

The Victorian Will & Powers of Attorney Registry, maintained by State Trustees, allows you to record the location of your Will and Powers of Attorney documents.

Your Will and Powers of Attorney are two of the most important personal documents you'll ever prepare so it's important for your Executor and Attorney to easily locate these documents when the time comes.

Please fill in your details below and return the completed form to us at:

**Victorian Will & Powers of Attorney Registry**  
**Reply Paid 1461**  
**Melbourne VIC 8060**

I wish to ☐ Register my details ☐ Update my details

Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other

Given name:

Family name:

Date of birth:   /   /

Address:

State:  Postcode:

Email:

Phone number:

**Security question:** In which town were you born?

If you need to update your registration we will ask you this question along with other questions to validate your submission.

**Will Registration** (if applicable)

Date document signed and witnessed:   /   /

**Location:**

☐ Home ☐ Safety deposit box/bank  
☐ Solicitor or other professional ☐ Other

Specific information e.g. in bedroom safe

**Relationship to Executor**

☐ Spouse/child/sibling/parent ☐ Other family/friend  
☐ Solicitor or accountant ☐ Trustee company  
☐ Other

Specific information about executor e.g. name and address details

Please provide name and address details of additional Executors

Executor 2:

Executor 3:

Executor 4:

**Personal Power of Attorney Registration** (if applicable)

Date document signed and witnessed:   /   /

**Location:**

☐ Home ☐ Safety deposit box/bank  
☐ Solicitor or other professional ☐ Other

Specific information e.g. in bedroom safe

**Relationship to Attorney**

☐ Spouse/child/sibling/parent ☐ Other family/friend  
☐ Solicitor or accountant ☐ Trustee company  
☐ Other

Specific information about Attorney e.g. name and address details

Please provide name and address details of additional Attorneys

Attorney 2:

Attorney 3:

Attorney 4:

## Financial Power of Attorney Registration (if applicable)

Date document signed and witnessed:   /   /

**Location:**

<input type="checkbox"/> Home	<input type="checkbox"/> Safety deposit box/bank
<input type="checkbox"/> Solicitor or other professional	<input type="checkbox"/> Other

Specific information e.g. in bedroom safe

### Relationship to Attorney

<input type="checkbox"/>	Spouse/child/sibling/parent	<input type="checkbox"/>	Other family/friend
<input type="checkbox"/>	Solicitor or accountant	<input type="checkbox"/>	Trustee company
<input type="checkbox"/>	Other		

Specific information about Attorney e.g. name and address details

Please provide name and address details of additional Attorneys

Attorney 2:

Attorney 3:

Attorney 4:

**Medical Treatment Power of Attorney Registration** (if applicable)

Date document signed and witnessed:   /   /

**Location:**

<input type="checkbox"/>	Home	<input type="checkbox"/>	Safety deposit box/bank
<input type="checkbox"/>	Solicitor or other professional	<input type="checkbox"/>	Other

Specific information e.g. in bedroom safe

### Relationship to Attorney

<input type="checkbox"/>	Spouse/child/sibling/parent	<input type="checkbox"/>	Other family/friend
<input type="checkbox"/>	Solicitor or accountant	<input type="checkbox"/>	Trustee company
<input type="checkbox"/>	Other		

Specific information about Attorney e.g. name and address details

Please provide name and address details of additional Attorneys

Attorney 2:

Attorney 3:

Attorney 4:

## Supportive Attorney Registration (if applicable)

Date document signed and witnessed:   /   /

**Location:**

<input type="checkbox"/> Home	<input type="checkbox"/> Safety deposit box/bank
<input type="checkbox"/> Solicitor or other professional	<input type="checkbox"/> Other

Specific information e.g. in bedroom safe

### Relationship to Attorney

<input type="checkbox"/>	Spouse/child/sibling/parent	<input type="checkbox"/>	Other family/friend
<input type="checkbox"/>	Solicitor or accountant	<input type="checkbox"/>	Trustee company
<input type="checkbox"/>	Other		

Specific information about Attorney e.g. name and address details

Please provide name and address details of additional Attorneys

Attorney 2:

Attorney 3:

Attorney 4:

Date document signed and witnessed:   /   /

<input type="checkbox"/>	Home	<input type="checkbox"/>	Safety deposit box/bank
<input type="checkbox"/>	Solicitor or other professional	<input type="checkbox"/>	Other

<input type="checkbox"/>	Spouse/child/sibling/parent	<input type="checkbox"/>	Other family/friend
<input type="checkbox"/>	Solicitor or accountant	<input type="checkbox"/>	Trustee company
<input type="checkbox"/>	Other		

Attorney 4:

**1.6** State Trustees can cease to provide the Registry on 30 days' notice provided to the last email or contact address provided by me.

