

LASTING POWER OF ATTORNEY (LPA)

There are two different types of Lasting Power of Attorney (“LPA”), one relating to your property and financial affairs and one to health and welfare decisions. Both are completely separate legal documents and so you can have one type or both if you wish. This form is designed to capture all information for either type and therefore, if you would like to create both LPAs, you do not need to duplicate the information you provide if your instructions are to be the same for each document.

Part 1 – About You (the "Donor")		
Full Name & Title (please give any other names you are known by)		
Date of Birth		
Address		
Telephone		
Email address (optional)		
Part 2 – Your Attorney(s)	Property & Financial Affairs	Health & Welfare
Note – You can appoint more than one attorney if you want to, but you do not have to. Please note attorney(s) must be at least 18 years old.		
How many do you want to appoint?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Other: please state	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Other: please state.....
Part 3 – First Attorney		
Full Name & Title		
Date of Birth		
Address		
Email address (optional)		
Relationship to Donor		

Part 4 – Second Attorney

Full Name & Title		
Date of Birth		
Address		
Email address (optional)		
Relationship to Donor		

Part 5 – Third Attorney

Full Name & Title		
Date of Birth		
Address		
Email address (optional)		
Relationship to Donor		

Note – If appointing more than three attorneys please continue on a separate sheet

<p>If you have appointed more than one attorney, how do you want them to make decisions?</p>	<input type="checkbox"/> All decisions together <input type="checkbox"/> All decisions together <u>or</u> independently <input type="checkbox"/> Some decisions together and some on their own (please give details below)	<input type="checkbox"/> All decisions together <input type="checkbox"/> All decisions together <u>or</u> independently <input type="checkbox"/> Some decisions together and some on their own (please give details below)
<p>Do you want to appoint a <u>replacement attorney</u> should one of your attorneys die or be unable to act?</p>	<p>Yes <input type="checkbox"/> (Please go to parts 6 & 7)</p> <p>No <input type="checkbox"/> (Please go to Part 8)</p>	<p>Yes <input type="checkbox"/> (Please go to parts 6 & 7)</p> <p>No <input type="checkbox"/> (Please go to Part 8)</p>

Part 6 – First Replacement Attorney

Full Name & Title		
Date of Birth		
Address		
Email address (optional)		
Relationship to Donor		

Part 7 – Second Replacement Attorney

Full Name & Title		
Date of Birth		
Address		
Email address (optional)		
Relationship to Donor		

Note – If appointing more than two replacement attorneys please continue on a separate sheet

<p>If appointing replacement attorney(s) it is necessary to stipulate if you want them to make all decisions together or if they should be able to make some on their own, please confirm</p>	<p><input type="checkbox"/> All decisions together</p> <p><input type="checkbox"/> All decisions together <u>or</u> independently</p> <p><input type="checkbox"/> Some decisions together and some on their own (please give details below)</p>	<p><input type="checkbox"/> All decisions together</p> <p><input type="checkbox"/> All decisions together <u>or</u> independently</p> <p><input type="checkbox"/> Some decisions together and some on their own (please give details below)</p>
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Part 8 – Your LPA

<p>Do you wish to inform your attorney(s) of any preferences you have about how they should act?</p> <p>Preferences are what you'd like all your attorney(s) to think about when they make decisions for you. Your attorneys do not have to follow them but should bear them in mind</p>	<p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> (Please give details below)</p>	<p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> (Please give details below)</p>
<p>Do you wish to give any instructions to your Attorney(s)?</p> <p>Instructions tell your Attorney(s) what they must do when acting on your behalf</p>	<p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> (Please give details below)</p>	<p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> (Please give details below)</p>
<p>Do you wish to pay your Attorney(s) for acting for you?</p>	<p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> (Please give details below)</p>	<p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> (Please give details below)</p>

Part 9 – People to be informed once the LPA is registered

Note – We can notify up to 5 people for you once the LPA is registered. However, this is not compulsory and if you do not wish to notify anyone then please leave this section blank, otherwise please list full names and addresses of those you wish to notify below

Full Name & Title Address		

Part 10 – Certificate Provider

Note – It is necessary for someone called a "**certificate provider**" to sign the form to confirm that you understood the LPA and that you signed without pressure from anyone. You can choose your certificate provider. This can either be someone who has known you for more than 2 years, or a professional such as a doctor, social worker or solicitor. We can act as a certificate provider for you or if you prefer, or if we are acting as your attorney, we can arrange for you to see a professional certificate provider who will charge a fee for the service.

If you would like to nominate a certificate provider please give details below.

Full Name & Title Address		
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Part 11 – Further considerations

Should you lack mental capacity in the future, are you happy for your Attorney(s) to obtain a copy of your will during your lifetime?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Part 12 – Registration (RELEVANT ONLY TO PROPERTY AND FINANCIAL AFFAIRS)

Note – Please consider when you want your Attorney(s) to be able to make decisions.

Decisions can either be made as soon as your LPA is registered (and also when you do not have mental capacity) **OR** only when you do not have mental capacity.

As soon as your LPA has been registered (and also when you do not have mental capacity):

Most people choose this option because it is the most practical. It currently takes 8-10 weeks before a Lasting Power of Attorney is registered by the Office of the Public Guardian and this could cause significant delay if your Attorney(s) need to use the document straight away. Whilst you still have the mental capacity, your Attorney(s) can continue to act on your behalf for all decisions covered by the Lasting Power of Attorney. This option is useful if you are able to make your own decisions but there is another reason why you want your Attorney(s) to help you, for example, if you are away on holiday, or if you have a physical condition that makes it difficult to visit the bank, talk on the phone or sign documents.

Only when you do not have mental capacity

Be careful – this can make your Lasting Power of Attorney a lot less useful. Your Attorney(s) might be asked to prove you do not have mental capacity each time they try to use it.

Please let me know if you would like to discuss this matter further before you make a decision.

When do you want your Attorney(s) to be able to make decisions?	<input type="checkbox"/> As soon as registered <input type="checkbox"/> Only when you do not have mental capacity
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Part 13 – Life Sustaining Treatment (RELEVANT ONLY TO HEALTH & WELFARE)

Note – Life sustaining treatment means any treatment that a doctor considers necessary to keep you alive. Whether or not a treatment is life sustaining will depend on the specific situation. Some treatments will be life sustaining in some situations but not in others. You must be clear as to whether you wish to give your Attorney(s) this authority. This is very important so please be clear about the choice you are making. You might want to discuss this first with your Attorney(s) or doctors or health professionals.

If you do not wish to give your Attorney(s) authority over life sustaining treatment your doctors will take into account, where it is practicable and appropriate, the views of your Attorney(s) and people who are interested in your welfare as well as any written statement you may have made.

Do you wish to give your Attorney(s) authority to give or refuse life sustaining treatment on your behalf.	<input type="checkbox"/> No <input type="checkbox"/> Yes
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Part 14 – Fees

Note – The Office of the Public Guardian charges a £82 application fee for each Lasting Power of Attorney which is registered. You may be able to claim an exemption from this fee.

Do you receive any means tested benefits?

- No
- Yes (Please give details below)

Is your gross annual income less than £12,000

- No
- Yes

Part 15 – Registration

Who is registering the Lasting Power(s) of Attorney?

- Donor
- Attorney

Miscellaneous

Are you happy for us to contact your Attorney(s) to advise them about their role?

- No
- Yes