



The Victorian Will and Powers of Attorney Registry Location Registration Form

The Victorian Will and Power 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 important personal documents so it's important for your executor and attorney to know that they are easily located and accessible 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

Name

Given name

Family name

Your date of birth

Address

Town or suburb

State Post Code

Email address

Preferred 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

Wills Registration

Date of will 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 details of any additional Executor

If yes please provide name and address details of

Executor 2

Executor 3

Executor 4

Personal Power of Attorney Registration

Date Personal Power of Attorney 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 executor e.g. name and address details

Please provide details of any additional Attorneys

Name and address details of Attorney(s)
 Attorney 2

Attorney 3

Attorney 4

Medical Treatment Decision Maker Document Registration

Date Medical Treatment Decision Maker Document signed

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 executor e.g. name and address details

Please provide details of any additional Attorney

Name and address details of Attorney(s)

Attorney 2

Attorney 3

Attorney 4

Supportive Attorney Document

Date Supportive Attorney document signed and witnessed

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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 executor e.g. name and address details

Please provide details of any additional Attorney

Name and address details of Attorney(s)

Attorney 2

Attorney 3

Attorney 4

Non-Enduring Power of Attorney Document

Date Non-Enduring Power of Attorney document signed and witnessed

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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 executor e.g. name and address details

Please provide details of any additional Attorney

Name and address details of Attorney(s)

Attorney 2

Attorney 3

Attorney 4

Financial Power of Attorney Registration

Date Financial Power of Attorney Registration document signed

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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 executor e.g. name and address details

Please provide name and contact details of additional Attorney

Name and address details of Attorney(s)

Attorney 2

Attorney 3

Attorney 4

Registry Declaration

By signing this declaration

I have read and understood, and agree to, the **Registration Declaration for Will Information**.

I **consent** to receiving communications regarding State Trustees' products and services and related information.

Full name

Signature

Date

Registration Declaration for Will Information

1. I acknowledge and agree that:

1.1 My principal place of residence is in the State of Victoria, Australia.

1.2 The information including, but not limited to, details of my nominated executor(s) or co-executor(s), the date of my will and details of where my will is held (will information) will be kept on the registry for 120 years from the date of my birth.

1.3 It is my responsibility to provide correct will information, to keep the will information on the registry up to date and notify State Trustees immediately if there are any changes to the will information previously provided by me, and State Trustees bears no responsibility, or liability for any incorrect or out of date will information provided by me.

1.4 I am responsible for informing the person(s) who may request information in the manner set out in clause 4.2 that State Trustees is holding my will information, and I expressly acknowledge that in the event of my death, State Trustees will not take any active steps to locate or notify such person(s).

1.5 When accepting my will information, State Trustees will not check or express any opinion as to the will information provided by me.

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

2 The terms and conditions of the State Trustees Privacy Policy apply to me and the persons I authorise to have access to my will, and where I have provided State Trustees with personal information of any other individual, I have made or will make the individual aware of the State Trustees Privacy Policy, which is available at www.statetrustees.com.au/privacy and I, and/or my estate, will indemnify State Trustees for any loss or damage (including legal costs) arising by reason of my failing to provide such notification in the event that any such individual seeks or obtains compensation from State Trustees.

3 I hereby expressly release State Trustees from any liability, and indemnify State Trustees and its employees and representatives from any claim that may be made by me or my estate, or any beneficiary of my estate, in the exercise of its operation of the registry, or on ceasing to operate the registry.

4 I consent to State Trustees:

4.1 Using the personal information I provide in data matching so that the identity of the person(s) requesting information in the manner set out in this clause can be confirmed.

4.2 Releasing information about the date of my will and details of where my will is held (will record), subject to any requirements under law, only as follows:

4.2.1 to me, or to a person authorised in writing by me to access information on my will record;

4.2.2 to a person or persons who furnish to State Trustees evidence that satisfies State Trustees that he/she/they or it is/are:

(a) entitled to commence to act under or in respect of the will as:

(i) executor or co-executor; or

(ii) applicant for a grant of letters of administration with the will annexed;

(b) a member of my next of kin who is a principal beneficiary under my will or estate;

(c) the legal personal representative of a person listed in paragraphs (a) and (b) above (inclusive); or

(d) the legal practitioner or other authorised agent of a person listed in paragraphs (a)-(c) above (inclusive).

Registration Declaration for Powers of Attorney Information

1. I acknowledge and agree that:

1.1 My principal place of residence is in the State of Victoria, Australia.

1.2 The information including but not limited to the name(s) of my attorney(s), alternative attorney(s), supportive attorney(s), alternative supportive attorney(s), agent(s), alternate agent(s), enduring guardian(s), alternative enduring guardian(s), the date of my power(s) of attorney or enduring power(s) of guardianship (powers of attorney) and details of where my powers of attorney is held (powers of attorney information) will be kept on the registry for 120 years from the date of my birth.

1.3 It is my responsibility to provide correct power of attorney information, to keep the powers of attorney information on the registry up to date and notify State Trustees immediately if there are any changes to the information previously provided by me, and State Trustees bears no responsibility, or liability for any incorrect or out of date powers of attorney information provided by me.

1.4 I am responsible for informing the person(s) who may request information in the manner set out in clause 3 that State Trustees is holding my powers of attorney information, and at no point will State Trustees take any active steps to locate or notify such person(s) that State Trustees is holding my powers of attorney information.

1.5 When accepting my powers of attorney information, State Trustees will not check or express any opinion as to the powers of attorney information provided by me.

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

1.7 I hereby expressly release State Trustees from any liability, and indemnify State Trustees and its employees and representatives from any claim that may be made by me or my representatives, in the exercise of its operation of the registry, or on ceasing to operate the registry.

2 The terms and conditions of State Trustees Privacy Policy apply to me and the persons I authorise to have access to my powers of attorney, and where I have provided State Trustees with personal information of any other individual, I have made or will make the individual aware of the State Trustees Privacy Policy available at www.statetrustees.com.au/privacy and I, and/or my estate, will indemnify State Trustees for any loss or damage (including legal costs) arising by reason of my failing to provide such notification in the event that any such individual seeks or obtains compensation from State Trustees.

3 I consent to State Trustees:

3.1 Using the personal information I provide in data matching so that the identity of the person(s) requesting for information in the manner set out in this clause can be confirmed.

3.2 Releasing information about the date of my power of attorney and details of where my power of attorney is held (power of attorney record) at any time, subject to any requirements under law, only as follows:

3.2.1 to me, or to a person authorised in writing by me to access information on my power of attorney record;

3.2.2 to a person or persons who furnish to State Trustees evidence that satisfies State Trustees that he/she/they or it are:

(a) in the case of an enduring power of attorney: an attorney (whether original or alternative);

(b) in the case of an enduring power of attorney (medical treatment): the agent (whether original or alternate);

(c) in the case of an enduring power of guardianship: the enduring guardian (whether original or alternative);

(d) in the case of an appointment of supportive attorney: the supportive attorney (whether original or alternative); or

(e) the legal practitioner or other authorised agent of a person listed in paragraphs (a)-(d) above (inclusive).