**INSTRUMENT APPOINTING ENDURING GUARDIAN**

*Guardianship and Administration Act, 1993 South Australia*

1. I, [insert name] of [insert address], occupation [insert occupation] hereby appoint:-

[insert name(s), address(es) and occupation(s) of guardian(s)]

jointly / jointly and severally to be my guardian(s).

1. I authorise my guardian(s), in the event that I become mentally incapacitated:-
2. to exercise the powers at law or in equity of a guardian; and
3. to consent or refuse consent to my medical or dental treatment (unless I have a medical agent who is available and willing to act in the matter),

subject to the *Guardianship and Administration Act 1993* and to clause 3 of this instrument.

1. The authority of my enduring guardian(s) is subject to the following conditions, limitations or exclusions:-
2. [set out any conditions, limitations or exclusions]
3. This is an appointment of an enduring guardian made under the *Guardianship and Administration Act 1993*.

Dated the day of 20 .

Signed: ……………………………………….

 (Appointer)

Witness’s Certificate

I, …………………………………………………………………………………………………

(*name, address and qualification by virtue of which the witness is an authorised witness under the Act)*

certify that the above appointer signed this instrument freely and voluntarily in my presence and appeared to understand its effect.

Signed: ……………………………………….

 (Witness)

Acceptance of Appointment

(A separate acceptance and witness certificate must be signed in respect of each guardian if more than one is appointed).

I, …………………………………………………………………………………………………

(*name, address and* occupation)

accept appointment as a guardian under this instrument and undertake to exercise the powers conferred by it honestly and in accordance with the instrument and the principles set out in the *Guardianship and Administration Act 1993*.

Signed: ……………………………………….

 (Guardian)

Witness’s Certificate

I, …………………………………………………………………………………………………

(*name, address and qualification by virtue of which the witness is an authorised witness under the Act)*

Certify that the above guardian signed this instrument freely and voluntarily in my presence and appeared to understand its effect.

Signed: ……………………………………….

 (Witness)

**Who may witness this form?**

This form must be witnessed by an “authorised witness”. An authorised witness is:

* A justice of the peace for this state of South Australia or any other state or territory of the Commonwealth; or
* A commissioner for taking affidavits in the Supreme Court; or
* A notary public.

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