

Statement of non-revocation of Power of Attorney

Policy number

Policy number

Policy number

Policy number

We can only accept your request if the form is correctly completed. We respect your privacy and handle your information in accordance with the Acenda Privacy Policy found at acenda.com.au/privacy-policy

Section 1: Your declaration

I (full name of first attorney)

I (full name of second attorney)

I (full name of third attorney)

I (full name of fourth attorney)

having been appointed an attorney under the (please tick which applies)

☐

Enduring Power of Attorney document

☐

General Power of Attorney document

made by (full name of the principal listed in the Enduring/General Power of Attorney (Principal))

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 Principal:

- 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
- dies.

Signature of Attorney 1

	Date (DD/MM/YY)				
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature of Attorney 2

	Date (DD/MM/YY)				
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature of Attorney 3

	Date (DD/MM/YY)				
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature of Attorney 4

	Date (DD/MM/YY)				
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

The Trustee

Equity Trustees Superannuation Limited
ABN 50 055 641 757 AFSL 229757

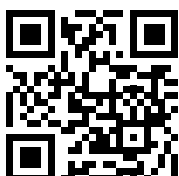
The Fund

Smart Future Trust
ABN 68 964 712 340

The Insurer

Nippon Life Insurance Australia and New Zealand Limited
ABN 90 000 000 402 AFSL 230694

Insurance is issued by the Insurer. The Insurer is part of the Nippon Life Group.



Section 2: Send us your form

Please return your completed, signed and dated form to:

Acenda - Operations

PO Box 23455

Docklands VIC 3008

Email: enquiries.retail@acenda.com.au

If you have any questions, please contact your financial adviser or call us on **136 525**, 8.30am to 6pm AEST, Monday to Friday.