

# Certificate Of Enduring Power Of Attorney



For the purposes of section 103C(6) of the Protection of Personal and Property Rights Act 1988, AIA is requiring a Certificate of Non-Revocation and Non-Suspension of Enduring Power of Attorney to confirm the Power of Attorney hasn't been revoked or suspended. Therefore, you should fill out this form to advise us that a Power of Attorney is still in place at the time of making any requests relating to the policy. A Certificate of Non-Revocation and Non-Suspension of Enduring Power of Attorney needs to be dated on or subsequent to the date of the alteration request.

## 1 Power of Attorney Holder

Fill in this section to let us know the current details of the person appointed under the Power of Attorney. If a joint Power of Attorney is in place, a Certificate of Non-Revocation and Non-Suspension of Enduring Power of Attorney form needs to be completed for each Power of Attorney.

Name of Power of Attorney Holder	Title <input type="text"/> Last name and first names <input type="text"/>		
Mailing address	Street <input type="text"/>		
	Suburb <input type="text"/>	Town/City <input type="text"/>	Postcode <input type="text"/>
	Email address <input type="text"/>		
Telephone	Home phone <input type="text"/> ( )	Business phone <input type="text"/> ( )	Mobile <input type="text"/> ( )

## 2 Appointor details (Donor)

Fill in this section to let us know the current details of the person who appointed you as their Power of Attorney.

Name of Appointor	Title <input type="text"/> Last name and first names <input type="text"/>		
Mailing address	Street <input type="text"/>		
	Suburb <input type="text"/>	Town/City <input type="text"/>	Postcode <input type="text"/>
	Email address <input type="text"/>		
Telephone	Home phone <input type="text"/> ( )	Business phone <input type="text"/> ( )	Mobile <input type="text"/> ( )

## 3 Certificate of Non-Revocation and Non-Suspension of Enduring Power of Attorney

I, Attorney Name, of city in New Zealand, occupation, hereby certify:

- > That by deed dated date, Donor Name, of city in New Zealand, occupation appointed me his/her attorney on the terms and subject to the conditions set out in the said deed.
- > That the date hereof I have not received any notice or information of the revocation of that appointment by the death of the said Donor Name or otherwise.
- > That at the date hereof, I have not received written notice suspending my authority to act under the power of attorney.

Signature of Attorney/Appointee	<input type="text"/>	Date <input type="text"/>
Place this declaration was made (e.g. Auckland or Wellington)	<input type="text"/>	

## 4 Returning your form/should you have any questions

Please check that all details are correct then return this form to Private Bag 92499, Victoria Street West, Auckland 1142 or alternatively email [enquireNZ@aia.com](mailto:enquireNZ@aia.com). If you have any questions, please call our Customer Relationship Team on **0800 500 108** between 8am and 6pm Monday to Friday.