

Form 6  
Queensland  
*Powers of Attorney Act 1998*  
(Section 49)

## **REVOCATION OF AN ENDURING POWER OF ATTORNEY**

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Use this form if you wish to revoke (cancel) the appointment of a person or persons as your attorney/s (enduring power).

## Notice to user

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*As principal (the person revoking the appointment), you complete Part 1 and Part 2 of this form.*

*You will need a witness to sign at the end of Part 2 and to complete Part 3.*

*Note: You must take reasonable steps to inform every attorney affected by this revocation that you are bringing his/her appointment to an end. If you fail to do this, your attorney can legally continue to make decisions on your behalf.*

*If the power of attorney is registered under the Land Titles Act 1994, you must also deregister it.*

### **PART I: Statement revoking the appointment of an attorney or attorneys**

1. I, \_\_\_\_\_ ,  
[Print your full name here]
- of \_\_\_\_\_ ,  
[Print your address here]
- revoke the enduring power of attorney dated \_\_\_\_\_ ,  
[Write here the date when the enduring power of attorney was signed]
- which appointed \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
[Print here the name/s of your attorney/s]
- as my attorney/s.

## **PART 2: Statement of understanding**

*Before signing this statement, read it carefully and tick the appropriate boxes.*

2. I fully understand that I am revoking a document where I gave power to my attorney/s to make decisions on my behalf about:

- personal matters (including health matters)
- financial matters.

I understand that I was able to specify or limit the power of my attorney/s, and that I was also able to give instructions about how the power was to be exercised.

I understand that the enduring power of attorney gave my attorney the power to do, for me, anything that I could lawfully do myself in relation to these matters (except for *special* personal/health matters), subject to any limitation that I set.

I understand that, under the Act, my attorney/s could not begin to make decisions on my behalf until:

- (if ever) I became incapable of understanding the nature and foreseeing the effects of such decisions, or of communicating those decisions;
- or
- (if any) the time or occasion specified in the form appointing an attorney/s for financial matters.

I understand that I may change or revoke an enduring power of attorney at any time so long as my power to make such a decision is not impaired—that is, so long as I am capable of making another enduring power of attorney. (Note: You can revoke an enduring power of attorney without necessarily making another one.)

\_\_\_\_\_  
[Sign your name here]

**or**

I, \_\_\_\_\_, state that:

[Person signing for the principal prints his/her full name here]

- (a) I am at least eighteen years old
- (b) I am not a witness for this directive or an attorney for the principal.

\_\_\_\_\_  
[Person signing for the principal signs here]

\_\_\_\_\_  
[Your witness signs here]

\_\_\_\_\_  
[Write the date here]

### PART 3: WITNESS'S CERTIFICATE

*In order to revoke an enduring power of attorney, the principal must have the same capacity as that needed to make an enduring power of attorney. It is your responsibility to check that the principal has this capacity.*

*It is strongly recommended that you make a record of the proceedings and of the questions you asked to determine that the principal had the capacity to revoke the enduring power of attorney.*

3. I, \_\_\_\_\_ ,  
[Print your full name here]

state that—

(a) I am a:

- justice of the peace  
 commissioner for declarations  
 lawyer  
 notary public,

(b) I am not:

- the person signing for the principal  
 or an attorney of the principal  
 or a relation of the principal or of the principal's attorney/s,

(c) *(tick one box only)*

- I am not a current paid carer or health-care provider for the principal  
 I am a current paid carer or health-care provider for the principal, but the enduring power of attorney being revoked appointed an attorney/s for financial matters only (*note: 'paid carer' does not mean someone receiving a carer's pension or similar benefit*),

(d) *(tick one box only)*

- the principal signed this revocation of an enduring power of attorney in my presence,  
 in my presence, the principal instructed a person to sign this revocation of an enduring power of attorney for the principal on his/her behalf, and that person signed it in my presence and in the presence of the principal,

**and**

- (e) at the time that this revocation of an enduring power of attorney was signed, the principal appeared to have the capacity to make an enduring power of attorney giving the same power as the document being revoked—that is, to understand the matters set out in Part 2.

\_\_\_\_\_  
[Witness signs here]

\_\_\_\_\_  
[Witness writes the date here]

June 2000