

Unclaimed Monies Statement of non revocation of Power of Attorney



About this form

Please complete this form when you have been appointed as a Power of Attorney for the account holder/s.

Please send completed form to:

ING
Reply Paid 2682
Sydney NSW 2001 (no stamp required)

I/We (Name of attorney/s),
having been appointed an attorney under the power of attorney document made by
 (Name of principal)

advise that to the best of my knowledge and belief my appointment under that document has not been suspended or terminated.
Where I/we have been appointed as a joint attorney, the office of one or more of my co-attorneys has not become vacant.

I/we acknowledge that I/we recognise that my/our appointment under this power of attorney document will be terminated or suspended by the occurrence of one or more of the following events:

- the death of the principal;
- where the principal informs me that I am/we are no longer authorised to act on their behalf;
- the principal becomes mentally incapacitated (for a general power of attorney);
- where the power of attorney is time specific, at the expiration of the date specified in the document; and
- the bankruptcy of the principal.

Signature as Attorney 1

Date (DD/MM/YY)
 / /

Signature as Attorney 2

Date (DD/MM/YY)
 / /

