

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:

- 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:

Medical Treatment 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:

Supportive 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:

Non-Enduring 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:

Registration Declaration for Will Information

1 I acknowledge and agree that:

- 1.1 My principal place of residence is in the Commonwealth of 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, unless I ask in writing for them to be removed.
 - 1.3 It is my responsibility to provide correct Will information, to keep the Will information on the Registry up to date, and to notify State Trustees immediately if there are any changes to the Will information previously provided by me. State Trustees bears no responsibility or liability for any incorrect or out of date Will information.
 - 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 about it.
 - 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.
- 2 The terms and conditions of State Trustees' Privacy Policy apply to me and the persons I authorise to have access to my Will. Where I have provided State Trustees with personal information of any other individual, I have made or will make the individual aware of State Trustees' Privacy Policy, which is available at <https://www.statetrustees.com.au/about-us/governance/privacy-security/> 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 Commonwealth of 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), Alternative Agent(s), Enduring Guardian(s), Alternative Enduring Guardian(s), the date of my Power(s) of a 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, unless I ask in writing for them to be removed.
- 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. 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. 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 about it.
- 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.

- 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 State Trustees' Privacy Policy available at <https://www.statetrustees.com.au/about-us/governance/privacy-security/> 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) request 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 alternative);
 - (c) in the case 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)

Registry Declaration

By signing this declaration:

- I have read and understood, and agree to, the **Registration Declaration for Will Information.**
- I have read and understood, and agree to, the **Registration Declaration for Powers of Attorney Information.**
- I **consent** to receiving communications regarding State Trustees' products and services and related information.

Signature:

Date: / /

