

Statutory Declaration

(Oaths and Affirmations Act 2018 (Vic))

RESET

Attorney's declaration in support of a claim under Lifestyle Communities' voluntary DMF refund program

I, [full name of attorney], of [address of attorney],
[occupation], sincerely declare that:

Background and capacity

1. I am the person named as attorney under the enduring / general power of attorney (**PoA**) dated [date] granted by [full name of principal] (the **Principal**).
2. A certified true copy of the PoA is annexed to this declaration and marked "**Annexure A**".
3. I am making this declaration in support of an application (case reference [case ref]) submitted to Lifestyle Communities Ltd (**Lifestyle**) under its voluntary deferred management fee (**DMF**) refund program (the **Program**), in respect of the DMF paid on the sale of the Principal's former home (the **Refund Application**).

Validity of the PoA

4. The PoA is a financial (or general enduring) power of attorney. It is not a medical or personal power of attorney only. On its terms, the PoA authorises me to make and receive financial decisions on the Principal's behalf, including a decision to accept and give a release for the refund the subject of the Refund Application.
5. The PoA has been validly granted by the Principal and is currently in effect. It has not been revoked, suspended, varied or terminated, whether by the Principal, by operation of law or otherwise. I am not aware of any notice or claim of revocation, suspension, variation or termination, and I am not aware of any fact, matter or circumstance that would or might invalidate or otherwise affect the PoA.

Only complete this paragraph if it applies to your circumstances

6. [Where an enduring PoA activated by incapacity]
The PoA is an enduring power of attorney that has been activated by loss of capacity on the part of the Principal. I have assessed that the Principal has lost the decision-making capacity required to make the decisions the subject of the Refund Application on the following basis:
[briefly describe the basis of the assessment — e.g. medical certificate dated [date] from Dr [full name], [geriatrician's assessment, treating GP's letter, or similar].
7. The Principal is alive and has not been made bankrupt.

Authority in relation to this Refund Application

8. I have full power and authority under the PoA to:
 - a. make and progress the Refund Application on the Principal's behalf;
 - b. accept any refund offered by Lifestyle under the Program in the Principal's name;
 - c. execute a deed of settlement and release on the Principal's behalf and to bind the Principal to that deed; and
 - d. receive the refund payment on the Principal's behalf, into an account held in the Principal's name.
9. All conditions and formalities required for the valid exercise of the PoA (including any requirement for consent, notice or approval) have been satisfied.

Conflict of interest

10. I have no actual or perceived conflict of interest between my role as attorney and my personal interests in connection with the Refund Application, and I am not aware of any circumstance that could give rise to such a conflict. I am acting solely in the Principal's interest.

Receipt and application of the refund

11. I will receive any refund paid under the Program in my capacity as attorney and on the Principal's behalf, and not in my personal capacity. The refund will be paid into a bank account held in the Principal's name (details of which are provided separately to Lifestyle on the Program's bank details form) and will be applied to or for the Principal's benefit in accordance with my duties as attorney.

Notification of change

12. I undertake to notify Lifestyle promptly in writing if, at any time before payment of the refund, any of the matters declared above ceases to be true (including if the PoA is revoked or the Principal dies).

I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath. I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 27 of the *Oaths and Affirmations Act 2018* (Vic).

Declared at [place] in the State of Victoria on [date] .

Signature of declarant

Before me:

Signature of authorised witness

Name of witness: [full name]

Qualification of witness:

[E.g. Australian legal practitioner / justice of the peace / other person listed in Schedule 2 to the Oaths and Affirmations Act 2018 (Vic)]

Address of witness: [address]

Annexures:

Annexure A — Certified copy of the power of attorney