



# Appointment of a Power of Attorney (POA) Request Form

## INSTRUCTIONS

Please read these instructions and the Identification Document Checklist below, then complete Sections 1-4 of this form.

To submit this request, you must take the following documents to a participating Australia Post outlet:

- this completed form
- your original ID documents (based on the Identification Document Checklist below)
- original or original certified copy of the Power of Attorney document
- if the donor has lost capacity to make their own decisions, an original medical certificate certifying this

## IDENTIFICATION DOCUMENT CHECKLIST

The attorney must provide the following identification documents (ID).

### PART A: ACCEPTABLE PRIMARY PHOTOGRAPHIC IDENTIFICATION DOCUMENTS

Select **ONE** document from this section. If you do not hold a document from this section, then provide documents from Part B or C.

#### Acceptable primary photographic identification documents

- A current and valid physical driver's licence (both front and back must be provided) issued by a State or Territory of Australia containing a photograph (digital driver's licences or renewal receipts cannot be accepted)
- A current and valid Australian passport or one that expired within the last two years
- A valid Australian Proof of Age or Proof of Identity card issued by a State or Territory containing a photograph of the person and date of birth or residential address

### PART B: ACCEPTABLE PRIMARY NON-PHOTOGRAPHIC IDENTIFICATION DOCUMENTS

Should only be completed if you do not hold a document from Part A. You must present one primary non photographic document and one secondary identification document

#### Acceptable primary non photographic identification documents

Select **ONE** document from this section:

- Australian birth certificate issued by a State or Territory of Australia
- Australian citizenship certificate issued by the Commonwealth of Australia
- A current and valid physical Pension, Health Care or Seniors Health card issued by a State or Territory of Australia containing the name and date of birth or residential address (Department of Veterans Affairs Cards are not acceptable)

#### Secondary identification documents

Select **ONE** document from this section:

- Rates notice - a document issued by an Australian local government body
- Utility bill - a document issued by a utility provider, less than three months old from the date of issue, which contains the individual's name and residential address e.g. electricity bill, water bill, gas bill, telephone/internet bill
- A current and valid physical Australian Medicare card issued by the Australian Government

## **PART C: ACCEPTABLE FOREIGN IDENTIFICATION DOCUMENTS\***

Should only be completed if you do not hold a document from Part A and B.

### **Primary photographic foreign identification documents**

Select **ONE** document from this section:

- A current and valid foreign driver's licence issued by a foreign government containing a photograph (international licence/permit is not acceptable)
- A current and valid foreign passport issued by a foreign government, the United Nations or an agency of the United Nations containing a photograph and either the signature of the person or unique identifier (ID number)
- A current and valid ID card issued by a foreign government, the United Nations or an agency of the United Nations containing a photograph, and either a signature of the person or the unique identifier, and date of birth or residential address

**OR**

### **Primary non-photographic foreign identification documents**

Select **ONE** document from this section plus **ONE secondary document** from **Part B**

- A foreign birth certificate issued by a foreign government, the United Nations or an agency of the United Nations
- A foreign citizenship certificate issued by a foreign government

### **\*English translation services for foreign identification documents**

If primary photographic and primary non-photographic Identification documents are written in a language other than English, an accredited translation is required. This translation must be prepared by an Accredited Translator (search [www.naati.com.au](http://www.naati.com.au) for certified translator) in Australia, or performed to a standard comparable to the Australian NAATI accreditation.

## SECTION 1: Account Holder Details

Title	First Name	Middle Name (Optional)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Surname			
<input type="text"/>			
Date of Birth (DD/MM/YYYY)	Account Number (Optional)		
<input type="text"/>	<input type="text"/>		
Residential Address including country (PO Box is not acceptable)			
Unit	Street Number	Street Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Suburb/Town	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile Number	Email Address		
<input type="text"/>	<input type="text"/>		

## SECTION 2: Details of the Attorney/Person Requesting Access

### Personal details

Title	First Name	Middle Name (Optional)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Surname			
<input type="text"/>			
Do you have a prior legal name?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, prior legal name			
Title	First Name	Middle Name (Optional)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Surname			
<input type="text"/>			
Date of Birth (DD/MM/YYYY)	Gender	Email Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Mobile Number (including Country Code)	Phone Number (if mobile number is not available and including Country Code)		
<input type="text"/>	<input type="text"/>		
Home Address including country (PO Box is not acceptable)			
Unit	Street Number	Street Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Suburb/Town	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal Address (if same as Home Address leave blank)			
Unit	Street Number	Street Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Suburb/Town	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Citizenship

Are you an Australian Citizen?  Yes  No

Other countries you are citizen of (Please list all the countries)

### Employment details

Employment Status	Primary Occupation (if employed)
<input type="text"/>	<input type="text"/>

MyCard branded credit products are issued by National Australia Bank Limited (ABN 12 004 044 937, AFSL and Australian Credit Licence 230686) ("NAB"). Our/us/we/The MyCard Team means NAB.

NAB is collecting your personal information through its agent, Australia Post, to verify your identity as required by Australian law. Australia Post will forward your personal information to NAB who will handle it in accordance with the relevant product terms and conditions. Further information about NAB's handling of personal information is contained in the [NAB Privacy Policy](#). The policy also contains information about how to make an access or correction request or lodge a privacy-related complaint.

## Tax details

Are you an Australian resident for tax purposes?  Yes  No

Are you a resident of any other country for tax purposes?  Yes  No

If yes, countries you are a Tax Resident of

   

What is your Taxpayer Identification Number (TIN) (mandatory for US tax residents)

## SECTION 3: Power of Attorney (POA) Details

Type of Power of Attorney (POA):

- General Power of Attorney  Enduring Power of Attorney  Advance Personal Plan (NT only)  
 Supportive Power of Attorney (VIC only)  Guardianship Order  
 Administration Order/Financial Management Order  Supportive Guardianship Order/Administration Order

POA/Order Issue Date

POA/Order Expiry Date

State

Decision Making Authority

Has Donor lost capacity to make their own decisions?  Lost Capacity  Has Capacity

## SECTION 4: Declaration & Confirmation

### Attorney Declaration

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

I acknowledge my appointment under the Power of Attorney document will be terminated or suspended if the Primary Account/Card Holder:

- has specified an expiry date in the Power of Attorney and that date has passed,
- informs me in writing I am no longer authorised to act on their behalf,
- becomes mentally incapacitated (applicable only to a General Power of Attorney),
- is bankrupt, or
- becomes deceased.

With your consent, we can verify your identity online by providing information, such as your name, date of birth, address and details of your ID documents, to a verification service and credit reporting bodies to get them to tell us how well your details match the information that they hold. The process of electronic verification will not include a credit check, and will not affect your credit score. We will not ask you to provide banking information, including your banking password or security codes\*.

Signature of Attorney

Date (DD/MM/YYYY)

Signature of Account Holder#

Date (DD/MM/YYYY)

# Account Holder signature is not mandatory where the account holder has lost capacity

## SECTION 5: For Australia Post use only

I confirm that I have sighted original documentation that verifies the applicant's name, date of birth and/or residential address as required.

Verifier's Full Name

Work Centre Code

Date (DD/MM/YYYY)

Comments

Verifier's Signature

Identity verified by



\*Verification services and credit reporting bodies may contact the authority that issued the identity documents, use a government or other verification service, or use third party systems, databases and services (which may involve sending your information from Australia to New Zealand or vice versa) to help them do this.

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