

[<sup>F1</sup>SCHEDULE 1

Regulation 5

Form of Lasting Power of Attorney

Textual Amendments

- F1** Sch. 1 substituted (1.7.2015) by The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian (Amendment) Regulations 2015 (S.I. 2015/899), regs. 1(2), 11, **Sch. 1** (with regs. 17-19)

**Changes to legislation:** There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)

# PART 1

## Form of Lasting Power of Attorney for Property and Financial Affairs (Form LP1F)



Office of the  
Public Guardian

Helpline  
0300 456 0300



# Lasting power of attorney for property and financial affairs

## Section 1 The donor

You are appointing other people to make decisions on your behalf.  
You are 'the donor'.

**Restrictions** – you must be at least 18 years old and be able to understand and make decisions for yourself (called 'mental capacity').



For help with  
this section,  
see the  
Guide, part A1.



**If you are filling this in for a friend or relative** and they can no longer make decisions independently, they can't make an LPA. See the Guide 'Before you start' for more information.

Title  First names

Last name

Any other names you're known by (optional – eg your married name)

Date of birth

Day Month Year

Address

Postcode

Email address (optional)

### For OPG office use only

LPA registration date

Day Month Year

OPG reference number

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LP1F Property and financial  
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**Changes to legislation:** There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)

## Section 2 The attorneys

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The people you choose to make decisions for you are called your 'attorneys'. Your attorneys don't need special legal knowledge or training. They should be people you trust and know well. Common choices include your husband, wife or partner, son or daughter, or your best friend.

**You need at least one attorney, but you can have more.**

You'll also be able to choose 'replacement attorneys' in section 4. They can step in if one of the attorneys you appoint here can no longer act for you.

To appoint a trust corporation, fill in the first attorney space and tick the box in that section. They must sign Continuation sheet 4. For more about trust corporations, see the Guide, part A2.

**Restrictions** – Attorneys must be at least 18 years old and must have mental capacity to make decisions. They must not be bankrupt or subject to a debt relief order.



For help with this section, see the Guide, part A2.

Title	First names	
<input type="text"/>	<input type="text"/>	
Last name (or trust corporation name)		
<input type="text"/>		
Date of birth		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year
Address		
<input type="text"/>		
<input type="text"/>		
<input type="text"/>		
Postcode	<input type="text"/>	
Email address (optional)		
<input type="text"/>		
<input type="checkbox"/> This attorney is a trust corporation.		

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## Section 2 – continued

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<p>Title <input type="text"/></p> <p>First names <input type="text"/></p> <p>Last name <input type="text"/></p> <p>Date of birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Day Month Year</p> <p>Address <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Postcode <input type="text"/></p> <p>Email address (optional) <input type="text"/></p>	<p>Title <input type="text"/></p> <p>First names <input type="text"/></p> <p>Last name <input type="text"/></p> <p>Date of birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Day Month Year</p> <p>Address <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Postcode <input type="text"/></p> <p>Email address (optional) <input type="text"/></p>
<p><input type="checkbox"/> <b>More attorneys</b> – I want to appoint more than 4 attorneys. Use Continuation sheet 1.</p>	

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## Section 3

### How should your attorneys make decisions?

You need to choose whether your attorneys can make decisions on their own or must agree some or all decisions unanimously.

Whatever you choose, they must always act in your best interests.

**I only appointed one attorney** (turn to section 4)

**How do you want your attorneys to work together?** (tick one only)

**Jointly and severally**

Attorneys can make decisions on their own or together. Most people choose this option because it's the most practical. Attorneys can get together to make important decisions if they wish, but can make simple or urgent decisions on their own. It's up to the attorneys to choose when they act together or alone. It also means that if one of the attorneys dies or can no longer act, your LPA will still work.

If one attorney makes a decision, it has the same effect as if all the attorneys made that decision.

**Jointly**

Attorneys must agree unanimously on every decision, however big or small. Remember, some simple decisions could be delayed because it takes time to get the attorneys together. If your attorneys can't agree a decision, then they can only make that decision by going to court.

**Be careful** – if one attorney dies or can no longer act, all your attorneys become unable to act. This is because the law says a group appointed 'jointly' is a single unit. Your LPA will stop working unless you appoint at least one replacement attorney (in section 4).

**Jointly for some decisions, jointly and severally for other decisions**

Attorneys must agree unanimously on some decisions, but can make others on their own. If you choose this option, you must list the decisions your attorneys should make jointly and agree unanimously on Continuation sheet 2. The wording you use is important. There are examples in the Guide, part A3.

**Be careful** – if one attorney dies or can no longer act, none of your attorneys will be able to make any of the decisions you've said should be made jointly. Your LPA will stop working for those decisions unless you appoint at least one replacement attorney (in section 4). Your original attorneys will still be able to make any of the other decisions alongside your replacement attorneys.

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For help with this section, see the Guide, part A3.



If you choose 'jointly for some decisions...', you may want to take legal advice, particularly if the examples in part A3 of the the Guide, don't match your needs.

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**Changes to legislation:** There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)

## Section 4 Replacement attorneys

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**This section is optional, but we recommend you consider it**

Replacement attorneys are a backup in case one of your original attorneys can't make decisions for you any more.

To appoint a trust corporation, fill in the first attorney space below and tick the box in that section. They must sign Continuation sheet 4.

**Reasons replacement attorneys step in** – if one of your original attorneys dies, loses capacity, no longer wants to be your attorney, becomes bankrupt or subject to a debt relief order or is no longer legally your husband, wife or civil partner.

**Restrictions** – replacement attorneys must be at least 18 years old and have mental capacity to make decisions. They must not be bankrupt or subject to a debt relief order.



For help with this section, see the Guide, part A4.

Title  First names

Last name (or trust corporation name)

Date of birth

Day Month Year

Address

Postcode

This attorney is a trust corporation.

Title  First names

Last name

Date of birth

Day Month Year

Address

Postcode

**More replacements** – I want to appoint more than two replacements. Use Continuation sheet 1.

### When and how your replacement attorneys can act

Replacement attorneys usually step in when one of your **original** attorneys stops acting for you. If there's more than one **replacement** attorney, they will all step in at once. If they **fully** replace your original attorney(s) at once, they will usually act jointly. You can change some aspects of this, but most people don't. See the Guide, part A4.



You should consider taking legal advice if you want to change when or how your replacement attorneys act.

I want to change when or how my attorneys can act (optional). Use Continuation sheet 2.

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## Section 5

### When can your attorneys make decisions?

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You can allow your attorneys to make decisions:

- as soon as the LPA has been registered by the Office of the Public Guardian
- only when you don't have mental capacity

While you have mental capacity you will be in control of all decisions affecting you. If you choose the first option, your attorneys can only make decisions on your behalf if you allow them to. They are responsible to you for any decisions you let them make.

Your attorneys must always act in your best interests.



For help with this section, see the Guide, part A5.

#### When do you want your attorneys to be able to make decisions?

(tick one only)

- As soon as my LPA has been registered (and also when I don't have mental capacity)**

Most people choose this option because it is the most practical.

While you still have mental capacity, your attorneys can only act **with your consent**. If you later lose capacity, they can continue to act on your behalf for all decisions covered by this LPA.

This option is useful if you are able to make your own decisions but there's another reason you want your attorneys to help you – for example, if you're 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 I don't have mental capacity**

**Be careful** – this can make your LPA a lot less useful. Your attorneys might be asked to prove you do not have mental capacity each time they try to use this LPA.

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**Changes to legislation:** There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)

## Section 6 People to notify when the LPA is registered

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### This section is optional

You can let people know that you're going to register your LPA. They can raise any concerns they have about the LPA – for example, if there was any pressure or fraud in making it.

When the LPA is registered, the person applying to register (you or one of your attorneys) must send a notice to each 'person to notify'.

**You can't put your attorneys or replacement attorneys here.**

People to notify can object to the LPA, but only for certain reasons (listed in the notification form LP3). After that, they are no longer involved in the LPA. Choose people who care about your best interests and who would be willing to speak up if they were concerned.



For help with this section, see the Guide, part A6.

Title	First names
<input type="text"/>	<input type="text"/>
Last name	
<input type="text"/>	
Address	
<input type="text"/>	
<input type="text"/>	
Postcode	<input type="text"/>

Title	First names
<input type="text"/>	<input type="text"/>
Last name	
<input type="text"/>	
Address	
<input type="text"/>	
<input type="text"/>	
Postcode	<input type="text"/>

Title	First names
<input type="text"/>	<input type="text"/>
Last name	
<input type="text"/>	
Address	
<input type="text"/>	
<input type="text"/>	
Postcode	<input type="text"/>

Title	First names
<input type="text"/>	<input type="text"/>
Last name	
<input type="text"/>	
Address	
<input type="text"/>	
<input type="text"/>	
Postcode	<input type="text"/>

I want to appoint another person to notify (maximum is 5) – use Continuation sheet 1.

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## Section 7 Preferences and instructions

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### This section is optional

You can tell your attorneys how you'd **prefer** them to make decisions, or give them specific **instructions** which they must follow when making decisions.

Most people leave this page blank – you can just talk to your attorneys so they understand how you want them to make decisions for you.



For help with this section, see the Guide, part A7.

### Preferences

Your attorneys don't have to follow your preferences but they should keep them in mind. For examples of preferences, see the Guide, part A7.

**Preferences** – use words like 'prefer' and 'would like'

I need more space – use Continuation sheet 2.

### Instructions

Your attorneys will have to follow your instructions exactly. For examples of instructions, see the Guide, part A7.

**Be careful** – if you give instructions that are not legally correct they would have to be removed before your LPA could be registered.



If you want to give instructions, you may want to take legal advice.

**Instructions** – use words like 'must' and 'have to'

I need more space – use Continuation sheet 2.

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**Changes to legislation:** There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)

## Section 8 Your legal rights and responsibilities

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### **!** Everyone signing the LPA must read this information

In sections 9 to 11, you, the certificate provider, all your attorneys and your replacement attorneys must sign this lasting power of attorney to form a legal agreement between you (a deed).

**By signing this lasting power of attorney, you (the donor) are appointing people (attorneys) to make decisions for you.**

**LPAs are governed by the Mental Capacity Act 2005 (MCA)**, regulations made under it and the MCA Code of Practice. Attorneys must have regard to these documents. The Code of Practice is available from [www.gov.uk/opg/mca-code](http://www.gov.uk/opg/mca-code) or from The Stationery Office.

**Your attorneys must follow the principles of the Mental Capacity Act:**

1. Your attorneys must assume that you can make your own decisions unless it is established that you cannot do so.
2. Your attorneys must help you to make as many of your own decisions as you can. They must take all practical steps to help you to make a decision. They can only treat you as unable to make a decision if they have not succeeded in helping you make a decision through those steps.
3. Your attorneys must not treat you as unable to make a decision simply because you make an unwise decision.
4. Your attorneys must act and make decisions in your best interests when you are unable to make a decision.
5. Before your attorneys make a decision or act for you, they must consider whether they can make the decision or act in a way that is less restrictive of your rights and freedom but still achieves the purpose.

**Your attorneys must always act in your best interests.** This is explained in the Application guide, part A8, and defined in the MCA Code of Practice.

**Before this LPA can be used:**

- it must be registered by the Office of the Public Guardian (OPG)
- it may be limited to when you don't have mental capacity, according to your choice in section 5

**Cancelling your LPA:** You can cancel this LPA at any time, as long as you have mental capacity to do so. It doesn't matter if the LPA has been registered or not. For more information, see the Guide, part D.

**Your will and your LPA:** Your attorneys cannot use this LPA to change your will. This LPA will expire when you die. Your attorneys must then send the registered LPA, any certified copies and a copy of your death certificate to the Office of the Public Guardian.

**Data protection:** For information about how OPG uses your personal data, see the Guide, part D.



For help with this section, see the Guide, part A8.

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## Section 9 Signature: donor

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**By signing on this page I confirm all of the following:**

- I have read this lasting power of attorney (LPA) including section 8 'Your legal rights and responsibilities', or I have had it read to me
- I appoint and give my attorneys authority to make decisions about my property and financial affairs, including when I cannot act for myself because I lack mental capacity, subject to the terms of this LPA and to the provisions of the Mental Capacity Act 2005
- I have either appointed people to notify (in section 6) or I have chosen not to notify anyone when the LPA is registered
- I agree to the information I've provided being used by the Office of the Public Guardian in carrying out its duties



### Be careful

Sign this page (and any continuation sheets) before anyone signs sections 10 and 11.

Donor	Witness												
Signed (or marked) by the person giving this lasting power of attorney and delivered as a deed.	The witness must not be an attorney or replacement attorney appointed under this LPA, and must be aged 18 or over.												
Signature or mark <input type="text"/>	Signature or mark <input type="text"/>												
Date signed or marked <table border="1"> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td>Day</td><td>Month</td><td>Year</td><td></td><td></td><td></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Day	Month	Year				Full name of witness <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								
Day	Month	Year											
If you have used Continuation sheets 1 or 2 you must sign and date each continuation sheet at the same time as you sign this page.  If you can't sign this LPA you can make a mark instead. If you can't sign or make a mark you can instruct someone else to sign for you, using Continuation sheet 3.	Address <input type="text"/> <input type="text"/> <input type="text"/>												
	Postcode <input type="text"/>												



For help with this section, see the Guide, part A9.

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**Changes to legislation:** There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)

## Section 10 Signature: certificate provider

Helpline  
0300 456 0300



**!** Only sign this section after the donor has signed section 9

The 'certificate provider' signs to confirm they've discussed the lasting power of attorney (LPA) with the donor, that the donor understands what they're doing and that nobody is forcing them to do it. The 'certificate provider' should be either:

- someone who has known the donor personally for at least 2 years, such as a friend, neighbour, colleague or former colleague
- someone with relevant professional skills, such as the donor's GP, a healthcare professional or a solicitor

A certificate provider **can't** be one of the attorneys.



For help with this section, see the Guide, part A10.

### Certificate provider's statement

I certify that, as far as I'm aware, at the time of signing section 9:

- the donor understood the purpose of this LPA and the scope of the authority conferred under it
- no fraud or undue pressure is being used to induce the donor to create this LPA
- there is nothing else which would prevent this LPA from being created by the completion of this instrument

By signing this section I confirm that:

- I am aged 18 or over
- I have read this LPA, including section 8 'Your legal rights and responsibilities'
- there is no restriction on my acting as a certificate provider
- the donor has chosen me as someone who has known them personally for at least 2 years **OR**
- the donor has chosen me as a person with relevant professional skills and expertise

**Restrictions** – the certificate provider must not be:

- an attorney or replacement attorney named in this LPA or any other LPA or enduring power of attorney for the donor
- a member of the donor's family or of one of the attorneys' families, including husbands, wives, civil partners, in-laws and step-relatives
- an unmarried partner, boyfriend or girlfriend of either the donor or one of the attorneys (whether or not they live at the same address)
- the donor's or an attorney's business partner
- the donor's or an attorney's employee
- an owner, manager, director or employee of a care home where the donor lives

**Certificate provider**

Title  First names

Last name

Address

Postcode

Signature or mark

Date signed or marked

Day   Month   Year

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## Section 11

### Signature: attorney or replacement

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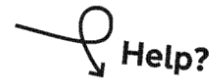
**!** Only sign this section after the certificate provider has signed section 10

All the attorneys and replacement attorneys need to sign.  
There are 4 copies of this page – make more copies if you need to.

**By signing this section I understand and confirm all of the following:**

- I am aged 18 or over
- I have read this lasting power of attorney (LPA) including section 8 'Your legal rights and responsibilities', or I have had it read to me
- I have a duty to act based on the principles of the Mental Capacity Act 2005 and to have regard to the Mental Capacity Act Code of Practice
- I must make decisions and act in the best interests of the donor
- I must take into account any instructions or preferences set out in this LPA
- I can make decisions and act only when this LPA has been registered and at the time indicated in section 5 of this LPA

**Further statement by a replacement attorney:** I understand that I have the authority to act under this LPA only after an original attorney's appointment is terminated. I must notify the Public Guardian if this happens.



**Help?**  
For help with this section, see the Guide, part A11.

Attorney or replacement attorney	Witness
Signed (or marked) by the attorney or replacement attorney and delivered as a deed.	The witness must not be the donor of this LPA, and must be aged 18 or over.
Signature or mark <input type="text"/>	Signature or mark <input type="text"/>
Date signed or marked Day: <input type="text"/> <input type="text"/> Month: <input type="text"/> <input type="text"/> Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Full names of witness <input type="text"/>
Title: <input type="text"/> First names: <input type="text"/>	Address <input type="text"/> <input type="text"/> <input type="text"/>
Last name: <input type="text"/>	Postcode: <input type="text"/>

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## Section 11 Signature: attorney or replacement

Helpline  
0300 456 0300



**!** Only sign this section after the certificate provider has signed section 10

All the attorneys and replacement attorneys need to sign.  
There are 4 copies of this page – make more copies if you need to.

**By signing this section I understand and confirm all of the following:**

- I am aged 18 or over
- I have read this lasting power of attorney (LPA) including section 8 'Your legal rights and responsibilities', or I have had it read to me
- I have a duty to act based on the principles of the Mental Capacity Act 2005 and to have regard to the Mental Capacity Act Code of Practice
- I must make decisions and act in the best interests of the donor
- I must take into account any instructions or preferences set out in this LPA
- I can make decisions and act only when this LPA has been registered and at the time indicated in section 5 of this LPA



**Help?**  
For help with this section, see the Guide, part A11.

**Further statement by a replacement attorney:** I understand that I have the authority to act under this LPA only after an original attorney's appointment is terminated. I must notify the Public Guardian if this happens.

<p><b>Attorney or replacement attorney</b></p> <p>Signed (or marked) by the attorney or replacement attorney and delivered as a deed.</p> <p>Signature or mark</p> <input type="text"/> <p>Date signed or marked</p> <table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Day</td> <td>Month</td> <td colspan="4">Year</td> </tr> </table> <p>Title      First names</p> <table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> <p>Last name</p> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Day	Month	Year				<input type="text"/>	<input type="text"/>	<p><b>Witness</b></p> <p>The witness must not be the donor of this LPA, and must be aged 18 or over.</p> <p>Signature or mark</p> <input type="text"/> <p>Full names of witness</p> <input type="text"/> <p>Address</p> <input type="text"/> <input type="text"/> <input type="text"/> <p>Postcode</p> <input type="text"/>
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Day	Month	Year													
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## Section 11 Signature: attorney or replacement

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**!** Only sign this section after the certificate provider has signed section 10

All the attorneys and replacement attorneys need to sign.  
There are 4 copies of this page – make more copies if you need to.

**By signing this section I understand and confirm all of the following:**

- I am aged 18 or over
- I have read this lasting power of attorney (LPA) including section 8 'Your legal rights and responsibilities', or I have had it read to me
- I have a duty to act based on the principles of the Mental Capacity Act 2005 and to have regard to the Mental Capacity Act Code of Practice
- I must make decisions and act in the best interests of the donor
- I must take into account any instructions or preferences set out in this LPA
- I can make decisions and act only when this LPA has been registered and at the time indicated in section 5 of this LPA



**Help?**  
For help with this section, see the Guide, part A11.

**Further statement by a replacement attorney:** I understand that I have the authority to act under this LPA only after an original attorney's appointment is terminated. I must notify the Public Guardian if this happens.

<p><b>Attorney or replacement attorney</b></p> <p>Signed (or marked) by the attorney or replacement attorney and delivered as a deed.</p> <p>Signature or mark</p> <input type="text"/> <p>Date signed or marked</p> <table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Day</td> <td>Month</td> <td colspan="4">Year</td> </tr> </table> <p>Title      First names</p> <table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> <p>Last name</p> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Day	Month	Year				<input type="text"/>	<input type="text"/>	<p><b>Witness</b></p> <p>The witness must not be the donor of this LPA, and must be aged 18 or over.</p> <p>Signature or mark</p> <input type="text"/> <p>Full names of witness</p> <input type="text"/> <p>Address</p> <input type="text"/> <input type="text"/> <input type="text"/> <p>Postcode</p> <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>										
Day	Month	Year													
<input type="text"/>	<input type="text"/>														

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## Section 11 Signature: attorney or replacement

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**!** Only sign this section after the certificate provider has signed section 10

All the attorneys and replacement attorneys need to sign.  
There are 4 copies of this page – make more copies if you need to.

**By signing this section I understand and confirm all of the following:**

- I am aged 18 or over
- I have read this lasting power of attorney (LPA) including section 8 'Your legal rights and responsibilities', or I have had it read to me
- I have a duty to act based on the principles of the Mental Capacity Act 2005 and to have regard to the Mental Capacity Act Code of Practice
- I must make decisions and act in the best interests of the donor
- I must take into account any instructions or preferences set out in this LPA
- I can make decisions and act only when this LPA has been registered and at the time indicated in section 5 of this LPA



**Help?**  
For help with this section, see the Guide, part A11.

**Further statement by a replacement attorney:** I understand that I have the authority to act under this LPA only after an original attorney's appointment is terminated. I must notify the Public Guardian if this happens.

<p><b>Attorney or replacement attorney</b></p> <p>Signed (or marked) by the attorney or replacement attorney and delivered as a deed.</p> <p>Signature or mark</p> <input type="text"/> <p>Date signed or marked</p> <table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> <p>Day      Month      Year</p> <p>Title      First names</p> <table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> <p>Last name</p> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<p><b>Witness</b></p> <p>The witness must not be the donor of this LPA, and must be aged 18 or over.</p> <p>Signature or mark</p> <input type="text"/> <p>Full names of witness</p> <input type="text"/> <p>Address</p> <input type="text"/> <input type="text"/> <input type="text"/> <p>Postcode</p> <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
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Only valid with the official stamp here.

LPIF Property and financial  
affairs (04.15)

15



**Changes to legislation:** There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)

Helpline  
0300 456 0300



## Now register your LPA

Before the LPA can be used, it **must** be registered by the Office of the Public Guardian (OPG). Continue filling in this form to register the LPA. See part B of the Guide.

### People to notify

If there are any 'people to notify' listed in section 6, you must notify them that you are registering the LPA now. See part C of the Guide.

Fill in and send each of them a copy of the form to notify people – LP3.

When you sign section 15 of this form, you are confirming that you've sent forms to the 'people to notify'.

### Register now

You do not have to register immediately, but it's a good idea in case you've made any mistakes. If you delay until after the donor loses mental capacity, it will be impossible to fix any errors. This could make the whole LPA invalid and it will not be possible to register or use it.



L

16



**Changes to legislation:** There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)

# Register your lasting power of attorney

Helpline  
0300 456 0300



## Section 12 The applicant

You can only apply to register if you are either the donor or attorney(s) for this LPA. The donor and attorney(s) should not apply together.

**Who is applying to register the LPA? (tick one only)**

- Donor** – the donor needs to sign section 15
- Attorney(s)** – If the attorneys were appointed jointly (in section 3) then they **all** need to sign section 15. Otherwise, only one of the attorneys needs to sign



**Help?**  
For help with this section, see the Guide, part B2.

Write the name and date of birth for each attorney that is applying to register the LPA. Don't include any attorneys who are not applying.

<p>Title <input type="text"/> First names <input type="text"/></p> <p>Last name <input type="text"/></p> <p>Date of birth</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Day      Month      Year</p>	<p>Title <input type="text"/> First names <input type="text"/></p> <p>Last name <input type="text"/></p> <p>Date of birth</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Day      Month      Year</p>
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## Section 13

### Who do you want to receive the LPA?

Helpline  
0300 456 0300



We need to know who to send the LPA to once it is registered. We might also need to contact someone with questions about the application.

**We already have the addresses** of the donor and attorneys, so you don't have to repeat any of those here, unless they have changed.

#### Who would you like to receive the LPA and any correspondence?

- The donor**
- An attorney** (write name below)
- Other** (write name and address below)

Title      First names  
     

Last name

Company (optional)

Address

Postcode



For help with this section, see the Guide, part B3.

#### How would the person above prefer to be contacted?

You can choose more than one.

- Post**
- Phone**
- Email**
- Welsh** (we will write to the person in Welsh)

**Changes to legislation:** There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)

## Section 14 Application fee

Helpline  
0300 456 0300



There's a fee for registering a lasting power of attorney – the amount is shown on the cover sheet of this form or on form LPA120.

The fee changes from time to time. You can check you are paying the correct amount at [www.gov.uk/power-of-attorney/how-much-it-costs](http://www.gov.uk/power-of-attorney/how-much-it-costs) or call 0300 456 0300. The Office of the Public Guardian can't register your LPA until you have paid the fee.

### How would you like to pay?

**Card** For security, **don't** write your credit or debit card details here. We'll contact you to process the payment.

Your phone number

**Cheque** Enclose a cheque with your application.



For help with this section, see the Guide, part B4.

### Reduced application fee

If the donor has a low income, you may not have to pay the full amount. See the Guide, part B4 for details.

**I want to apply to pay a reduced fee**  
You'll need to fill in form LPA120 and include it with your application.  
You'll also **need to send proof** that the donor is eligible to pay a reduced fee.

### Are you making a repeat application?

If you've already applied to register an LPA and the Office of the Public Guardian said that it was not possible to register it, you can apply again within 3 months and pay a reduced fee.

**I'm making a repeat application**

Case number

### For OPG office use only

Payment reference

Payment date

Day

Month

Year

Amount

LPIF Register your LPA (04.15)

**Changes to legislation:** There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)

## Section 15 Signature

Helpline  
0300 456 0300



**Do not sign this section until after sections 9, 10 and 11 have been signed.**



The person applying to register the LPA (see section 12) must sign and date this section. This is either the donor or attorney(s) but not both together.

If the **attorneys** are applying to register the LPA and they were appointed to act **jointly** (in section 3), they must all sign.

**By signing this section I confirm the following:**

- I apply to register the LPA that accompanies this application
- I have informed 'people to notify' named in section 6 of the LPA (if any) of my intention to register the LPA
- I certify that the information in this form is correct to the best of my knowledge and belief



For help with this section, see the Guide, part B5.

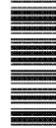
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Day	Month	Year																							

If more than 4 attorneys need to sign, make copies of this page.

**Changes to legislation:** There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)

## Continuation sheet 1 Additional people

Helpline  
0300 456 0300



Use this page if told to in section 2, 4 or 6 of the lasting power of attorney form.

**If you use this page, you must sign it.**



For help with this section, see the Guide, parts A2, A4 and A6.

<input type="checkbox"/> <b>Attorney</b> LPA section 2	<input type="checkbox"/> <b>Attorney</b> LPA section 2
<input type="checkbox"/> <b>Replacement attorney</b> LPA section 4	<input type="checkbox"/> <b>Replacement attorney</b> LPA section 4
<input type="checkbox"/> <b>Person to notify</b> LPA section 6	<input type="checkbox"/> <b>Person to notify</b> LPA section 6
Title First names <input type="text"/>	Title First names <input type="text"/>
Last name <input type="text"/>	Last name <input type="text"/>
Date of birth (not required for 'person to notify') Day Month Year <input type="text"/>	Date of birth (not required for 'person to notify') Day Month Year <input type="text"/>
Address <input type="text"/>	Address <input type="text"/>
Postcode <input type="text"/>	Postcode <input type="text"/>
Email address (optional) <input type="text"/>	Email address (optional) <input type="text"/>

**Donor**  
You must sign here before you sign section 9 of the LPA, or on the same day.

Full name

Signature or mark

Date signed or marked  
Day Month Year

Only valid with the official stamp here. LPC Continuation sheet 1 (04.15)

**Changes to legislation:** There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)

## Continuation sheet 1 Additional people

Helpline  
0300 456 0300



Use this page if told to in section 2, 4 or 6 of the lasting power of attorney form.

**If you use this page, you must sign it.**

**Help?**

For help with this section, see the Guide, parts A2, A4 and A6.

<input type="checkbox"/> <b>Attorney</b> LPA section 2	<input type="checkbox"/> <b>Attorney</b> LPA section 2	
<input type="checkbox"/> <b>Replacement attorney</b> LPA section 4	<input type="checkbox"/> <b>Replacement attorney</b> LPA section 4	
<input type="checkbox"/> <b>Person to notify</b> LPA section 6	<input type="checkbox"/> <b>Person to notify</b> LPA section 6	
Title	First names	
<input type="text"/>	<input type="text"/>	
Last name		
<input type="text"/>		
Date of birth (not required for 'person to notify')		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year
Address		
<input type="text"/>		
<input type="text"/>		
Postcode	<input type="text"/>	
Email address (optional)		
<input type="text"/>		

**Donor**

You must sign here before you sign section 9 of the LPA, or on the same day.

Full name

Signature or mark

Date signed or marked

|  || Day | Month | Year |

Only valid with the official stamp here. LPC Continuation sheet 1 (04.15)

**Changes to legislation:** There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)

## Continuation sheet 2 Additional information

Helpline  
0300 456 0300



Use this page if told to in section 3, 4 or 7 of the lasting power of attorney form.



**If you use this page, you must sign it.**

### What additional information are you providing?

Use a fresh copy of this page for each type of additional information

- Decisions attorneys should make jointly** LPA section 3
- How replacement attorneys step in and act** LPA section 4
- Preferences** LPA section 7
- Instructions** LPA section 7



For help with this section, see the Guide, parts A3, A4 and A7.

### Donor

You must sign here before you sign section 9 of the LPA, or on the same day.

Full name

Signature or mark

Date signed or marked

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Day

Month

Year

Only valid with the official stamp here.

LPC Continuation sheet 2 (04.15)



**Changes to legislation:** There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)

## Continuation sheet 2 Additional information

Helpline  
0300 456 0300



Use this page if told to in section 3, 4 or 7 of the lasting power of attorney form.

**If you use this page, you must sign it.**

### What additional information are you providing?

Use a fresh copy of this page for each type of additional information

- Decisions attorneys should make jointly** LPA section 3
- How replacement attorneys step in and act** LPA section 4
- Preferences** LPA section 7
- Instructions** LPA section 7



**Help?**

For help with this section, see the Guide, parts A3, A4 and A7.

### Donor

You must sign here before you sign section 9 of the LPA, or on the same day.

Full name

Signature or mark

Date signed or marked

--	--	--	--	--	--

Day

Month

Year

Only valid with the official stamp here.

LPC Continuation sheet 2 (04.15)

**Changes to legislation:** There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)

### Continuation sheet 3 If the donor cannot sign or mark

Helpline  
0300 456 0300



Only fill in this page if the donor cannot sign or make a mark in section 9 of the lasting power of attorney form

<p><b>Donor</b></p> <p>Full name</p> <input type="text"/>	<p><b>Witnesses</b></p> <p>Witnesses must <b>not</b> be attorneys or replacement attorneys appointed under this LPA and must be aged 18 or over.</p> <p>Signature or mark of first witness</p> <input type="text"/> <p>Full name of first witness</p> <input type="text"/> <p>Address of first witness</p> <input type="text"/> <input type="text"/> <input type="text"/> <p>Postcode</p> <input type="text"/> <p>Signature or mark of second witness</p> <input type="text"/> <p>Full name of second witness</p> <input type="text"/> <p>Address of second witness</p> <input type="text"/> <input type="text"/> <input type="text"/> <p>Postcode</p> <input type="text"/>												
<p><b>Signatory</b></p> <p>You must:</p> <ul style="list-style-type: none"> <li>• sign in the donor's presence and in the presence of 2 witnesses</li> <li>• sign in your own name</li> <li>• not also be a witness to this LPA</li> <li>• sign any copies of Continuation Sheet 1 and 2 used in this LPA at the same time</li> </ul> <p>If the LPA is for health and care decisions:</p> <ul style="list-style-type: none"> <li>• you must also sign and date either Option A or Option B of Section 5, as directed by the donor</li> <li>• your signature in Section 5 must be witnessed</li> </ul> <p>Signed as a deed and delivered in the presence of and at the direction of the person giving this lasting power of attorney and in the presence of two witnesses.</p> <p>Signature or mark</p> <input type="text"/> <p>Full name of person signing</p> <input type="text"/> <p>Date signed or marked</p> <table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Day</td> <td>Month</td> <td>Year</td> <td></td> <td></td> <td></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Day	Month	Year				
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For help with this section, see the Guide, part A9.

Only valid with the official stamp here. LPC Continuation sheet 3 (04.15)

## Continuation sheet 4 Trust corporation appointed as an attorney

Helpline  
0300 456 0300



**Only use this page if the donor has appointed a trust corporation as an attorney or replacement attorney**

**By execution of this deed the trust corporation understands and confirms all of the following:**

- It has read this lasting power of attorney (LPA), including section 8 'Your legal rights and responsibilities'.
- It has a duty to act based on the principles of the Mental Capacity Act 2005 and to have regard to the Mental Capacity Act Code of Practice.
- It can make decisions and act only when this LPA has been registered.
- It must make decisions and act in the best interests of the person giving this LPA.
- It is not going through winding-up proceedings.
- It can spend money to make gifts but only to charities or on customary occasions such as birthdays, and for reasonable amounts, with regard to size of the donor's estate.
- It has a duty to keep accounts and financial records and produce them to the Office of the Public Guardian or to the Court of Protection on request.
- It can make decisions and act regarding the donor's property and financial affairs only at the time indicated in section 5 of this LPA.

**Further statement by a trust corporation acting as a replacement attorney:** It has the authority to act under this LPA only after an original attorney's appointment is terminated. It must notify the Public Guardian if that happens.

**Help?** → For help with this section, see the Guide, part A11.

Company registration number

I/We are authorised to sign on behalf of the trust corporation acting as attorney whose details are given in this continuation sheet to this lasting power of attorney.

**Signed as a deed and delivered by:**

Signature of first authorised person

Full name of first authorised person

Date signed or marked

Day Month Year

Signature of second authorised person (if required)

Full name of second authorised person (if required)

Date signed or marked (if required)

Day Month Year

Only valid with the official stamp here.

LPC Continuation sheet 4 (04.15)

**Changes to legislation:** There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)

## PART 2

### Form of Lasting Power of Attorney for Health and Welfare (Form LP1H)



Office of the  
Public Guardian

Helpline  
0300 456 0300



# Lasting power of attorney for health and welfare

## Section 1 The donor

You are appointing other people to make decisions on your behalf.  
You are 'the donor'.

**Restrictions** – you must be at least 18 years old and be able to understand and make decisions for yourself (called 'mental capacity').



**Help?**  
For help with this section, see the Guide, part A1.

**If you are filling this in for a friend or relative** and they can no longer make decisions independently, they can't make an LPA. See the Guide 'Before you start' for more information.

Title  First names

Last name

Any other names you're known by (optional – eg your married name)

Date of birth

Day Month Year

Address

Postcode

Email address (optional)

### For OPG office use only

LPA registration date

Day Month Year

OPG reference number

Only valid with the official stamp here.

LP1H Health and welfare (04.15)

**Changes to legislation:** There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)

## Section 2 The attorneys

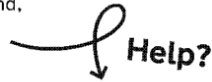
The people you choose to make decisions for you are called your 'attorneys'. Your attorneys don't need special legal knowledge or training. They should be people you trust and know well. Common choices include your husband, wife or partner, son or daughter, or your best friend.

**You need at least one attorney, but you can have more.**

You'll also be able to choose 'replacement attorneys' in section 4. They can step in if one of the attorneys you appoint here can no longer act for you.

**Restrictions** – Attorneys must be at least 18 years old and must have mental capacity to make decisions.

Helpline  
0300 456 0300



For help with this section, see the Guide, part A2.

Title	First names	
<input type="text"/>	<input type="text"/>	
Last name		
<input type="text"/>		
Date of birth		
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Postcode		
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Email address (optional)		
<input type="text"/>		

Title	First names	
<input type="text"/>	<input type="text"/>	
Last name		
<input type="text"/>		
Date of birth		
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**Changes to legislation:** There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)

## Section 2 - continued

Helpline  
0300 456 0300



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Last name		
<input type="text"/>		
Date of birth		
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<input type="text"/>		
<input type="text"/>		
Postcode	<input type="text"/>	
Email address (optional)		
<input type="text"/>		

**More attorneys** – I want to appoint more than 4 attorneys. Use Continuation sheet 1.

Only valid with the official stamp here. LPIH Health and welfare (04.15)  
3

## Section 3

### How should your attorneys make decisions?

You need to choose whether your attorneys can make decisions on their own or must agree some or all decisions unanimously.

Whatever you choose, they must always act in your best interests.

**I only appointed one attorney** (turn to section 4)

**How do you want your attorneys to work together?** (tick one only)

**Jointly and severally**

Attorneys can make decisions on their own or together. Most people choose this option because it's the most practical. Attorneys can get together to make important decisions if they wish, but can make simple or urgent decisions on their own. It's up to the attorneys to choose when they act together or alone. It also means that if one of the attorneys dies or can no longer act, your LPA will still work.

If one attorney makes a decision, it has the same effect as if all the attorneys made that decision.

**Jointly**

Attorneys must agree unanimously on every decision, however big or small. Remember, some simple decisions could be delayed because it takes time to get the attorneys together. If your attorneys can't agree a decision, then they can only make that decision by going to court.

**Be careful** – if one attorney dies or can no longer act, all your attorneys become unable to act. This is because the law says a group appointed 'jointly' is a single unit. Your LPA will stop working unless you appoint at least one replacement attorney (in section 4).

**Jointly for some decisions, jointly and severally for other decisions**

Attorneys must agree unanimously on some decisions, but can make others on their own. If you choose this option, you must list the decisions your attorneys should make jointly and agree unanimously on Continuation sheet 2. The wording you use is important. There are examples in the Guide, part A3.

**Be careful** – if one of your attorneys dies or can no longer act, none of your attorneys will be able to make any of the decisions you've said should be made jointly. Your LPA will stop working for those decisions unless you appoint at least one replacement attorney (in section 4). Your original attorneys will still be able to make any of the other decisions alongside your replacement attorneys.

Helpline  
0300 456 0300



For help with this section, see the Guide, part A3.



If you choose 'jointly for some decisions...', you may want to take legal advice, particularly if the examples in part A3 of the Guide don't match your needs.

Only valid with the official stamp here.

LPIH Health and welfare (04.15)

4

**Changes to legislation:** There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)

## Section 4 Replacement attorneys

Helpline  
0300 456 0300



**This section is optional, but we recommend you consider it**

Replacement attorneys are a backup in case one of your original attorneys can't make decisions for you any more.

**Reasons replacement attorneys step in** – if one of your original attorneys dies, loses capacity, no longer wants to be your attorney or is no longer legally your husband, wife or civil partner.

**Restrictions** – replacement attorneys must be at least 18 years old and have mental capacity to make decisions.



**Help?**  
For help with this section, see the Guide, part A4.

Title  First names

Last name

Date of birth

Day Month Year

Address

Postcode

Title  First names

Last name

Date of birth

Day Month Year

Address

Postcode

**More replacements** – I want to appoint more than two replacements. Use Continuation sheet 1.

### When and how your replacement attorneys can act

Replacement attorneys usually step in when one of your **original** attorneys stops acting for you. If there's more than one **replacement** attorney, they will all step in at once. If they **fully** replace your original attorney(s) at once, they will usually act jointly. You can change some aspects of this, but most people don't. See the Guide, part A4.



You should consider taking legal advice if you want to change how your replacement attorneys act.

I want to change when or how my attorneys can act (optional). Use Continuation sheet 2.

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LPIH Health and welfare (04.15)

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## Section 5 Life-sustaining treatment

Helpline  
0300 456 0300



### **!** This is an important part of your LPA.

You must choose whether your attorneys can give or refuse consent to life-sustaining treatment on your behalf.

Life-sustaining treatment means care, surgery, medicine or other help from doctors that's needed to keep you alive, for example:

- a serious operation, such as a heart bypass or organ transplant
- cancer treatment
- artificial nutrition or hydration (food or water given other than by mouth)

Whether some treatments are life-sustaining depends on the situation. If you had pneumonia, a simple course of antibiotics could be life-sustaining.

Decisions about life-sustaining treatment can be needed in unexpected circumstances, such as a routine operation that didn't go as planned.

You can use section 7 of this LPA to let your attorneys know more about your preferences in particular circumstances (this is optional).



**Help?**  
For help with this section, including how your LPA relates to an 'advance decision', see the Guide, part A5.

### Who do you want to make decisions about life-sustaining treatment? (sign only one option)

**Option A – I give my attorneys authority**  
to give or refuse consent to life-sustaining treatment on my behalf.

If you choose this option, your attorneys can speak to doctors on your behalf as if they were you.

Signature or mark

Date signed or marked

Day Month Year

**Option B – I do not give my attorneys authority**  
to give or refuse consent to life-sustaining treatment on my behalf.

If you choose this option, your doctors will take into account the views of the attorneys and of people who are interested in your welfare as well as any written statement you may have made, where it is practical and appropriate.

Signature or mark

Date signed or marked

Day Month Year

### Witness

The witness must not be an attorney or replacement attorney appointed under this LPA, and must be aged 18 or over.

Signature or mark

Full name of witness

Address

Postcode

Only valid with the official stamp here.

LPIH Health and welfare (04.15)

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**Changes to legislation:** There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)

## Section 6 People to notify when the LPA is registered

Helpline  
0300 456 0300



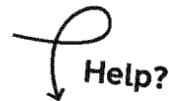
### This section is optional

You can let people know that you're going to register your LPA. They can raise any concerns they have about the LPA – for example, if there was any pressure or fraud in making it.

When the LPA is registered, the person applying to register (you or one of your attorneys) must send a notice to each 'person to notify'.

**You can't put your attorneys or replacement attorneys here.**

People to notify can object to the LPA, but only for certain reasons (listed in the notification form LP3). After that, they are no longer involved in the LPA. Choose people who care about your best interests and who would be willing to speak up if they were concerned.



For help with this section, see the Guide, part A6.

Title	First names
<input type="text"/>	<input type="text"/>
Last name	
<input type="text"/>	
Address	
<input type="text"/>	
<input type="text"/>	
Postcode	<input type="text"/>

Title	First names
<input type="text"/>	<input type="text"/>
Last name	
<input type="text"/>	
Address	
<input type="text"/>	
<input type="text"/>	
Postcode	<input type="text"/>

Title	First names
<input type="text"/>	<input type="text"/>
Last name	
<input type="text"/>	
Address	
<input type="text"/>	
<input type="text"/>	
Postcode	<input type="text"/>

Title	First names
<input type="text"/>	<input type="text"/>
Last name	
<input type="text"/>	
Address	
<input type="text"/>	
<input type="text"/>	
Postcode	<input type="text"/>

I want to appoint another person to notify (maximum is 5) – use Continuation sheet 1.

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LPIH Health and welfare (04.15)

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## Section 7 Preferences and instructions

Helpline  
0300 456 0300



### This section is optional

You can tell your attorneys how you'd **prefer** them to make decisions, or give them specific **instructions** which they must follow when making decisions.

Most people leave this page blank – you can just talk to your attorneys so they understand how you want them to make decisions for you.



### Preferences

Your attorneys don't have to follow your preferences but they should keep them in mind. For examples of preferences, see the Guide, part A7.

For help with this section, see the Guide, part A7.

**Preferences** – use words like 'prefer' and 'would like'

I need more space – use Continuation sheet 2.

### Instructions

Your attorneys will have to follow your instructions exactly. For examples of instructions, see the Guide, part A7.

**Be careful** – if you give instructions that are not legally correct they would have to be removed before your LPA could be registered.



If you want to give instructions, you may want to take legal advice.

**Instructions** – use words like 'must' and 'have to'

I need more space – use Continuation sheet 2.

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**Changes to legislation:** There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)

## Section 8 Your legal rights and responsibilities

Helpline  
0300 456 0300



### **!** Everyone signing the LPA must read this information

In sections 9 to 11, you, the certificate provider, all your attorneys and your replacement attorneys must sign this lasting power of attorney to form a legal agreement between you (a deed).

**By signing this lasting power of attorney, you (the donor) are appointing people (attorneys) to make decisions for you.**

**LPAs are governed by the Mental Capacity Act 2005 (MCA)**, regulations made under it and the MCA Code of Practice. Attorneys must have regard to these documents. The Code of Practice is available from [www.gov.uk/opp/mca-code](http://www.gov.uk/opp/mca-code) or from The Stationery Office.

**Your attorneys must follow the principles of the Mental Capacity Act:**

1. Your attorneys must assume that you can make your own decisions unless it is established that you cannot do so.
2. Your attorneys must help you to make as many of your own decisions as you can. They must take all practical steps to help you to make a decision. They can only treat you as unable to make a decision if they have not succeeded in helping you make a decision through those steps.
3. Your attorneys must not treat you as unable to make a decision simply because you make an unwise decision.
4. Your attorneys must act and make decisions in your best interests when you are unable to make a decision.
5. Before your attorneys make a decision or act for you, they must consider whether they can make the decision or act in a way that is less restrictive of your rights and freedom but still achieves the purpose.

**Your attorneys must always act in your best interests.** This is explained in the Application guide, part A8, and defined in the MCA Code of Practice.

**Before this LPA can be used** it must be registered by the Office of the Public Guardian (OPG). Your attorneys can only use this LPA if you don't have mental capacity.

**Cancelling your LPA:** You can cancel this LPA at any time, as long as you have mental capacity to do so. It doesn't matter if the LPA has been registered or not. For more information, see the Guide, part D.

**Your will and your LPA:** Your attorneys cannot use this LPA to change your will. This LPA will expire when you die. Your attorneys must then send the registered LPA, any certified copies and a copy of your death certificate to the Office of the Public Guardian.

**Data protection:** For information about how OPG uses your personal data, see the Guide, Part D.



**Help?**  
For help with this section, see the Guide, part A8.

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## Section 9 Signature: donor

Helpline  
0300 456 0300



**By signing on this page I confirm all of the following:**

- I have read this lasting power of attorney (LPA) including section 8 'Your legal rights and responsibilities', or I have had it read to me
- I appoint and give my attorneys authority to make decisions about my health and welfare, when I cannot act for myself because I lack mental capacity, subject to the terms of this LPA and to the provisions of the Mental Capacity Act 2005
- I confirm I have chosen either Option A or Option B about life sustaining treatment in section 5 of this LPA
- I have either appointed people to notify (in section 6) or I have chosen not to notify anyone when the LPA is registered
- I agree to the information I've provided being used by the Office of the Public Guardian in carrying out its duties



### Be careful

Sign this page and page 5 (and any continuation sheets) before anyone signs sections 10 and 11.

Donor	Witness												
Signed (or marked) by the person giving this lasting power of attorney and delivered as a deed.	The witness must not be an attorney or replacement attorney appointed under this LPA, and must be aged 18 or over.												
Signature or mark <input type="text"/>	Signature or mark <input type="text"/>												
Date signed or marked <table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Day</td> <td>Month</td> <td colspan="2">Year</td> <td colspan="2"></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Day	Month	Year				Full name of witness <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								
Day	Month	Year											
You must also sign Section 5 (page 6) at the same time as you sign this page.	Address <input type="text"/> <input type="text"/> <input type="text"/>												
If you have used Continuation sheets 1 or 2 you must sign and date each continuation sheet at the same time as you sign this page.	Postcode <input type="text"/>												
If you can't sign this LPA you can make a mark instead. If you can't sign or make a mark you can instruct someone else to sign for you, using Continuation sheet 3.	<b>Help?</b> For help with this section, see the Guide, part A9.												

**Changes to legislation:** There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)

## Section 10 Signature: certificate provider

Helpline  
0300 456 0300



**!** Only sign this section after the donor has signed section 9

The 'certificate provider' signs to confirm they've discussed the lasting power of attorney (LPA) with the donor, that the donor understands what they're doing and that nobody is forcing them to do it. The 'certificate provider' should be either:

- someone who has known the donor personally for at least 2 years, such as a friend, neighbour, colleague or former colleague
- someone with relevant professional skills, such as the donor's GP, a healthcare professional or a solicitor

A certificate provider **can't** be one of the attorneys.



For help with this section, see the Guide, part A10.

### Certificate provider's statement

I certify that, as far as I'm aware, at the time of signing section 9:

- the donor understood the purpose of this LPA and the scope of the authority conferred under it
- no fraud or undue pressure is being used to induce the donor to create this LPA
- there is nothing else which would prevent this LPA from being created by the completion of this instrument

By signing this section I confirm that:

- I am aged 18 or over
- I have read this LPA, including section 8 'Your legal rights and responsibilities'
- there is no restriction on my acting as a certificate provider
- the donor has chosen me as someone who has known them personally for at least 2 years **OR**
- the donor has chosen me as a person with relevant professional skills and expertise

**Restrictions** – the certificate provider must not be:

- an attorney or replacement attorney named in this LPA or any other LPA or enduring power of attorney for the donor
- a member of the donor's family or of one of the attorneys' families, including husbands, wives, civil partners, in-laws and step-relatives
- an unmarried partner, boyfriend or girlfriend of either the donor or one of the attorneys (whether or not they live at the same address)
- the donor's or an attorney's business partner
- the donor's or an attorney's employee
- an owner, manager, director or employee of a care home where the donor lives

**Certificate provider**

Title  First names

Last name

Address

Postcode

Signature or mark

Date signed or marked

Day   Month   Year

Only valid with the official stamp here.

LPIH Health and welfare (04.15)

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## Section 11 Signature: attorney or replacement

Helpline  
0300 456 0300

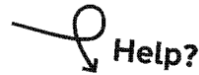


**!** Only sign this section after the certificate provider has signed section 10

All the attorneys and replacement attorneys need to sign.  
There are 4 copies of this page – make more copies if you need to.

**By signing this section I understand and confirm all of the following:**

- I am aged 18 or over
- I have read this lasting power of attorney (LPA) including section 8 'Your legal rights and responsibilities', or I have had it read to me
- I have a duty to act based on the principles of the Mental Capacity Act 2005 and to have regard to the Mental Capacity Act Code of Practice
- I must make decisions and act in the best interests of the donor
- I must take into account any instructions or preferences set out in this LPA
- I can make decisions and act only when this LPA has been registered
- I can make decisions and act only when the donor lacks mental capacity.



For help with this section, see the Guide, part A11.

**Further statement by a replacement attorney:** I understand that I have the authority to act under this LPA only after an original attorney's appointment is terminated. I must notify the Public Guardian if this happens.

Attorney or replacement attorney	Witness												
Signed (or marked) by the attorney or replacement attorney and delivered as a deed.	The witness must not be the donor of this LPA, and must be aged 18 or over.												
Signature or mark <input type="text"/>	Signature or mark <input type="text"/>												
Date signed or marked <table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Day</td> <td>Month</td> <td colspan="4">Year</td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Day	Month	Year				Full names of witness <input type="text"/>
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Last name <input type="text"/>	Postcode <input type="text"/>												

**Changes to legislation:** There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)

## Section 11 Signature: attorney or replacement

Helpline  
0300 456 0300

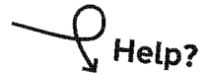


**!** Only sign this section after the certificate provider has signed section 10

All the attorneys and replacement attorneys need to sign.  
There are 4 copies of this page – make more copies if you need to.

**By signing this section I understand and confirm all of the following:**

- I am aged 18 or over
- I have read this lasting power of attorney (LPA) including section 8 'Your legal rights and responsibilities', or I have had it read to me
- I have a duty to act based on the principles of the Mental Capacity Act 2005 and to have regard to the Mental Capacity Act Code of Practice
- I must make decisions and act in the best interests of the donor
- I must take into account any instructions or preferences set out in this LPA
- I can make decisions and act only when this LPA has been registered
- I can make decisions and act only when the donor lacks mental capacity.



**Help?**  
For help with this section, see the Guide, part A11.

**Further statement by a replacement attorney:** I understand that I have the authority to act under this LPA only after an original attorney's appointment is terminated. I must notify the Public Guardian if this happens.

Attorney or replacement attorney	Witness												
Signed (or marked) by the attorney or replacement attorney and delivered as a deed.	The witness must not be the donor of this LPA, and must be aged 18 or over.												
Signature or mark <input type="text"/>	Signature or mark <input type="text"/>												
Date signed or marked <table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Day</td> <td>Month</td> <td>Year</td> <td></td> <td></td> <td></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Day	Month	Year				Full names of witness <input type="text"/>
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Day	Month	Year											
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First names <input type="text"/>	<input type="text"/>												
Last name <input type="text"/>	Postcode <input type="text"/>												

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## Section 11 Signature: attorney or replacement

Helpline  
0300 456 0300

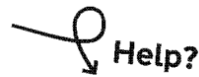


**!** Only sign this section after the certificate provider has signed section 10

All the attorneys and replacement attorneys need to sign.  
There are 4 copies of this page – make more copies if you need to.

**By signing this section I understand and confirm all of the following:**

- I am aged 18 or over
- I have read this lasting power of attorney (LPA) including section 8 'Your legal rights and responsibilities', or I have had it read to me
- I have a duty to act based on the principles of the Mental Capacity Act 2005 and to have regard to the Mental Capacity Act Code of Practice
- I must make decisions and act in the best interests of the donor
- I must take into account any instructions or preferences set out in this LPA
- I can make decisions and act only when this LPA has been registered
- I can make decisions and act only when the donor lacks mental capacity.



For help with this section, see the Guide, part A11.

**Further statement by a replacement attorney:** I understand that I have the authority to act under this LPA only after an original attorney's appointment is terminated. I must notify the Public Guardian if this happens.

Attorney or replacement attorney	Witness												
Signed (or marked) by the attorney or replacement attorney and delivered as a deed.	The witness must not be the donor of this LPA, and must be aged 18 or over.												
Signature or mark <input type="text"/>	Signature or mark <input type="text"/>												
Date signed or marked <table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Day</td> <td>Month</td> <td>Year</td> <td></td> <td></td> <td></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Day	Month	Year				Full names of witness <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								
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**Changes to legislation:** There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)

## Section 11 Signature: attorney or replacement

Helpline  
0300 456 0300

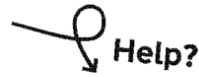


**!** Only sign this section after the certificate provider has signed section 10

All the attorneys and replacement attorneys need to sign.  
There are 4 copies of this page – make more copies if you need to.

**By signing this section I understand and confirm all of the following:**

- I am aged 18 or over
- I have read this lasting power of attorney (LPA) including section 8 'Your legal rights and responsibilities', or I have had it read to me
- I have a duty to act based on the principles of the Mental Capacity Act 2005 and to have regard to the Mental Capacity Act Code of Practice
- I must make decisions and act in the best interests of the donor
- I must take into account any instructions or preferences set out in this LPA
- I can make decisions and act only when this LPA has been registered
- I can make decisions and act only when the donor lacks mental capacity.



**Help?**  
For help with this section, see the Guide, part A11.

**Further statement by a replacement attorney:** I understand that I have the authority to act under this LPA only after an original attorney's appointment is terminated. I must notify the Public Guardian if this happens.

Attorney or replacement attorney	Witness												
Signed (or marked) by the attorney or replacement attorney and delivered as a deed.	The witness must not be the donor of this LPA, and must be aged 18 or over.												
Signature or mark <input type="text"/>	Signature or mark <input type="text"/>												
Date signed or marked <table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Day</td> <td>Month</td> <td colspan="4">Year</td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Day	Month	Year				Full names of witness <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								
Day	Month	Year											
Title <input type="text"/>	Address <input type="text"/>												
First names <input type="text"/>	<input type="text"/>												
Last name <input type="text"/>	Postcode <input type="text"/>												

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**Changes to legislation:** There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)



## Now register your LPA

Before the LPA can be used, it **must** be registered by the Office of the Public Guardian (OPG). Continue filling in this form to register the LPA. See part C of the Guide.

### People to notify

If there are any 'people to notify' listed in section 6, you must notify them that you are registering the LPA now. See Part B of the Guide.

Fill in and send each of them a copy of the form to notify people – LP3.

When you sign section 15 of this form, you are confirming that you've sent forms to the 'people to notify'.

### Register now

You do not have to register immediately, but it's a good idea in case you've made any mistakes. If you delay until after the donor loses mental capacity, it will be impossible to fix any errors. This could make the whole LPA invalid and it will not be possible to register or use it.

**Changes to legislation:** There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)

# Register your lasting power of attorney

Helpline  
0300 456 0300



## Section 12 The applicant

You can only apply to register if you are the donor or attorney(s) for this LPA.  
The donor and attorney(s) should not apply together.

**Who is applying to register the LPA?** (tick one only)

- Donor** – the donor needs to sign section 15
- Attorney(s)** – If the attorneys were appointed jointly (in section 3) then they **all** need to sign in section 15. Otherwise, only one of the attorneys needs to sign



**Help?**  
For help with this section, see the Guide, part B2.

Write the name and date of birth for each attorney that is applying to register the LPA. Don't include any attorneys who are not applying.

<p>Title <input type="text"/></p> <p>First names <input type="text"/></p> <p>Last name <input type="text"/></p> <p>Date of birth</p> <p><input type="text"/> <input type="text"/> <input type="text"/> Day Month Year</p>	<p>Title <input type="text"/></p> <p>First names <input type="text"/></p> <p>Last name <input type="text"/></p> <p>Date of birth</p> <p><input type="text"/> <input type="text"/> <input type="text"/> Day Month Year</p>
<p>Title <input type="text"/></p> <p>First names <input type="text"/></p> <p>Last name <input type="text"/></p> <p>Date of birth</p> <p><input type="text"/> <input type="text"/> <input type="text"/> Day Month Year</p>	<p>Title <input type="text"/></p> <p>First names <input type="text"/></p> <p>Last name <input type="text"/></p> <p>Date of birth</p> <p><input type="text"/> <input type="text"/> <input type="text"/> Day Month Year</p>

**Changes to legislation:** There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)

## Section 13

### Who do you want to receive the LPA?

We need to know who to send the LPA to once it is registered. We might also need to contact someone with questions about the application.

**We already have the addresses** of the donor and attorneys, so you don't have to repeat any of those here, unless they have changed.

Helpline  
0300 456 0300



#### Who would you like to receive the LPA and any correspondence?

- The donor**
- An attorney** (write name below)
- Other** (write name and address below)

Title      First names  
     

Last name

Company (optional)

Address

Postcode



For help with this section, see the Guide, part B3.

#### How would the person above prefer to be contacted?

You can choose more than one.

- Post**
- Phone**
- Email**
- Welsh** (We will write to the person in Welsh)

**Changes to legislation:** There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)

## Section 14 Application fee

Helpline  
0300 456 0300



There's a fee for registering a lasting power of attorney – the amount is shown on the cover sheet of this form or on form LPA120.

The fee changes from time to time. You can check you are paying the correct amount at [www.gov.uk/power-of-attorney/how-much-it-costs](http://www.gov.uk/power-of-attorney/how-much-it-costs) or call 0300 456 0300. The Office of the Public Guardian can't register your LPA until you have paid the fee.

### How would you like to pay?

**Card** For security, **don't** write your credit or debit card details here. We'll contact you to process the payment.

Your phone number

**Cheque** Enclose a cheque with your application.



For help with this section, see the Guide, part B4.

### Reduced application fee

If the donor has a low income, you may not have to pay the full amount. See the Guide, part B4 for details.

**I want to apply to pay a reduced fee**

You'll need to fill in form LPA120 and include it with your application. You'll also **need to send proof** that the donor is eligible to pay a reduced fee.

### Are you making a repeat application?

If you've already applied to register an LPA and the Office of the Public Guardian said that it was not possible to register it, you can apply again within 3 months and pay a reduced fee.

**I'm making a repeat application**

Case number

### For OPG office use only

Payment reference

Payment date

Day

Month

Year

Amount


LPIH Register your LPA (04.15)

**Changes to legislation:** There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)

## Section 15 Signature

Helpline  
0300 456 0300



 Do not sign this section until after sections 9, 10 and 11 have been signed.



The person applying to register the LPA (see section 12) must sign and date this section. This is either the donor or attorney(s) but not both together.

If the **attorneys** are applying to register the LPA and they were appointed to act **jointly** (in section 3), they must all sign.

**By signing this section I confirm the following:**

- I apply to register the LPA that accompanies this application
- I have informed 'people to notify' named in section 6 of the LPA (if any) of my intention to register the LPA
- I certify that the information in this form is correct to the best of my knowledge and belief



For help with this section, see the Guide, part B5.

<p>Signature or mark</p> <input type="text"/>	<p>Signature or mark</p> <input type="text"/>																								
<p>Date signed</p> <table><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>Day</td><td>Month</td><td colspan="2">Year</td><td colspan="2"></td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Day	Month	Year				<p>Date signed</p> <table><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>Day</td><td>Month</td><td colspan="2">Year</td><td colspan="2"></td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Day	Month	Year			
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Day	Month	Year																							

If more than 4 attorneys need to sign, make copies of this page.

**Changes to legislation:** There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)

## Continuation sheet 1 Additional people

Helpline  
0300 456 0300



Use this page if told to in section 2, 4 or 6 of the lasting power of attorney form.

**If you use this page, you must sign it.**



For help with this section, see the Guide, parts A2, A4 and A6.

<input type="checkbox"/> <b>Attorney</b> LPA section 2 <input type="checkbox"/> <b>Replacement attorney</b> LPA section 4 <input type="checkbox"/> <b>Person to notify</b> LPA section 6 <p>Title      First names</p> <p><input type="text"/>      <input type="text"/></p> <p>Last name</p> <p><input type="text"/></p> <p>Date of birth (not required for 'person to notify')</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Day      Month      Year</p> <p>Address</p> <p><input type="text"/></p> <p><input type="text"/></p> <p>Postcode <input type="text"/></p> <p>Email address (optional)</p> <p><input type="text"/></p>	<input type="checkbox"/> <b>Attorney</b> LPA section 2 <input type="checkbox"/> <b>Replacement attorney</b> LPA section 4 <input type="checkbox"/> <b>Person to notify</b> LPA section 6 <p>Title      First names</p> <p><input type="text"/>      <input type="text"/></p> <p>Last name</p> <p><input type="text"/></p> <p>Date of birth (not required for 'person to notify')</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Day      Month      Year</p> <p>Address</p> <p><input type="text"/></p> <p><input type="text"/></p> <p>Postcode <input type="text"/></p> <p>Email address (optional)</p> <p><input type="text"/></p>
--	--

**Donor**

You must sign here before you sign section 9 of the LPA, or on the same day.

Full name

Signature or mark      Date signed or marked

Day      Month      Year

Only valid with the official stamp here. LPC Continuation sheet 1 (04.15)



**Changes to legislation:** There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)

## Continuation sheet 1 Additional people

Helpline  
0300 456 0300



Use this page if told to in section 2, 4 or 6 of the lasting power of attorney form.

**If you use this page, you must sign it.**

**Help?**

For help with this section, see the Guide, parts A2, A4 and A6.

<input type="checkbox"/> <b>Attorney</b> LPA section 2	<input type="checkbox"/> <b>Attorney</b> LPA section 2	
<input type="checkbox"/> <b>Replacement attorney</b> LPA section 4	<input type="checkbox"/> <b>Replacement attorney</b> LPA section 4	
<input type="checkbox"/> <b>Person to notify</b> LPA section 6	<input type="checkbox"/> <b>Person to notify</b> LPA section 6	
Title	First names	
<input type="text"/>	<input type="text"/>	
Last name		
<input type="text"/>		
Date of birth (not required for 'person to notify')		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year
Address		
<input type="text"/>		
<input type="text"/>		
Postcode	<input type="text"/>	
Email address (optional)		
<input type="text"/>		

**Donor**

You must sign here before you sign section 9 of the LPA, or on the same day.

Full name

Signature or mark

Date signed or marked

|  || Day | Month | Year |

Only valid with the official stamp here. LPC Continuation sheet 1 (04.15)

**Changes to legislation:** There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)

## Continuation sheet 2 Additional information

Helpline  
0300 456 0300



Use this page if told to in section 3, 4 or 7 of the lasting power of attorney form.



**If you use this page, you must sign it.**

### What additional information are you providing?

Use a fresh copy of this page for each type of additional information

- Decisions attorneys should make jointly** LPA section 3
- How replacement attorneys step in and act** LPA section 4
- Preferences** LPA section 7
- Instructions** LPA section 7



**Help?**

For help with this section, see the Guide, parts A3, A4 and A7.

### Donor

You must sign here before you sign section 9 of the LPA, or on the same day.

Full name

Signature or mark

Date signed or marked

--	--	--	--	--	--	--	--

Day

Month

Year

Only valid with the official stamp here.

LPC Continuation sheet 2 (04.15)

**Changes to legislation:** There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)

## Continuation sheet 2 Additional information

Helpline  
0300 456 0300



Use this page if told to in section 3, 4 or 7 of the lasting power of attorney form.

**If you use this page, you must sign it.**

### What additional information are you providing?

Use a fresh copy of this page for each type of additional information

- Decisions attorneys should make jointly** LPA section 3
- How replacement attorneys step in and act** LPA section 4
- Preferences** LPA section 7
- Instructions** LPA section 7



**Help?**

For help with this section, see the Guide, parts A3, A4 and A7.

### Donor

You must sign here before you sign section 9 of the LPA, or on the same day.

Full name

Signature or mark

Date signed or marked

--	--	--	--	--	--	--

Day

Month

Year

Only valid with the official stamp here.

LPC Continuation sheet 2 (04.15)

**Changes to legislation:** There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)

### Continuation sheet 3 If the donor cannot sign or mark

Helpline  
0300 456 0300



Only fill in this page if the donor cannot sign or make a mark in section 9 of the lasting power of attorney form

**Donor**

Full name

**Signatory**

You must:

- sign in the donor's presence and in the presence of 2 witnesses
- sign in your own name
- not also be a witness to this LPA
- sign any copies of Continuation Sheet 1 and 2 used in this LPA at the same time

If the LPA is for health and care decisions:

- you must also sign and date either Option A or Option B of Section 5, as directed by the donor
- your signature in Section 5 must be witnessed

Signed as a deed and delivered in the presence of and at the direction of the person giving this lasting power of attorney and in the presence of two witnesses.

Signature or mark

Full name of person signing

Date signed or marked

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year			

**Witnesses**

Witnesses must **not** be attorneys or replacement attorneys appointed under this LPA and must be aged 18 or over.

Signature or mark of first witness

Full name of first witness

Address of first witness

Postcode

Signature or mark of second witness

Full name of second witness

Address of second witness

Postcode

**Help?** For help with this section, see the Guide, part A9.

Only valid with the official stamp here. LPC Continuation sheet 3 (04.15)

## Continuation sheet 4 Trust corporation appointed as an attorney

Helpline  
0300 456 0300



**Only use this page if the donor has appointed a trust corporation as an attorney or replacement attorney**

**By execution of this deed the trust corporation understands and confirms all of the following:**

- It has read this lasting power of attorney (LPA), including section 8 'Your legal rights and responsibilities'.
- It has a duty to act based on the principles of the Mental Capacity Act 2005 and to have regard to the Mental Capacity Act Code of Practice.
- It can make decisions and act only when this LPA has been registered.
- It must make decisions and act in the best interests of the person giving this LPA.
- It is not going through winding-up proceedings.
- It can spend money to make gifts but only to charities or on customary occasions such as birthdays, and for reasonable amounts, with regard to size of the donor's estate.
- It has a duty to keep accounts and financial records and produce them to the Office of the Public Guardian or to the Court of Protection on request.
- It can make decisions and act regarding the donor's property and financial affairs only at the time indicated in section 5 of this LPA.

**Further statement by a trust corporation acting as a replacement attorney:** It has the authority to act under this LPA only after an original attorney's appointment is terminated. It must notify the Public Guardian if that happens.

**Help?**

For help with this section, see the Guide, part A11.

Company registration number

I/We are authorised to sign on behalf of the trust corporation acting as attorney whose details are given in this continuation sheet to this lasting power of attorney.

**Signed as a deed and delivered by:**

Signature of first authorised person

Full name of first authorised person

Date signed or marked

Day Month Year

Signature of second authorised person (if required)

Full name of second authorised person (if required)

Date signed or marked (if required)

Day Month Year

Only valid with the official stamp here.

LPC Continuation sheet 4 (04.15)

**Changes to legislation:** There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)

1<sup>F2</sup>SCHEDULE 2

Regulation 10

Form of Notice of Intention to Register Lasting Power of Attorney (Form LPA3)

**Textual Amendments**

- F2** Sch. 2 substituted (1.7.2015) by [The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian \(Amendment\) Regulations 2015 \(S.I. 2015/899\)](#), regs. 1(2), 12, **Sch. 2** (with regs. 17-19)

## Notice of intention to register a lasting power of attorney

**Person to notify**

Title  First names

Last name

Address

Postcode

**Date**

Day Month Year

**You have received this notice because the person named on page 2 has made a lasting power of attorney.**

A lasting power of attorney (LPA) is a legal document that lets someone (known as a 'donor') appoint people (known as 'attorneys') to make decisions on their behalf. It can apply to financial decisions or health and care decisions. An LPA can be used if the donor is unable to make their own decisions.

In other words, the person on page 2 is appointing the people on page 3 to make decisions on their behalf.

When they made the LPA, the donor decided you should be told about it before it's registered. This is so you can raise any concerns you may have. If you do have concerns, you can only object to the registration of the LPA for the reasons listed on page 4 of this form.

**If you want to object, you must do so within 3 weeks of the date of this notice.**

If you don't want to object you don't have to do anything.

**Changes to legislation:** There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)

## Details of the lasting power of attorney



### About the donor – the person who made the LPA

Title	First names
<input type="text"/>	<input type="text"/>
Last name	
<input type="text"/>	
Address	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Postcode	<input type="text"/>

### About the lasting power of attorney

**Who is applying to register the LPA?**

Donor  
 Attorney(s)

**What type of LPA is being registered?**

Property and financial affairs  
 Health and welfare

**When did the donor sign the LPA?**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year			



## About the attorneys

Helpline  
0300 456 0300



### How are the attorneys appointed?

- There's only 1 attorney
- Jointly and severally
- Jointly
- Jointly for some decisions, jointly and severally for other decisions

Title	First names
<input type="text"/>	<input type="text"/>
Last name	
<input type="text"/>	
Address	
<input type="text"/>	
<input type="text"/>	
Postcode	<input type="text"/>

Title	First names
<input type="text"/>	<input type="text"/>
Last name	
<input type="text"/>	
Address	
<input type="text"/>	
<input type="text"/>	
Postcode	<input type="text"/>

Title	First names
<input type="text"/>	<input type="text"/>
Last name	
<input type="text"/>	
Address	
<input type="text"/>	
<input type="text"/>	
Postcode	<input type="text"/>

Title	First names
<input type="text"/>	<input type="text"/>
Last name	
<input type="text"/>	
Address	
<input type="text"/>	
<input type="text"/>	
Postcode	<input type="text"/>

If there are more than 4 attorneys, please make a copy of this page.  
You don't need to list replacement attorneys appointed in the LPA (if any).



**Changes to legislation:** There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)

## How to object

**If you wish to object, you must do so within 3 weeks of being given this notice.**

You can only object to an LPA for one of the reasons below.

### Factual objections:

- the donor or an attorney has died
- the donor and an attorney were married or had a civil partnership but have divorced or ended the civil partnership (unless the LPA says the attorney can still act if that happens)
- an attorney doesn't have the mental capacity to be an attorney (they must be able to understand and make decisions for themselves)
- an attorney has chosen to stop acting (known as 'disclaiming their appointment')
- the donor or an attorney is bankrupt, interim bankrupt or subject to a debt relief order (LPA for financial decisions only)
- the attorney is a trust corporation and is wound up or dissolved (LPA for financial decisions only)

To make a factual objection, complete form LPA007 and send it to the Office of the Public Guardian. Get the form from [www.gov.uk/power-of-attorney/object-registration](http://www.gov.uk/power-of-attorney/object-registration) or by calling 0300 456 0300.

### Prescribed objections:

- the LPA isn't legally valid – for example, you don't believe the donor had mental capacity to make an LPA
- the donor cancelled their LPA when they had mental capacity to do so
- there was fraud or the donor was pressured to make the LPA
- an attorney is acting above their authority or against the donor's best interests (or you know that they intend to do this)

To make a prescribed objection:

- complete form COP7 and send it to the Court of Protection. Get the form from [www.gov.uk/object-registration](http://www.gov.uk/object-registration) or by calling 0300 456 4000 **AND**
- complete form LPA008 and send it to the Office of the Public Guardian. Get the form from [www.gov.uk/object-registration](http://www.gov.uk/object-registration) or by calling 0300 456 0300

If you are objecting to a specific attorney, it may not prevent registration if other attorneys or a replacement attorney have been appointed.

**You can find out more about lasting powers of attorney at [www.gov.uk/power-of-attorney](http://www.gov.uk/power-of-attorney) or by calling 0300 456 0300.**



[<sup>F3</sup>SCHEDULE 3

Regulation 11

Form to Register Certain Lasting Powers of Attorney (Form LP2)

**Textual Amendments**

**F3** Sch. 3 substituted (1.7.2015) by The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian (Amendment) Regulations 2015 (S.I. 2015/899), regs. 1(2), 13, **Sch. 3** (with regs. 17-19)

**Changes to legislation:** There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)

# Register your lasting power of attorney

## Section 1 About the lasting power of attorney

**Donor**

Title      First names

Last name

**What type of lasting power of attorney (LPA) is being registered?**  
(tick one only)

If you are registering 2 LPAs, you must fill in one form for each LPA.

Property and financial affairs

Health and welfare



For help with this section, see the Guide, part B1.



**Changes to legislation:** There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)

## Section 2 The applicant

You can only apply to register if you are either the donor or attorney(s) for this lasting power of attorney (LPA). The donor and attorneys should not apply together.

Helpline  
0300 456 0300



**Who is applying to register the LPA?** (tick one only)

- Donor** – the donor needs to sign section 5 of this form.
- Attorney(s)** – If the attorneys were appointed jointly in the LPA then they **all** need to sign section 5 of this form. Otherwise, only one of the attorneys needs to sign.



For help with this section, see the Guide, part B2.

Write the name and date of birth for each attorney that is applying to register the LPA. Don't include any attorneys who are not applying.

Title	First names				
<input type="text"/>	<input type="text"/>				
Last name					
<input type="text"/>					
Date of birth					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year			

Title	First names				
<input type="text"/>	<input type="text"/>				
Last name					
<input type="text"/>					
Date of birth					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year			

Title	First names				
<input type="text"/>	<input type="text"/>				
Last name					
<input type="text"/>					
Date of birth					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year			

Title	First names				
<input type="text"/>	<input type="text"/>				
Last name					
<input type="text"/>					
Date of birth					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year			

**Changes to legislation:** There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)

### Section 3 Who do you want to receive the LPA?

Helpline  
0300 456 0300



We need to know who to send the LPA to once it is registered. We might also need to contact someone with questions about the application.

**We already have the addresses** of the donor and attorneys on the LPA form, so you don't have to repeat any of these here unless they have changed.

**Who would you like to receive the LPA and any correspondence?**

**The donor**

**An attorney** (write name below)

**Other** (write name and address below)

Title      First names

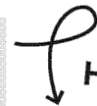
    

Last name

Company (optional)

Address

Postcode



#### Help?

For help with this section, see the Guide, part B3.

**How would the person above prefer to be contacted?**

You can choose more than one.

**Post**

**Phone**

**Email**

**Welsh** (We will write to the person in Welsh)

If you need to update anyone else's address, use section 6.

**Changes to legislation:** There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)

## Section 4 Application fee

Helpline  
0300 456 0300



There's a fee for registering a lasting power of attorney – the amount is shown on the cover sheet of this form and on form LPA120.

The fee changes from time to time. You can check you are paying the correct amount at [www.gov.uk/power-of-attorney/how-much-it-costs](http://www.gov.uk/power-of-attorney/how-much-it-costs) or call 0300 456 0300. The Office of the Public Guardian can't register your LPA until you have paid the fee.

### How would you like to pay?

**Card** For security, don't write your credit or debit card details here. We'll contact you to process the payment.

Your phone number

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**Cheque** Enclose a cheque with your application.



For help with this section, see the Guide, part B4.

### Reduced application fee

If the donor has a low income, you may not have to pay the full amount. See the Guide, Part B4 for details.

**I want to apply to pay a reduced fee**  
You'll need to fill in form LPA120 and include it with your application. You'll also need to send proof that the donor is eligible to pay a reduced fee.

### For OPG office use only

Payment reference

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Payment date

--	--	--	--	--	--

Day

Month

Year

Amount

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LP2 Register LPA (04.15)

4

**Changes to legislation:** There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)

## Section 5 Signature

Helpline  
0300 456 0300



The person applying to register the lasting power of attorney (LPA) (see section 2) must sign and date this section. This is either the donor or attorney(s) but not both together.

If the **attorneys** are applying to register the LPA and they were appointed to act **jointly** they must all sign.

**By signing this section I confirm the following:**

- I apply to register the LPA that accompanies this application
- I have informed 'people to notify' named in the LPA (if any) of my intention to register the LPA
- I certify that the information in this form is correct to the best of my knowledge and belief



For help with this section, see the Guide, part B5.

<p>Signature or mark</p> <input type="text"/> <p>Date signed</p> <table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Day</td> <td>Month</td> <td>Year</td> <td></td> <td></td> <td></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Day	Month	Year				<p>Signature or mark</p> <input type="text"/> <p>Date signed</p> <table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Day</td> <td>Month</td> <td>Year</td> <td></td> <td></td> <td></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Day	Month	Year			
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																				
Day	Month	Year																							

If more than 4 attorneys need to sign, make copies of this page.



## Section 6 Addresses

Helpline  
0300 456 0300



### Use this page:

- if the LPA was made before 1 October 2009, to tell us **all** the attorneys' addresses
- if the LPA was made since 1 October 2009 and the donor or any attorney has changed address

Title	First names
<input type="text"/>	<input type="text"/>
Last name	
<input type="text"/>	
Address	
<input type="text"/>	
<input type="text"/>	
Postcode	<input type="text"/>
Email address	
<input type="text"/>	

Title	First names
<input type="text"/>	<input type="text"/>
Last name	
<input type="text"/>	
Address	
<input type="text"/>	
<input type="text"/>	
Postcode	<input type="text"/>
Email address	
<input type="text"/>	

Title	First names
<input type="text"/>	<input type="text"/>
Last name	
<input type="text"/>	
Address	
<input type="text"/>	
<input type="text"/>	
Postcode	<input type="text"/>
Email address	
<input type="text"/>	

Title	First names
<input type="text"/>	<input type="text"/>
Last name	
<input type="text"/>	
Address	
<input type="text"/>	
<input type="text"/>	
Postcode	<input type="text"/>
Email address	
<input type="text"/>	

**Changes to legislation:** There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)

<sup>F4</sup>SCHEDULE 3A

Regulation 13

**Textual Amendments**

- F4** Sch. 3A omitted (1.7.2015) by virtue of [The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian \(Amendment\) Regulations 2015 \(S.I. 2015/899\)](#), regs. 1(2), **14** (with reg. 19(3)-(5))

<sup>F5</sup>SCHEDULE 4

Regulation 13

Form of Notices of Application to Register a Lasting Power of Attorney

**Textual Amendments**

- F5** Sch. 4 substituted (1.7.2015) by [The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian \(Amendment\) Regulations 2015 \(S.I. 2015/899\)](#), regs. 1(2), 15, **Sch. 4** (with regs. 17-19)

## PART 1

### Form of Notice to Attorney: Application to Register a Lasting Power of Attorney (Form LPA003A)



Office of the  
Public Guardian

Office of the Public Guardian  
PO Box 16185  
Birmingham B2 2WH

Tel: 0300 456 0300  
Fax: 0870 739 5780

customerservices@publicguardian.gsi.gov.uk  
www.gov.uk/opg

### Notice to attorney: application to register a lasting power of attorney (LPA003A)

**Date:**

**Case number:**

**To:**

You have received this notice because:

- \_\_\_\_\_ (the 'donor') made a lasting power of attorney (LPA)  
for \_\_\_\_\_
- they named you as attorney in that LPA
- the person(s) named below has applied to register the LPA

**Person(s) who applied to register the LPA**

The following person(s) applied to register the LPA:

**Your right to object**

You can object to the proposed registration of the LPA.

You have 3 weeks from \_\_\_\_\_ to object. Page 2 of this notice tells you how to object.

**Changes to legislation:** There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)

## How to object

**If you wish to object, you must do so within 3 weeks of being given this notice.**

You can only object to an LPA for one of the reasons below.

### Factual objections:

- the donor or an attorney has died
- the donor and an attorney were married or had a civil partnership but have divorced or ended the civil partnership (unless the LPA says the attorney can still act if that happens)
- an attorney doesn't have the mental capacity to be an attorney (they must be able to understand and make decisions for themselves)
- an attorney has chosen to stop acting (known as 'disclaiming their appointment')
- the donor or an attorney is bankrupt, interim bankrupt or subject to a debt relief order (financial decisions LPA)
- the attorney is a trust corporation and is wound up or dissolved (financial decisions LPA)

To make a factual objection, complete form LPA007 and send it to the Office of the Public Guardian. Get the form from [www.gov.uk/power-of-attorney/object-registration](http://www.gov.uk/power-of-attorney/object-registration) or by calling 0300 456 0300.

### Prescribed objections:

- the LPA isn't legally valid – for example, you don't believe the donor had mental capacity to make an LPA
- the donor cancelled their LPA when they had mental capacity to do so
- there was fraud or the donor was pressured to make the LPA
- an attorney is acting above their authority or against the donor's best interests (or you know that they intend to do this)

To make a prescribed objection:

- complete form COP7 and send it to the Court of Protection. Get the form from [www.gov.uk/object-registration](http://www.gov.uk/object-registration) or by calling 0300 456 4000 **AND**
- complete form LPA008 and send it to the Office of the Public Guardian. Get the form from [www.gov.uk/object-registration](http://www.gov.uk/object-registration) or by calling 0300 456 0300

If you are objecting to a specific attorney, it may not prevent registration if other attorneys or a replacement attorney have been appointed.

**You can find out more about lasting powers of attorney at [www.gov.uk/power-of-attorney](http://www.gov.uk/power-of-attorney) or by calling 0300 456 0300.**

## PART 2

### Form of Notice to Donor: Application to Register a Lasting Power of Attorney



Office of the Public Guardian  
PO Box 16185  
Birmingham B2 2WH

Tel: 0300 456 0300  
Fax: 0870 739 5780

customerservices@publicguardian.gsi.gov.uk  
www.gov.uk/opg

### Notice to donor: application to register a lasting power of attorney (LPA003B)

**Date:**

**Case number:**

**To:**

You have received this notice because:

- You made a lasting power of attorney (LPA) for
- the person(s) named below has applied to register the LPA

**Person(s) who applied to register the LPA**

The following attorney(s) applied to register the LPA:

**Your right to object**

You can object to the proposed registration of the LPA.

You have 3 weeks from \_\_\_\_\_ to object.

**How to object**

Complete form LPA006 and send it to the Office of the Public Guardian – get the form from [www.gov.uk/object-registration](http://www.gov.uk/object-registration) or by calling 0300 456 0300.

**Changes to legislation:** There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)

SCHEDULE 5

Regulation 17

Notice of Registration of a Lasting Power of Attorney: LPA 004

**LPA 004** 04-07

**Notice of registration of a  
Lasting Power of Attorney**

This notice is to confirm registration of a Lasting Power of Attorney.

Case no.

The donor

The attorney(s)

**The Lasting Power of Attorney was entered into the register on**

Notification of registration of the LPA is given as required in Schedule 1 Part 2 Paragraph 15 of the Mental Capacity Act 2005.

¶<sup>F6</sup>SCHEDULE 6

Regulation 20

Form of Disclaimer by a Proposed or Acting Attorney  
under a Lasting Power of Attorney (Form LPA005)

**Textual Amendments**

- F6** Sch. 6 substituted (1.7.2015) by [The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian \(Amendment\) Regulations 2015 \(S.I. 2015/899\)](#), regs. 1(2), 16, **Sch. 5** (with regs. 17-19)

**Changes to legislation:** There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)



Office of the  
Public Guardian

**Form  
LPA005**

## **Disclaimer by a proposed or acting attorney under a lasting power of attorney**

**1. Donor details** (the person who made the lasting power of attorney)

Title	First names
<input type="text"/>	<input type="text"/>
Last name	
<input type="text"/>	
Address	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Postcode	<input type="text"/>

### **To the donor**

You have received this notice because:

- you made a lasting power of attorney (LPA)
- you chose the person named on page 2 (the 'disclaiming attorney') as an attorney for that LPA
- that person now wishes to give up their role as an attorney (this is called 'disclaiming their appointment').

LPA005 (04.15)

1



**Changes to legislation:** There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)

**2. About the lasting power of attorney (LPA)**

**What type of LPA is it?**

Property and financial affairs

Health and welfare

**When did the donor sign the LPA?**  
(To find out, look at Part A of the LPA if it was made before 1 April 2015 or section 9 if it was made on or after that date)

Date

--	--	--	--	--	--

Day      Month      Year

**Was the LPA registered by the Office of the Public Guardian?**  
(see page 1 of the LPA - the section marked 'OPG office use only')

Yes

No

**When was the LPA registered?**

Date

--	--	--	--	--	--

Day      Month      Year

**What is the 'OPG reference number'?** (see page 1 of the LPA)

--

**3. Disclaiming attorney details (the person sending this notice)**

Title      First names

--	--

Last name

--

Address


Postcode

--	--	--	--	--	--

Phone number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

LPA005 (04.15)

**Changes to legislation:** There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)

#### 4. Signature and date

I disclaim my appointment as attorney under the lasting power of attorney made by the donor named on this form. I will send copies of this form to any other attorneys named on the lasting power of attorney and to the Office of the Public Guardian:

Signature or mark

Date signed

Day

Month

Year

#### Notes for the person completing this form

**When you have completed and signed this form:**

- send the original form to the donor
- send a copy of this form to any other attorneys that were named in the LPA
- if you are the only attorney, send a copy of the form to any replacement attorneys named in the LPA

**If the Office of the Public Guardian (OPG) has registered the LPA, you should also:**

- send a copy of this form to OPG
- send any copies of the LPA that you have to OPG

Address: Office of the Public Guardian, PO BOX 16185, Birmingham, B2 2WH

If you have any queries call the OPG contact centre on 0300 456 0300.

**Changes to legislation:** *There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)*

**Changes to legislation:** There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)

## SCHEDULE 7

Regulation 23

### Notice of Intention to Apply for Registration of an Enduring Power of Attorney

[<sup>F7</sup>

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#### Textual Amendments

- F7** Sch. 7 Form substituted (1.5.2010) by [The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian \(Amendment\) Regulations 2010 \(S.I. 2010/1063\)](#), reg. 1, **Sch. 1** (with reg. 8)

**Changes to legislation:** There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)

Form EPIPG

**Mental Capacity Act 2005  
Enduring Power of Attorney**

Notice of intention to apply for registration  
of an Enduring Power of Attorney

To.....

Of.....

This form may be adapted for use by three or more attorneys. Any attorney who is appointed to act jointly and severally, but who does not join in the application, must also be named.

Give the name and address of the donor

The grounds upon which you can object are limited and are shown at 2 overleaf

**TAKE NOTICE THAT**

I .....

of .....

and I .....

of .....

The attorney(s) of .....

.....

of .....

.....

intend to apply to the Public Guardian for registration of the enduring power of attorney appointing me (us) attorney(s) and made by the donor on the .....

1. You have the right to object to the proposed registration on one or more of the grounds set out below. If you object, you must notify the Office of the Public Guardian and state which of the grounds you are relying on within five weeks from the day this notice was given to you. You may make an application to the Court of Protection under rule 68 of the Court of Protection Rules 2007 for a decision on the matter. No fee is payable for such an application. If you do not make such an application, the Public Guardian may ask for the court's directions about registration.

**Changes to legislation:** There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)

Note: The instrument means the document used to make the enduring power of attorney made by the donor, which it is sought to register

The attorney(s) does not have to be a relative. Relatives are not entitled to know of the existence of the enduring power of attorney prior to being given this notice

Our staff will be able to assist you with any general questions about the possible objections. However, they cannot provide advice about your particular objection.

Note: Part 4 is addressed only to the donor

Note: This notice should be signed by every one of the attorneys who are applying to register the enduring power of attorney

**Note:**  
**The attorney(s) must keep a record of the date on which notice was given to the donor and to relatives. This information will be required from the attorney(s) when an application to register the EPA is made**

2. The grounds on which you may object to the proposed registration are:
- That the power purported to be created by the instrument is not valid as an enduring power of attorney
  - That the power created by the instrument no longer subsists
  - That the application is premature because the donor is not yet becoming mentally incapable
  - That fraud or undue pressure was used to induce the donor to make the power
  - That the attorney is unsuitable to be the donor’s attorney (having regard to all the circumstances and in particular the attorney’s relationship to or connection with the donor).
3. You can obtain the necessary forms to object by.
- Writing to us at the address on the foot of this form
  - Calling us on 0845 330 2900
  - Downloading the forms from our website at [www.publicguardian.gov.uk](http://www.publicguardian.gov.uk)

4. You are informed that while the enduring power of attorney remains registered, you will not be able to revoke it until the Court of Protection confirms the revocation.

Signed: ..... Dated: .....

Signed: ..... Dated: .....

**Please write to:**  
**Office of the Public Guardian**  
**PO Box 15118**  
**Birmingham**  
**B16 6GX**

[www.publicguardian.gov.uk](http://www.publicguardian.gov.uk)

**Changes to legislation:** There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)

]

## SCHEDULE 8

Regulation 24

### Application to Register an Enduring Power of Attorney

[<sup>F8</sup>

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#### Textual Amendments

- F8** Sch. 8 Form substituted (1.5.2010) by [The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian \(Amendment\) Regulations 2010 \(S.I. 2010/1063\)](#), reg. 1, **Sch. 2** (with reg. 8)

**Changes to legislation:** There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)

**Office of the Public Guardian  
Mental Capacity Act 2005  
Form EP2PG  
Application for Registration of an Enduring  
Power of Attorney**

**IMPORTANT:** Please complete the form in **BLOCK CAPITALS** using a **black ball-point pen**. Place a clear cross 'X' mark inside square option boxes  - do not circle the option.

**Part One - The Donor**

Please state the full name and present address of the donor. State the donor's first name in 'Forename 1' and the donor's other forenames in full in 'Other Forenames'. Company Name should be completed with the name of the nursing/care home or hospital where applicable.

Mr   Mrs   Ms   Miss   Other  
               If Other, please specify here:

Place a cross against one option

Last Name:

Forename 1:

Other Forenames:

Company Name:

Address 1:

Address 2:

Address 3:

Town/City:

County:

Postcode:

Donor Date of Birth:  *If the exact date is unknown please state the year of birth*  
D D M M Y Y Y Y

**Please do not write below this line - For Office Use Only**



**Changes to legislation:** There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)

Part Two - Attorney One	
<b>Please state the full name and present address of the attorney. Professionals e.g. Solicitors or Accountants, should complete the Company Name field.</b>	
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/>	If Other, please specify here: <input type="text"/>
Place a cross against one option <input checked="" type="checkbox"/>	
Last Name:	<input type="text"/>
Forename 1:	<input type="text"/>
Other Forenames:	<input type="text"/>
Company Name:	<input type="text"/>
Address 1:	<input type="text"/>
Address 2:	<input type="text"/>
Address 3:	<input type="text"/>
Town/City:	<input type="text"/>
County:	<input type="text"/>
Postcode:	<input type="text"/> DX No. (solicitors only): <input type="text"/>
DX Exchange (solicitors only):	<input type="text"/>
Attorney Date of Birth:	Daytime Tel No.: <input type="text"/> (STD Code): <input type="text"/>
D D M M Y Y Y Y	
Email Address:	<input type="text"/>
Occupation:	<input type="text"/>
<b>Relationship to donor:</b>	
Civil Partner / Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other Relation <input type="checkbox"/> No Relation <input type="checkbox"/> Solicitor <input type="checkbox"/> Other Professional <input type="checkbox"/>	If 'Other Relation' or 'Other Professional', specify relationship: <input type="text"/>
Place a cross against one option <input checked="" type="checkbox"/>	
<b>Part B of the Enduring Power of Attorney states whether the attorney is to act jointly, jointly and severally, or alone.</b>	
Appointment (Place a cross against one option <input checked="" type="checkbox"/> ):	Jointly <input type="checkbox"/>
	Jointly and Severally <input type="checkbox"/>
	Alone <input type="checkbox"/>

**Changes to legislation:** There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)

Part Three - Attorney Two	
<b>Please state the full name and present address of the attorney. Professionals e.g. Solicitors or Accountants, should complete the Company Name field.</b>	
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/>	If Other, please specify here: <input style="width: 100%;" type="text"/>
Place a cross against one option <input checked="" type="checkbox"/>	
Last Name:	<input style="width: 100%;" type="text"/>
Forename 1:	<input style="width: 100%;" type="text"/>
Other Forenames:	<input style="width: 100%;" type="text"/>
Company Name:	<input style="width: 100%;" type="text"/>
Address 1:	<input style="width: 100%;" type="text"/>
Address 2:	<input style="width: 100%;" type="text"/>
Address 3:	<input style="width: 100%;" type="text"/>
Town/City:	<input style="width: 100%;" type="text"/>
County:	<input style="width: 100%;" type="text"/>
Postcode:	DX No. (solicitors only): <input style="width: 100%;" type="text"/>
DX Exchange (solicitors only):	<input style="width: 100%;" type="text"/>
Attorney Date of Birth:	Daytime Tel No.: <input style="width: 100%;" type="text"/>
D D M M Y Y Y Y	(STD Code):
Email Address:	<input style="width: 100%;" type="text"/>
Occupation:	<input style="width: 100%;" type="text"/>
<b>Relationship to donor:</b>	
Civil Partner / Spouse <input type="checkbox"/> Other Child Relation <input type="checkbox"/> No Relation <input type="checkbox"/> Other Solicitor <input type="checkbox"/> Other Professional <input type="checkbox"/>	If 'Other Relation' or 'Other Professional', specify relationship: <input style="width: 100%;" type="text"/>
Place a cross against one option <input checked="" type="checkbox"/>	
Part Four - Attorney Three	
<b>Please state the full name and present address of the attorney. Professionals e.g. Solicitors or Accountants, should complete the Company Name field.</b>	
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/>	If Other, please specify here: <input style="width: 100%;" type="text"/>
Place a cross against one option <input checked="" type="checkbox"/>	
Last Name:	<input style="width: 100%;" type="text"/>
Forename 1:	<input style="width: 100%;" type="text"/>

**Changes to legislation:** There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)

Part Four - Attorney Three cont'd					
Other Forenames:	<input type="text"/>				
Company Name:	<input type="text"/>				
Address 1:	<input type="text"/>				
Address 2:	<input type="text"/>				
Address 3:	<input type="text"/>				
Town/City:	<input type="text"/>				
County:	<input type="text"/>				
Postcode:	<input type="text"/> DX No. (solicitors only): <input type="text"/>				
DX Exchange (solicitors only):	<input type="text"/>				
Attorney Date of Birth:	<input type="text"/> Daytime Tel No.: <input type="text"/> (STD Code): <input type="text"/>				
	D D M M Y Y Y Y				
Email Address:	<input type="text"/>				
Occupation:	<input type="text"/>				
Relationship to donor:					
Civil Partner / Spouse	Other Relation	No Relation	Solicitor	Other Professional	If 'Other Relation' or 'Other Professional', specify relationship:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Place a cross against one option <input checked="" type="checkbox"/>					
If there are additional attorneys, please complete the above details in the 'Additional Information' section (at the end of this form).					
Part Five - The Enduring Power of Attorney					
I (We) the attorney(s) apply to register the Enduring Power of Attorney made by the donor under the Enduring Powers of Attorney Act 1985, the original, or if the original is lost or destroyed, a certified copy of which accompanies this application.					
I (We) have reason to believe that the donor is or is becoming mentally incapable.					
Date that the Donor signed the Enduring Power of Attorney. You can find this in Part B of the Enduring Power of Attorney.	<input type="text"/> D D M M Y Y Y Y				
To your knowledge, has the Donor made any other Enduring Powers of Attorney?:	<input type="checkbox"/> Yes <input type="checkbox"/> No Place a cross against one option <input checked="" type="checkbox"/>				
If 'Yes', please give details below including registration date if applicable:					
<input type="text"/>					
<input type="text"/>					

**Changes to legislation:** There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)

**Part Six - Notice of Application to Donor**

Notice must be given personally to the donor. It should be made clear if someone other than the attorney(s) gives the notice. The date on which the notice was given MUST be completed.

I (We) have given notice of the application to register in the prescribed form (EP1PG) to the donor personally,

on this date: 

--	--	--	--	--	--	--	--

  
D D M M Y Y Y Y

If someone other than the attorney gives notice to the donor please complete the name and address details below. Please also complete the date above:

Full Name: \_\_\_\_\_  
Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
Address 3: \_\_\_\_\_  
Town/City: \_\_\_\_\_  
County: \_\_\_\_\_ Postcode: \_\_\_\_\_

**Part Seven - Notice of Application to Relatives**

Please complete details of all relatives entitled to notice.

Please place a cross in the box  if no relatives are entitled to notice:

I (We) have given notice to register in the prescribed form (EP1PG) to the following relatives of the donor:

Full Name: \_\_\_\_\_ Relationship to Donor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date notice given: \_\_\_\_\_  
D D M M Y Y Y Y

Full Name: \_\_\_\_\_ Relationship to Donor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date notice given: \_\_\_\_\_  
D D M M Y Y Y Y

Full Name: \_\_\_\_\_ Relationship to Donor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date notice given: \_\_\_\_\_  
D D M M Y Y Y Y

Full Name: \_\_\_\_\_ Relationship to Donor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date notice given: \_\_\_\_\_  
D D M M Y Y Y Y

Full Name: \_\_\_\_\_ Relationship to Donor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date notice given: \_\_\_\_\_  
D D M M Y Y Y Y

If there are additional relatives please complete the Relative Name, Relationship, Address and Date details in the 'Additional Information' section (at the end of this form).

**Changes to legislation:** There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007. (See end of Document for details)

**Part Eight - Notice of Application to Co-Attorney(s)**

Do not complete this section if it does not apply. If there are additional co-attorneys please complete the Attorney Name, Relationship, Address and Date details in the 'Additional Information' section (at the end of this form).

Are all the attorneys applying to register? Yes  No  Place a cross against one option

If no, I (We) have given notice to my (our) co-attorney(s) as follows:

Full Name:	<input type="text"/>	Relationship to Donor:	<input type="text"/>
Address:	<input type="text"/> <input type="text"/> <input type="text"/>	Date notice given:	<input type="text"/> <input type="text"/> D D M M Y Y Y Y
Full Name:	<input type="text"/>	Relationship to Donor:	<input type="text"/>
Address:	<input type="text"/> <input type="text"/> <input type="text"/>	Date notice given:	<input type="text"/> <input type="text"/> D D M M Y Y Y Y

**Part Nine - Fees**

Guidelines on remission and postponement of fees can be obtained from the Office of the Public Guardian.

Have you enclosed a cheque for the registration fee for this application? Yes  No  Place a cross against one option

Do you wish to apply for postponement, exemption or remission of the fee? Yes  No  Place a cross against one option

If yes, please complete the application for exemption or remission form.

**Part Ten - Declaration**

Note: The application should be signed by all attorneys who are making the application. This must not pre-date the date(s) when the notices were given.

I (We) certify that the above information is correct and that to the best of my (our) knowledge and belief I (We) have complied with the provisions of the Mental Capacity Act 2005.

Signed:	<input type="text"/>	Dated:	<input type="text"/> <input type="text"/> D D M M Y Y Y Y
Signed:	<input type="text"/>	Dated:	<input type="text"/> <input type="text"/> D D M M Y Y Y Y
Signed:	<input type="text"/>	Dated:	<input type="text"/> <input type="text"/> D D M M Y Y Y Y



**Changes to legislation:**

There are currently no known outstanding effects for the The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007.