attorneys, revokes the appointment of that attorney while mentally capable of doing so; or
(c) the attorney gives notice of disclaimer in accordance with section 104 of the Act; or
(d) the attorney dies, or is adjudged bankrupt, or becomes subject to compulsory treatment or a special patient under the Mental Health (Compulsory Assessment and Treatment) Act 1992, or becomes subject to a personal order or a property order, or otherwise becomes incapable of acting; or
(e) in the case of an enduring power of attorney that appoints more than 1 attorney with joint but not several authority, one of the attorneys dies, or is adjudged bankrupt, or becomes subject to compulsory treatment or a special patient under the Mental Health (Compulsory Assessment and Treatment) Act 1992, or becomes subject to a personal order or a property order, or otherwise becomes incapable of acting; or
(ea) in the case of an enduring power of attorney that appoints more than 1 attorney with several authority or with joint and several authority, the last remaining attorney; or
(i) has his or her appointment revoked by the donor under section 106A(1) of the Act; or
(ii) dies, is adjudged bankrupt, becomes subject to compulsory treatment or a special patient under the Mental Health (Compulsory Assessment and Treatment) Act 1992, is subject to a personal order or a property order, or otherwise becomes incapable of acting; or
(f) a court revokes the appointment of the attorney pursuant to section 105 of the Act.
- In any case where the enduring power of attorney provides for successive attorneys, the appointment of one being conditional upon the cessation of the appointment of another, (1)(ba) to (f) above applies only in respect of the last such attorney.

Option 2 - Please complete if you have been appointed as Attorney under an Ordinary/General Power of Attorney

I, _____ FULL NAME OF ATTORNEY
of _____ FULL RESIDENTIAL ADDRESS
_____ Country _____ Postcode _____
_____ OCCUPATION _____, certify;

1. That by Deed dated

D	D	M	M	Y	Y	Y	Y
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 _____ FULL NAME OF DONOR
of _____ FULL RESIDENTIAL ADDRESS
_____ Country _____ Postcode _____
appointed me his/her attorney.

2. That I have not received notice of any event revoking the Power of Attorney;

Location (Town/City) of signing

Dated

D	D	M	M	Y	Y	Y	Y
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Signature of Attorney

SIGN HERE

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