

LASTING POWER OF ATTORNEY QUESTIONNAIRE

1. PERSONAL INFORMATION	
Your full name:	
Other names you are known by:	
Address:	
	Postcode:
Tel No (Home):	Tel No (Work):
Email:	
Domestic status: (eg. Married; Widowed):	Date of Birth:
Maiden name (or any other surname you have previously been known	by:
Give details of any other Power of Attorney/Living Will you have:	
2. TYPE OF LASTING POWER OF ATTORNEY - tick which Lasting Po	ower you wish to make:
Property & Affairs Lasting Power of Attorney:	
Personal Welfare Lasting Power of Attorney:	
Both:	

3. CHOICE OF ATTORNEY

Consider the following when choosing your attorney:

- They must be over 18 years of age.
- They must not be an undischarged or interim bankrupt person, if you are making a property and affairs power .
- They must be absolutely trustworthy and have appropriate skills to make decisions on your behalf.
- They should be people with whom you have a settled and easy relationship and if more than one, who get on with each other well, or who are likely to do so.
- You can appoint one attorney, but it is advisable to appoint more than one to lessen the chance of abuse of the power and ensure continuity in case s/he cannot act.
- They can be family members, friends or your professional adviser, such as your solicitor.
- They must agree to be your attorney and should understand the role they will be fulfilling.
- If they know the people who will be notified on registration, they should have a good relationship with them.
- If you want more than two attorneys, add additional names on a separate sheet of paper.

Attorney 1	
Full name:	
Address:	
	Postcode:
Date of Birth:	Tel No::
Relationship to you:	Occupation:
Attorney 2	
Full name:	
Address:	
	Postcode:
Date of Birth:	Tel No::
Relationship to you:	Occupation:

4. HOW DO YOU WANT THEM TO OPERATE IN THEIR ROLE OF ATTORNEY?

- If you have more than one attorney, they can act together (never alone) or jointly and severally so that they can sometimes sign together and sometimes separately. This works well when the attorneys do not live near to each other, or if one were to retire or die, then the other attorney could still act. If you appoint your attorneys together then the power will end if, for example one dies, losesmental capacity or deceased he no longer wants to act.
- You can 'mix and match' by setting out what matters you want your attorneys to act together in and when they can act jointly and severally. Financial institutions may not accept such authority, as it can be difficult to work in practice.
- If you appoint your spouse or civil partner, dissolution of your marriage or civil partnership will end the appointment of your spouse/civil partner, unless you have indicated otherwise.

I would like my attorneys to act (tick the relevant box):	
Together:	
Jointly and Severally:	
Some matters together and some independently:	
5. REPLACEMENT ATTORNEYS	
You can appoint a replacement attorney to act in place of an ownt more than one replacement attorney, add additional names	
Replacement Attorney	
Full name:	
Address:	
	Postcode:
Date of Birth:	Tel No::
Relationship to you:	Occupation:

5. RESTRICTIONS HOW YOUR ATTORNEYS ACT?

Without any restrictions your attorney will be able to make decisions that you are able to make over your property and finances; if you are making a property and affairs power, or over all your health and welfare decisions; if you are making a personal welfare power.

You may include legally binding restrictions or conditions on how your attorneys should act for you. You do not need to include any and it is usually not advisable as it can prevent flexibility. We have starred * the conditions which we would recommend.

POSSIBLE FINANCIAL RESTRICTIONS/CONDITIONS

- Restricting when the document is registered with the Office of Public Guardian
- Provision for accounts to be prepared and audited annually by an accountant
- Give your attorneys power to invest in a discretionary management regime*
- Give your attorneys power to access health and social care records which may relate to financial management decisions*

POSSIBLE PERSONAL WELFARE RESTRICTIONS:

- Restricting where you live
- Restricting who you have contact with or who has contact with you

LIFE SUSTAINING TREATMENT:

You must choose in the personal welfare power whether you wish your attorney to be able to give or refuse life sustaining medical treatment, which is based on the circumstances at the time and not the treatment. It does not authorise euthanasia.

CHOOSE BY TICKING:

- Option A: Giving your attorney authority to make these decisions
- Option B: Not giving your attorney such authority

7. GUIDANCE FOR YOUR ATTORNEY

You may include discretionary guidance for your attorneys to assist them with making decisions on your behalf.

This can include the following:

•	The pec	ple y	ou wou	ıld like	your	· attorne	/s to	consult	when	making	decisions

• Your views, beliefs and values that may affect how the attorney makes decisions, such as where you would like to live and with whom and how your money is to be invested and spent, including whom you would like to be maintained.

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8. PAYING YOUR ATTORNEYS

Generally, family and friends would not expect to be paid, but they can recover out-of-pocket expenses paid on your behalf. If you have professional attorneys, they will need to be paid for their work. This must be specifically set out in the power.

9. NOTIFYING PEOPLE OF THE REGISTRATION OF THE POWER

You can choose up to four people to be notified (but not an attorney or replacement attorney) when the LPA is registered with the Office of the Public Guardian. It is an important safeguard as they can raise concerns on your behalf. Once you have made the power you can only change your mind about the people you have chosen by making a new power. Ideally they should be a person:

- With whom you are likely to have contact throughout your life, such as a family member or close friend.
- Who is interested in your best interests and well being
- You should tell them that you are naming them and make sure they are happy to be named and their role.
- If you decide that no one is to be notified, you will need to have two Certificate Providers

NAMED PERSON 1
Full name:
Address:
Postcode:
Relationship to you:
NAMED PERSON 2
Full name:
Address:
Postcode:
Relationship to you:
NAMED PERSON 3
NAMED PERSON 3 Full name:
Full name:
Full name:
Full name:
Full name: Address: Postcode:
Full name: Address: Postcode: Relationship to you:
Full name: Address: Postcode: Relationship to you: NAMED PERSON 4
Full name: Address: Postcode: Relationship to you: NAMED PERSON 4 Full name:
Full name: Address: Postcode: Relationship to you: NAMED PERSON 4 Full name: Address:

The general leaflet on choosing your Certificate Provider sets out the choice you must make in detail. Please let us know who you would like to be your Certificate Provider: Address: Postcode: Relationship to you: 11. ANY QUESTIONS If you have any questions please write them down here:

10. YOUR CHOSEN CERTIFICATE PROVIDER