

Certificate of Non-Revocation of Power of Attorney

Summer
KiwiSaver Scheme
My Plan

Section 20, Property Law Act 2007

Complete this Certificate to advise us that a Power of Attorney is still in place at the time of making any requests or signing any document when acting under the Power of Attorney.

Attorney details

Complete this part to let us know the current details of the person who has been assigned the Power of Attorney.

Full name:

Residential address:

Street No./Name:

Suburb/RD No.:

Town/City:

Postcode:

Country: ☐ New Zealand ☐ Other (please state):

Primary contact number:

Email:

Residential Address (Attorney): This is the address of the person who has been assigned the Power of Attorney.

Residential Address (Appointor): This is the address of the person who has appointed the Attorney.

Appointor details

Complete this part to let us know the current details of the person who appointed you as their Attorney.

Full name:

Residential address:

Street No./Name:

Suburb/RD No.:

Town/City:

Postcode:

Country: ☐ New Zealand ☐ Other (please state):

Primary contact number:

Email:

Please turn over

Certificate

I (Full Name):

(Address):

(Occupation):

certify that —

1. On

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Day

Month

Year

(Full Name of Appointor):

of (Address):

Town

Country

appointed me his/her Attorney.

2. I have not received notice of any event revoking the Power of Attorney.

Signature:

Date:

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Day

Month

Year

Place this declaration was made (e.g. City):

An event revoking the Power of Attorney

means any event as a result of which the Power of Attorney ceases to have effect, including:

- The Appointor terminates the Power of Attorney
- The Appointor dies
- The Appointor loses mental capacity
- The Appointor is adjudged bankrupt