

STATE OF VICTORIA
**ENDURING POWER OF ATTORNEY
RESIGNATION BY ATTORNEY OR ALTERNATIVE ATTORNEY**

**FORM 4
RESIGNATION BY ATTORNEY OR ALTERNATIVE ATTORNEY**

This form is for use by an individual who is resigning as attorney or alternative attorney under an enduring power of attorney made under the *Powers of Attorney Act 2014*.

I
[Insert your full name]

of
[Insert your residential address]

resign under

Tick the applicable option only. See the explanatory text after each option to determine which applies.

☐ **section 56**

Applies if the principal has decision making capacity for all the matters for which you are resigning as attorney or alternative attorney.

*The following three options relate to circumstances in which the principal does **not** have decision making capacity for all the matters for which the attorney or alternative attorney is appointed.*

☐ **section 59(1)(a)**

*Applies if there is **another attorney** who has power for the matter(s) for which you are resigning as attorney.*

☐ **section 59(1)(b)**

*Applies if there is no other attorney who has power for the matter, but there is an **alternative attorney** who (i) has power for the matter(s) for which you are resigning as attorney, and (ii) is able and willing to act.*

☐ **section 59(3)**

*Applies if you are an **alternative attorney** who is **not acting** as attorney for the matter(s) for which you are resigning as alternative attorney.*

of the *Powers of Attorney Act 2014* from my appointment as an

Tick the applicable option only.

☐ attorney

☐ alternative attorney

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Tick the applicable option only. If the second option applies, insert a description of the matters for which you are resigning, e.g. 'all financial matters'.

☐ for all matters for which I have power

☐ for the following matters, namely:

.....

under the enduring power of attorney made on or about
[Insert the date made (if known) or approximate date made]

by
[Insert full name of principal]

Signed

..... Date
[Signature of attorney/alternative attorney] [Insert date]