

INFORMATION SHEET

(To be held with your Enduring Power of Attorney for Property)

NAME: _____

My EPOA: _____

Date made: _____

Kept with: _____

Attorney: _____

Attorney can act: Only when I am mentally incapable; OR
 While I am mentally capable, and continues in effect if I become mentally incapable

Persons to be consulted: 1) _____
2) _____

Persons to provide information to: 1) _____
2) _____

Contacts:

Next of Kin (contact details): _____

Doctor (GP/other): _____

Accountant: _____

Lawyer: _____

Accounts:

IRD number: _____

Personal Bank accounts: _____

Joint account details (if relevant): _____

Other: (Family Trust Accounts; Business Bank Accounts) _____

Term deposits): _____

Properties and interests:

Owned by/with: _____

Other (e.g. Maori land): _____

Mortgage (sum and Bank): _____

Insurance:

Home and/or contents: _____

Car: _____

Business Interruption: _____

Insurance broker (name): _____

Life insurance:

a) Beneficiary of the Life insurance policy: _____

b) Approximate value: _____

Insurance broker (name): _____

Member of the NZ Government Superannuation (ex) Public Servants scheme: Yes / No

Kiwi Saver (name of Provider and number): _____

Investments:

Publically listed shares held (in which company): _____

Investment advisor (name): _____

Business Dealings:

Directorships of Companies: _____

Shareholdings in other Companies: _____

*Further Details:

