

**DISCLAIMER OF POWER OF ATTORNEY
(MEDICAL TREATMENT)**

This Disclaimer of Power of Attorney (Medical Treatment) is made on the
..... day of200.....

by
of
.....

A Power of Attorney (Medical Treatment) was made on the
.....day of 200.....
("the Power of Attorney")

by
of
.....

The Power of Attorney appointed me as an agent/alternative agent* under the
Medical Treatment Act 1988 (* cross out that which doesn't apply)

I disclaim the power given to me by the Power of Attorney.

SIGNED

By)
.....)

in the presence of
.....