



# Certificate of non-revocation of enduring power of attorney.

Complete this section 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.

I  of ,  
[Full name] [Residential address]

, ,  
[Occupation] [Contact phone number]

certify that:

1. On (DD/MM/YYYY)  
, , of   
[date of instrument creating the power of attorney] [Full name of donor] [Place and country of residence]  
 granted to me an enduring power of attorney to act in relation to his/her property.

2. I have not received notice of an event revoking my authority to act under the enduring power of authority.\*

3. I have not received written notice from the donor suspending my authority to act under the enduring power of attorney.

Signature of attorney  Location  Date (DD/MM/YYYY)

**\*An event revoking the power of attorney includes any of the following events in which the enduring power of attorney ceases to have effect:**

- The donor revokes the power while mentally capable of doing so; or
- The donor dies; or
- The attorney gives notice of disclaimer in accordance with section 104 of the Protection of Personal and Property Rights 1988; or
- The attorney dies, or is adjudged bankrupt, or becomes a patient within the meaning of the Mental Health (Compulsory Assessment and Treatment) Act 1992 detained in a hospital under that Act, or becomes subject to a personal order under Part 1 of the Protection of Personal and Property Rights Act 1988 or a property order under Part 3 of the Protection of Personal and Property Rights Act 1988, or otherwise becomes incapable of acting; or
- In the case of an enduring power of attorney that appoints more than one attorney with joint but not several authority, one of the attorneys dies, or is adjudged bankrupt, or becomes a patient within the meaning of the Mental Health (Compulsory Assessment and Treatment) Act 1992 detained in a hospital under that Act, or becomes subject to a personal order under Part 1 of the Protection of Personal and Property Rights 1988, or a property order under Part 3 of the Protection of Personal and Property Rights 1988, or otherwise becomes incapable of acting; or
- A Court revokes the appointment of the attorney pursuant to section 105 of the Protection of Personal and Property Rights 1988.

## Privacy.

This form collects personal information that will be used to contact you in connection with the policy/policies over which you have a Power of attorney. The way we collect, use, disclose and store your personal information is set out in our privacy statement, available at [fidelitylife.co.nz](http://fidelitylife.co.nz).



# Certificate of non-revocation of general power of attorney.

Complete this section if you have been appointed as attorney under a general power of attorney.

## Certificate of non-revocation of power of attorney.

I  of ,  
[Full name] [Residential address including country]  
, ,  
[Occupation] [Contact phone number]

certify that:

1. by deed dated (DD/MM/YYYY)

, , of   
[date of instrument creating the power of attorney] [Full name of donor] [Place and country of residence]

appointed me his/her attorney.

2. I have not received notice of any event revoking the power of attorney.

Signature of attorney

Location

Date (DD/MM/YYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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