

2009 No. 1884

MENTAL CAPACITY, ENGLAND AND WALES

The Lasting Powers of Attorney,  
Enduring Powers of Attorney  
and Public Guardian (Amendment)  
Regulations 2009

<i>Made</i> - - - - -	<i>14th July 2009</i>
<i>Laid before Parliament</i>	<i>15th July 2009</i>
<i>Coming into force</i> - -	<i>1st October 2009</i>



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The Lord Chancellor makes the following Regulations in exercise of the powers conferred by sections 58(3), 64(1) and 65(1)(b) of, and Schedule 1 to, the Mental Capacity Act 2005(a):

**Citation, commencement and interpretation**

1.—(1) These Regulations may be cited as the Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian (Amendment) Regulations 2009 and shall come into force on 1 October 2009.

(2) In these Regulations, a reference to “the Schedule” is a reference to Schedule 1 of the Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007(b).

**Amendment of the Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007**

2. The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007 shall be amended as follows.

3. In regulation 18(2)(a) (changes to instrument registered as lasting power of attorney) omit “of”.

4. In regulation 32(6) (disclosure of additional information held by the Public Guardian), in the opening words, after “information” insert “relating”.

5. For Schedule 1 (form for instrument intended to create a lasting power of attorney) substitute the Schedule to these Regulations.

**Transitional provisions**

6. An instrument executed by the donor before 1 April 2011 in one of the forms prescribed in the Schedule as though it had not been substituted by these Regulations shall be capable, whether or not it has been registered by the Public Guardian, of being a valid lasting power of attorney.

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(a) 2005 c.9.

(b) S.I. 2007/1253 to which there are amendments not relevant to these Regulations.

Signed by authority of the Lord Chancellor

14th July 2009

*Bridget Prentice*  
Parliamentary Under-Secretary of State  
Ministry of Justice

## SCHEDULE

Regulation 5

### Form for Instrument Intended to Create a Lasting Power of Attorney

Part 1: Form for Instrument Intended to Create a Property and Financial Affairs Lasting Power of Attorney

For OPG office use only

LPA PA  
registered on

OPG reference  
number

Office of the  
Public Guardian

## Lasting power of attorney – property and financial affairs

### About this lasting power of attorney

This lasting power of attorney allows you to choose people to act on your behalf (as an attorney) and make decisions about your **property and financial affairs**, when you are unable to make decisions for yourself.

If you also want someone to make decisions about your **health and welfare**, you will need a separate form (downloadable from our website or call 0300 456 0300).

### Who can fill it in?

Anyone aged 18 or over, who has the mental capacity to do so.

### Before you fill in the lasting power of attorney:

1. Please read the guidance available at [publicguardian.gov.uk](http://publicguardian.gov.uk) or by calling **0300 456 0300**. See, for example, the **Lasting power of attorney creation pack** or other relevant guidance booklets which are all available online or by post.
2. Make sure you understand the purpose of this lasting power of attorney and the extent of the authority you are giving your attorneys.
3. Read the separate **Information sheet** to understand all the people involved, and how the three parts of the form should be filled in.
4. Make sure you, your certificate provider(s), and your attorney(s) have read the section on page 2 called **Information you must read** before filling in their relevant part.



**This lasting power of attorney could be rejected at registration if it contains any errors.**

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### Checklist

See the information sheet for guidance on all the people involved

**Part A: about you, the attorneys you are appointing, and people to be told**

How many **attorneys** are you appointing? *Write in words.*

How many **replacement attorneys** are you appointing? *Write in words or write 'None' if this does not apply.*

How many **people to be told** are you choosing? *Write in words from 'None' to 'five'. If 'None' you must have two certificate providers in part B.*

**Part B: about your certificate providers**

How many **certificate providers do you have?** *(Tick one box)*

One OR  Two

If you have used any continuation sheets each one must be signed and dated.

Attached to the back of this lasting power of attorney are:

*(Write the number of each)*

continuation sheet A1

continuation sheet A2

continuation sheet A3:PFA

continuation sheet B

continuation sheet C

**Total number of continuation sheets**

## Information you must read

This lasting power of attorney is a legal document. Each person who signs parts A, B and C must read this information before signing.

### Purpose of this lasting power of attorney

This lasting power of attorney gives your attorneys authority to make decisions about your property and financial affairs when you cannot make your own decisions. This can include running your bank accounts and savings accounts, decisions about making or selling investments and selling property, and spending your money.

### When your attorneys can act for you

Your attorneys can use this lasting power of attorney only after it has been registered and stamped on every page by the Office of the Public Guardian. Your attorneys can make decisions for you as soon as this lasting power of attorney is registered – both when you have mental capacity and when you lack mental capacity, unless you put a restriction in this lasting power of attorney.

### The Mental Capacity Act

Your attorneys cannot do whatever they like. They must follow the principles of the Mental Capacity Act 2005.

Guidance about these principles is in the Mental Capacity Act Code of Practice. Your attorneys must have regard to the Code of Practice. They can get a copy from The Stationery Office at [tso.co.uk](http://tso.co.uk) or read it online at [publicguardian.gov.uk](http://publicguardian.gov.uk)

### Principles of the Act that your attorneys must follow

- 1 Your attorneys must assume that you can make your own decisions unless they establish that you cannot do so.
- 2 Your attorneys must help you to make as many of your own decisions as you can. They cannot treat you as unable to make the decision in question unless all practicable steps to help you to do so have been made without success.
- 3 Your attorneys must not treat you as unable to make the decision in question simply because you make an unwise decision.
- 4 Your attorneys must make decisions and act in your best interests when you are unable to make the decision in question.
- 5 Before your attorneys make the decision in question 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 best interests

Your attorneys must act in your best interests in making decisions for you when you are unable to make the decision yourself. They must take into account all the relevant circumstances. This includes, if appropriate, consulting you and others who are interested in your welfare. Any guidance you add may assist your attorneys in identifying your views.

### Cancelling this lasting power of attorney

You can cancel this lasting power of attorney at any time before or after it is registered as long as you have mental capacity to cancel it. Please read the guidance available at [publicguardian.gov.uk](http://publicguardian.gov.uk)

## How to fill in this form

- Tick the boxes that apply like this
- Use black or blue ink and write clearly
- Cross through any boxes or sections that don't apply to you, like this:

Any other names you are known by in financial documents or accounts

\_\_\_\_\_

- Don't use correction fluid – please cross out any mistakes and rewrite nearby. All corrections must be initialled by the person completing that section of the form (and their witness) like this:

Any other names you are known by in financial documents or accounts

WILLIAM EDWARD SMYTH  
A.S.B / W.E.S. SMYTH

- Your application could be rejected if your intentions are not clear and explicit. If you are in any doubt, please start again on a new copy of the form.

## What happens after you've filled it in?

The next step is to **register** it. You or your attorneys can do this at any time. The person applying will need to fill in a registration form and may need to pay a fee at that time. They will also need to send notices to the 'people to be told' named at part A when the application to register this lasting power of attorney is made. You can find out more and download the registration form at [publicguardian.gov.uk](http://publicguardian.gov.uk)

The 'people to be told' are given time to raise any concerns or objections. This means the earliest the Office of Public Guardian can register this lasting power of attorney is 6 weeks after they notify the donor or attorneys that an application to register has been received.

Your lasting power of attorney will **end** if it can no longer be used. For example, if a sole attorney dies or can no longer act for you and no replacement attorney has been named in this lasting power of attorney. Please read the guidance available at [publicguardian.gov.uk](http://publicguardian.gov.uk)

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# Part A Declaration by the person who is giving this lasting power of attorney

Please write clearly using black or blue ink.

## 1 About the person who is giving this lasting power of attorney

Mr  Mrs  Ms  Miss  Other title

First names

Last name

Date of birth

Address and postcode   
  
 Postcode

Any other names you are known by in financial documents or accounts

## 2 About the attorneys you are appointing

**If you are appointing a trust corporation alone, cross through this section and go to 2A →**

### Thinking about your attorneys

- You can appoint more than one attorney if you want to. You do not have to appoint more than one attorney.
- Each attorney must be aged 18 or over. Choose people you know and trust to make decisions for you. You are recommended to read the separate guidance for people who want to make a lasting power of attorney for property and financial affairs.
- Your attorney must not be bankrupt.

### Your first or only attorney

Mr  Mrs  Ms  Miss  Other title

First names of your first or only attorney

Last name of your first or only attorney

Date of birth of your first or only attorney

Address and postcode of your first or only attorney   
  
 Postcode

### Your second attorney

*Please cross through this section if it does not apply.*

Mr  Mrs  Ms  Miss  Other title

First names of your second attorney

Last name of your second attorney

Date of birth of your second attorney

Address and postcode of your second attorney   
  
 Postcode

**If you are appointing more than two attorneys, use continuation sheet A1 to tell us about your other attorneys.**

### Other attorneys you are appointing

Number of attorneys named in continuation sheet A1 attached to this lasting power of attorney

*Cross through this box if this does not apply*

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**2A About appointing a trust corporation as attorney or replacement attorney**

**About the trust corporation you are appointing** *Please cross through this section if it does not apply.*

- A trust corporation cannot be going through winding-up proceedings.

Company name <input type="text"/>  Are you appointing this trust corporation to act as an <input type="checkbox"/> attorney, or <input type="checkbox"/> replacement attorney?	Address <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>
---	--

**3 About appointing replacements if an attorney can no longer act**


 **If you are appointing a trust corporation as replacement attorney, cross through this section.**  
*Your trust corporation should then fill in continuation sheet C →*

**Thinking about replacement attorneys**

- Replacement attorneys will only act once your attorney can no longer act for you.
- You can appoint replacements to replace an attorney who does not want to act for you or who is permanently no longer able to act because they are dead, bankrupt, have disclaimed, lack mental capacity or if they were married to you or were your civil partner, and have now had the marriage or civil partnership annulled or dissolved.
- You do not have to appoint any replacements.
- If you appoint only one attorney and no replacements, this lasting power of attorney will end when your attorney can no longer act.

**Your first or only replacement attorney** *Please cross through this section if it does not apply.*

Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other title <input type="text"/> First names of your first or only replacement <input type="text"/> Last name of your first or only replacement <input type="text"/>	Date of birth of your first or only replacement <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Address and postcode of your first or only replacement <input type="text"/> <input type="text"/> Postcode <input type="text"/>
---	---

 **If you are appointing more than one replacement, use continuation sheet A1 to tell us about your other replacement attorneys.**

**Other replacement attorneys you are appointing**

Number of replacement attorneys named in continuation sheet A1 attached to this lasting power of attorney

*Cross through this box if this does not apply*

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**4 How you want your attorneys to make decisions**

**Thinking about how you want your attorneys to make decisions**

**!** If you leave this section blank, your attorneys will be appointed to make all decisions jointly.

- **Jointly:** this means that the attorneys must **make all decisions together**. → For further information on appointing your attorneys jointly, see the separate guidance.
- **Jointly and severally:** this means that attorneys can **make decisions together and separately**. This might be useful, for example, if one attorney is not available to make a decision at a certain time. If one attorney cannot act the remaining attorney is able to continue to make decisions.
- **Jointly for some decisions, and jointly and severally for other decisions:** this means that your attorneys **must make certain decisions together and** may make **certain decisions separately**. You will need to set out below how you want this to work in practice.

**Choosing which decisions must be made together and which decisions may be made separately – how this will work in practice**

- Please make your intentions clear about how your attorneys are to make decisions about running bank accounts and savings accounts, making or selling investments and selling property, and spending your money.
- Please check that your intentions will work in practice – it may not be possible to register or use this lasting power of attorney if, for example, a bank or building society account cannot be operated as you wish.

**How you want your attorneys to make decisions**


**If you are appointing only one attorney and no replacement attorneys, now go to section 5 →**

Jointly  → Go to section 5 and cross through the box below

Jointly and severally  → Go to section 5 and cross through the box below

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

**Only if you have ticked the last box above, now tell us in the space below which decisions your attorneys must make jointly and which decisions may be made jointly and severally**

 **If you need more space, use continuation sheet A2**

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## 5 About restrictions and conditions

### Putting restrictions and conditions into words

- You should read the separate guidance for examples of conditions and restrictions that will not work in practice.
- Your attorneys **must** follow any restrictions or conditions you put in place. But it may not be possible to register or use this lasting power of attorney if a condition is not workable.
- **Either:** give any restrictions and conditions about property and financial affairs here
- **Or:** if you would like your attorneys to make decisions with no restrictions or conditions, you should cross through this box.

### Restrictions and conditions about property and financial affairs


 **If you need more space, use continuation sheet A2**

## 6 About guidance to your attorneys

### Putting guidance into words

- Any guidance you add may help your attorneys to identify your views. You do not have to add any.
- Your attorneys do not have to follow your guidance but it will help them to understand your wishes when they make decisions for you.
- **Either:** Give any guidance about property and financial affairs here
- **Or:** if you have no guidance to add, please cross through this box.

### Guidance to your attorneys about property and financial affairs

 **If you need more space, use continuation sheet A2**

## 7 About paying your attorneys



### Professional charges

- Professional attorneys, such as solicitors and accountants, charge for their services. You can also choose to pay a non-professional person for their services. You **should** discuss payment with your attorneys and record any agreement made here to avoid any confusion later.
- You can choose to pay non-professional attorneys for their services, but if you do not record any agreement here they will only be able to recover reasonable out-of-pocket expenses

### Charges for services

 **If you need more space, use continuation sheet A2**

→ For further information on paying attorneys, please see the separate guidance.

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**8 About people to be told when the application to register this lasting power of attorney is made**

**Thinking about people to be told**

- For your protection you can choose up to **five people to be told** when your lasting power of attorney is being registered. This gives people who know you well an opportunity to raise any concerns or objections **before** this lasting power of attorney is registered and can be used.

**!** • **You do not have to choose anyone. But if you leave this section blank, you must choose two people to sign the certificate to confirm understanding at part B.**

- The people to be told cannot be your attorney or replacement named at part A or in continuation sheets to part A.

**The first or only person to be told**

*Please cross through this section if it does not apply.*

Mr  Mrs  Ms  Miss  Other title

First names of first or only person to be told

Last name of first or only person to be told

Address and postcode of first or only person to be told

Postcode

**The second person to be told**

*Please cross through this section if it does not apply.*

Mr  Mrs  Ms  Miss  Other title

First names of second person to be told

Last name of second person to be told

Address and postcode of second person to be told

Postcode

**Other people to be told**

*Please cross through this section if it does not apply.*

 **Tell us about other people to be told on continuation sheet A1.**

Number of other people to be told named in continuation sheet A1 attached to this lasting power of attorney

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**9 Declaration by the person who is giving this lasting power of attorney**

**Before signing please check that you have:**

- filled in every answer that applies to you
- crossed through blank boxes that do not apply to you
- filled in any continuation sheets
- crossed through any mistakes you have made
- initialled any changes you have made.

**No changes may be made** to this lasting power of attorney and no continuation sheets may be added after part A has been filled in and signed. If any change appears to have been made, this lasting power of attorney will not be valid and will be rejected when an application is made to register it.

**By signing (or marking) on this page, or by directing someone to sign continuation sheet A3:PFA, I confirm all of the following:**

**Statement of understanding**

I have read or had read to me:

- the section called 'Information you must read' on page 2
- all information contained in part A and any continuation sheets to part A of this lasting power of attorney.

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 lasting power of attorney and to the provisions of the Mental Capacity Act 2005.

**People to be told when the application to register this lasting power of attorney is made**

I have chosen the people to be told, and have chosen **one** person to sign the certificate of understanding at part B.

**OR**

I do not want anyone to be told, and have chosen **two** people to sign certificates of understanding at part B.

**If you cannot sign** this lasting power of attorney you can make a mark instead.

 **If you cannot sign or make a mark use continuation sheet A3:PFA →**

**Signed (or marked) by the person giving this lasting power of attorney and delivered as a deed**

Sign with usual signature

Date signed or marked

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

**!** Sign (or mark) and date each continuation sheet at the same time as you sign (or mark) part A. You must sign (or mark) and date part A here **before** parts B and C are signed and dated.

**The witness should be independent of you and:**

- Must be 18 or over.
- **Cannot** be an attorney or replacement attorney named at part A or any continuation sheets to this lasting power of attorney or the employee of any trust corporation named as an attorney or replacement attorney.
- Can be a certificate provider at part B.
- Can be a person to be told when the application to register this lasting power of attorney is made.
- Must initial any changes made in Part A.

**Witnessed by**

Signature of witness

Full names of witness

Address and postcode of witness

Postcode	_ _ _ _ _ _ _

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## Part B Declaration by your first or only certificate provider: certificate to confirm understanding

Your certificate provider fills in, signs and dates this part.

### Declaration by the person who is signing this certificate

Please refer to separate guidance for certificate providers. If the guidance is not followed, this lasting power of attorney may not be valid and could be rejected when an application is made to register it.

In part A (section 8) has the person giving this lasting power of attorney chosen at least one person to be told when the application to register this lasting power of attorney is made?

If yes = **one** certificate provider fills in this part

If no = the **first** certificate provider fills in this part and the **second** certificate provider must fill in continuation sheet **B**.

The **donor** is the person who is giving this lasting power of attorney.

#### By signing below, I confirm:

##### My understanding of the role and responsibilities

I have read part A of this lasting power of attorney, including any continuation sheets.

I have read the section called 'Information you must read' on page 2 of this lasting power of attorney.

I understand my role and responsibilities as a certificate provider.

##### Statement of acting independently

I confirm that I act independently of the attorneys and of the donor and I am aged 18 or over.

I am **not**:

- an attorney or replacement attorney named in this lasting power of attorney or any other lasting power of attorney or enduring power of attorney for the donor
- a family member related to the donor or any of their attorneys or replacements
- a business partner or paid employee of the donor or any of their attorneys or replacements
- the owner, director, manager or employee of a care home that the donor lives in, or a member of their family
- a director or employee of a trust corporation appointed as an attorney or replacement attorney in this lasting power of attorney.

##### How you formed your opinion

Before signing this certificate you must establish that the donor understands what it is, the authority they are giving their attorneys, and is not being pressurised into making it.

**If someone challenges this lasting power of attorney, you may need to explain how you formed your opinion.**

##### Statement of personal knowledge or relevant professional skills

Please cross through the box that does not apply.

##### EITHER


I have **known** the donor for at least **two years** and as more than an acquaintance. My personal knowledge of the donor is:

##### OR

I have **relevant professional skills**. (Please state your profession – for example, a GP or solicitor – and then the particular skills that are relevant to you forming your opinion – for example, a consultant specialising in geriatric care.)

My profession and particular skills are:

Continues over →


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**Part B – Declaration by the person who is signing this certificate** (continued)

**Things you certify**

I certify that, in my opinion, at the time of signing part A:

- the donor understands the purpose of this lasting power of attorney and the scope of the authority conferred under it
- no fraud or undue pressure is being used to induce the donor to create this lasting power of attorney
- there is nothing else which would prevent this lasting power of attorney from being created by the completion of this form.

**Your signature**

**!** Do not sign until part A of this lasting power of attorney has been filled in and signed.

Sign as soon as possible after part A is signed. If this part is signed before part A is signed, this lasting power of attorney will not be valid and will be rejected when an application is made to register it.

Signature of certificate provider

[Signature box]

Date signed

DD MM YYYY

**Name and address of the person who is signing this certificate**

Mr Mrs Ms Miss Other title

[Title selection boxes]

First names of certificate provider

[First names box]

Last name of certificate provider

[Last name box]

Address and postcode of certificate provider

[Address lines]

Postcode

[Postcode box]


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## Part C Declaration by each attorney or replacement attorney

Your attorney(s) and replacement attorney(s) sign and date this part.

 **If you are appointing more than one attorney, including replacement attorneys: photocopy this sheet before it is filled in so that each attorney has a copy to fill in and sign.**

### Statement by the attorney or replacement attorney who is signing this declaration

- The attorney or replacement attorney must not be bankrupt.
- Before a replacement can act for you, they must get in touch with the Office of the Public Guardian and return the original lasting power of attorney form. They will get guidance at that time about what needs to happen next.

**By signing below, I confirm all of the following:**

#### Understanding of role and responsibilities

I have read the section called 'Information you must read' on page 2 of this lasting power of attorney.


I understand my role and responsibilities under this lasting power of attorney, in particular:

- I have a duty to act based on the principles of the Mental Capacity Act 2005 and have regard to the Mental Capacity Act Code of Practice
- I can make decisions and act only when this lasting power of attorney has been registered
- I must make decisions and act in the best interests of the person who is giving this lasting power of attorney
- I can spend money to make gifts but only to charities or on customary occasions and for reasonable amounts
- I have a duty to keep accounts and financial records and produce them to the Office of the Public Guardian and/or to the Court of Protection on request.

#### Further statement of replacement attorney

If an original attorney's appointment is terminated, I will replace the original attorney if I am still eligible to act as an attorney.

I have the authority to act under this lasting power of attorney only after an original attorney's appointment is terminated and I have notified the Public Guardian of the event.

 **For this lasting power of attorney to be valid and registered this part should not be signed before Part A or part B have been completed, signed and dated. Sign part C as soon as possible after part B is signed.**

**Signed or marked by the attorney or replacement attorney as a deed and delivered (or if to be signed at their direction refer to separate guidance)**

Full name of [attorney] or [replacement attorney]  
*delete as appropriate*

Date signed or marked

D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---

**The witness must be over 18 and can be:**

- another attorney or replacement attorney named at part A or in continuation sheet A to this lasting power of attorney
- a certificate provider at part B of this lasting power of attorney.
- a person to be told when the application to register this lasting power of attorney is made.

The donor cannot be a witness.


The witness must see the attorney or replacement attorney sign or make a mark.

Signature of witness

Full name of witness

Address and postcode of witness

Address	Postcode

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**A1** Continuation sheet A1 – Additional people

Use this continuation sheet for details of all additional attorneys, replacement attorneys, or people to be told.  
 Make copies of this sheet before filling it in if you need more than one sheet.

**About the additional people**

For each additional person, provide the following details

- Whether you want them to act as an attorney, replacement attorney or person to be told

**!** If you don't make your requirements for each person clear this lasting power of attorney could be rejected at registration

- Their title, full name, address (including postcode)
- Their date of birth

For example:

- Third attorney
- Mr John Smith,
- 38 London Street,
- Posttown, PC6 9ZZ
- 19 January 1960

or:

- Second replacement attorney
- Mrs Susan Jones
- 27 Lincoln Road,
- Posttown, PC7 9XX
- 12 December 1962


**About you**

Name of person who is giving this lasting power of attorney

Signed or marked by (or signed by the direction of) the person giving this lasting power of attorney

Date signed or marked

D	D	M	M	Y	Y	Y
---	---	---	---	---	---	---

Please **attach** this sheet to the **back** of your lasting power of attorney **before** you sign and date the declaration in part A.  
**And** number your continuation sheets consecutively.

This is continuation sheet number   
 Total number of continuation sheets

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## A2 Continuation sheet A2 – how your attorneys make decisions jointly and severally, restrictions & conditions, guidance, payment

Only use this continuation sheet to provide further additional information about how you want your attorneys to act. Make copies of this sheet before filling it in if you need more than one sheet.

### About the additional information

For each additional piece of information you are providing, state whether it relates to:

- Which decisions your attorneys should make jointly and which decisions they should make jointly and severally (only if this applies)
- Restrictions and conditions
- Guidance to your attorneys
- Paying your attorneys


### About you

Name of person who is giving this lasting power of attorney

Date signed or marked

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---



Signed or marked by (or signed by the direction of) the person giving this lasting power of attorney

Please **attach** this sheet to the **back** of your lasting power of attorney **before** you sign and date the declaration in part A.

**And** number your continuation sheets consecutively.

This is continuation sheet number

Total number of continuation sheets

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# A3:PFA Continuation sheet A3 (property and financial affairs) – if you cannot sign or make a mark

Use this continuation sheet if you cannot sign at part A of your lasting power of attorney.

## Signature of someone signing on behalf of the person giving this lasting power of attorney

The person signing on behalf of the person giving this lasting power of attorney must

- sign in the person's presence **and** in the presence of **two witnesses**.
- sign in their own name
- not also be a witness.

Full name of the person signing

**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**

Date signed

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

**!** Sign and date each continuation sheet at the same time as you sign part A here  
 You must sign and date part A here **before** parts B and C are signed and dated.

## Each witness

- Must be 18 or over
- **Cannot** be an attorney or replacement attorney named at part A or any continuation sheet A to this lasting power of attorney

- Can be a certificate provider at part B
- Can be a person to be told when the application to register this lasting power of attorney is made
- Must initial any changes made in Part A

## Witnessed by

Signature of **first** witness

Date signed

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Full names of first witness

Address and postcode of first witness

Postcode							

## Also witnessed by

Signature of **second** witness

Date signed

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Full names of second witness

Address and postcode of second witness

Postcode							

## About you

Name of person who is giving this lasting power of attorney

Please **attach** to the **back** of your lasting power of attorney after this sheet has been signed and dated.

**And** number your continuation sheets consecutively.

This is continuation sheet number

Total number of continuation sheets

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## B Continuation sheet B – declaration by your second certificate provider: certificate to confirm understanding

Your second certificate provider signs and dates this continuation sheet

### Declaration by the person who is signing this certificate

Please refer to separate guidance for certificate providers. If the guidance is not followed, this lasting power of attorney may not be valid and could be rejected when an application is made to register it.

In part A (property and financial affairs section 8, or health and welfare section 9) has the person giving this lasting power of attorney chosen at least one person to be told when the application to register this lasting power of attorney is made?

If yes = you only need **one** certificate provider so you do **not** need to fill in this continuation sheet

If no = the **second** certificate provider must fill in this continuation sheet

The **donor** is the person who is giving this lasting power of attorney.

#### By signing below, I confirm:

##### My understanding of the role and responsibilities

I have read part A of this lasting power of attorney, including any continuation sheets.

I have read the section called '**Information you must read**' on page 2 of this lasting power of attorney.

I understand my role and responsibilities as a certificate provider.

##### Statement of acting independently

I confirm that I act independently of the attorneys and of the donor and I am aged 18 or over.

I am **not**:

- an attorney or replacement attorney named in this lasting power of attorney or any other lasting power of attorney or enduring power of attorney for the donor
- a family member related to the donor or any of their attorneys or replacements
- a business partner or paid employee of the donor or any of their attorneys or replacements
- the owner, director, manager or employee of a care home that the donor lives in, or a member of their family
- a director or employee of a trust corporation appointed as an attorney or replacement attorney in this lasting power of attorney (for property and financial affairs only).

##### How you formed your opinion

Before signing this certificate you must establish that the donor understands what it is, the authority they are giving their attorneys, and is not being pressurised into making it.

**If someone challenges this lasting power of attorney, you may need to explain how you formed your opinion.**

##### Statement of personal knowledge or relevant professional skills

Please cross through the box that does not apply.

##### EITHER

I have **known** the donor for at least **two years** and as more than an acquaintance. My personal knowledge of the donor is:

##### OR

I have **relevant professional skills**. (Please state your profession – for example, a GP or solicitor – and then the particular skills that are relevant to you forming your opinion – for example, a consultant specialising in geriatric care'.)

My profession and particular skills are:

Number each page individually and attach both continuation sheet B pages to the back of your lasting power of attorney **after** you sign and date the declaration in part A.

This is continuation sheet number

Total number of continuation sheets

Continues over →

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**B** Continuation sheet B (continued) – declaration by your second certificate provider: certificate to confirm understanding

**Declaration by the person who is signing this certificate (continued)**

**Things you certify**

I **certify** that, in my opinion, at the time of signing part A:

- the donor understands the purpose of this lasting power of attorney and the scope of the authority conferred under it
- no fraud or undue pressure is being used to induce the donor to create this lasting power of attorney
- there is nothing else which would prevent this lasting power of attorney from being created by the completion of this form.

**Your signature**

**!** Do not sign until part A of this lasting power of attorney has been filled in and signed.

Sign **as soon as possible** after part A is signed. If this part is signed before part A is signed, this lasting power of attorney will not be valid and will be rejected when an application is made to register it.

Signature of certificate provider

[Signature box]

Date signed

D D M M Y Y Y Y

**Name and address of the person who is signing this certificate**

Mr Mrs Ms Miss Other title

[Title selection boxes]

First names of certificate provider

[First names box]

Last name of certificate provider

[Last name box]

Address and postcode of certificate provider

[Address and postcode box]

Number each page individually and attach both pages of continuation sheet B to the back of your lasting power of attorney **after** you sign and date the declaration in part A.

This is continuation sheet number [ ]

Total number of continuation sheets [ ]

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## C Continuation sheet C – appointing a trust corporation as attorney or replacement attorney

Use this continuation sheet if you are appointing a trust corporation as attorney or replacement attorney.  
A trust corporation cannot be going through winding-up proceedings.

**Statement by the trust corporation acting as attorney or replacement attorney – person(s) signing on behalf of the trust corporation sign and date this statement**

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

**Understanding of role and responsibilities**

It has read the section called 'Information you must read' on page 2 of this lasting power of attorney.

It understands its role and responsibilities under this lasting power of attorney, in particular it:

- has a duty to act based on the legal principles of the Mental Capacity Act 2005 and have regard to the Mental Capacity Act Code of Practice
- can make decisions and act only when this lasting power of attorney has been registered
- must make decisions and act in the best interests of the person who is giving this lasting power of attorney
- can spend money to make gifts but only to charities or on customary occasions and for reasonable amounts
- has a duty to keep accounts and financial records and produce them to the Office of the Public Guardian or the Court of Protection on request.

*Tick the option which applies:*

**Either:**

Seal of trust corporation stamped below

**Or:**

At least one authorised person has signed and dated in the right-hand column

**!** For this lasting power of attorney to be valid and registered this part should not be signed before Part A or part B have been completed, signed and dated. Sign part C as soon as possible after part B is signed.

**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 person signing

Date signed

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Signature of second authorised person (*cross through if only one authorised person is required*)

Full name of second person signing

Date signed

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Company registration number

Please **attach** this sheet to the **back** of your lasting power of attorney **after** parts A and B are signed.  
**And** number your continuation sheets consecutively.

This is continuation sheet number

Total number of continuation sheets

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Part 2: Form for Instrument Intended to Create a Health and Welfare Lasting Power of Attorney

Page 1 of 12 – Keep all pages of this form together

For OPG office use only

LPA HW registered on
OPG reference number



## Lasting power of attorney for health and welfare

### About this lasting power of attorney

This lasting power of attorney allows you to choose people to act on your behalf (as an attorney) and make decisions about your **health and personal welfare**, when you are unable to make decisions for yourself. This can include decisions about your healthcare and medical treatment, decisions about where you live and day-to-day decisions about your personal welfare, such as your diet, dress or daily routine.


If you also want someone to make decisions about your **property and financial affairs**, you will need a separate form (downloadable from our website or call 0300 456 0300).

### Who can fill it in?

Anyone aged 18 or over, who has the mental capacity to do so.

### Before you fill in the lasting power of attorney:

1. Please read the guidance available at [publicguardian.gov.uk](http://publicguardian.gov.uk) or by calling **0300 456 0300**. See, for example, the **Lasting power of attorney creation pack** or other relevant guidance booklets which are all available online or by post.
2. Make sure you understand the purpose of this lasting power of attorney and the extent of the authority you are giving your attorneys.
3. Read the separate **Information sheet** to understand all the people involved, and how the three parts of the form should be filled in.
4. Make sure you, your certificate provider(s), and your attorney(s) have read the section on page 2 called **Information you must read** before filling in their relevant part.

 **This lasting power of attorney could be rejected at registration if it contains any errors.**

**Checklist**

See the information sheet for guidance on all the people involved

**Part A: about you, the attorneys you are appointing, and people to be told**

How many **attorneys** are you appointing? *Write in words.*

How many **replacement attorneys** are you appointing? *Write in words or write 'None' if this does not apply.*


How many **people to be told** are you choosing? *Write in words from 'None' to 'five'. If 'None' you must have two certificate providers in part B.*

**Part B: about your certificate providers**

How many **certificate providers do you have?** *(Tick one box)*

One    OR     Two

If you have used any continuation sheets each one must be signed and dated.

 Attached to the back of this lasting power of attorney are:

*(Write the number of each)*

continuation sheet A1

continuation sheet A2

continuation sheet A3:HW 2 pages

continuation sheet B

**Total number of continuation sheets**

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## Information you must read

This lasting power of attorney is a legal document. Each person who signs parts A, B and C must read this information before signing.

### Purpose of this lasting power of attorney

This lasting power of attorney gives your attorneys authority to make decisions about your health and welfare when you cannot make your own decisions. This can include where you live, who visits you and the type of care you receive.

### When your attorneys can act for you

Your attorneys can use this lasting power of attorney only after it has been registered and stamped on every page by the Office of the Public Guardian. Your attorneys can **only act when you lack the capacity to make the decision in question**. You may have capacity to make some decisions about your personal health and welfare but not others.

### The Mental Capacity Act

Your attorneys cannot do whatever they like. They must follow the principles of the Mental Capacity Act 2005.

Guidance about these principles is in the Mental Capacity Act Code of Practice. Your attorneys must have regard to the Code of Practice. They can get a copy from The Stationery Office at [tso.co.uk](http://tso.co.uk) or read it online at [publicguardian.gov.uk](http://publicguardian.gov.uk)

### Principles of the Act that your attorneys must follow

- 1 Your attorneys must assume that you can make your own decisions unless they establish that you cannot do so.
- 2 Your attorneys must help you to make as many of your own decisions as you can. They cannot treat you as unable to make the decision in question unless all practicable steps to help you to do so have been made without success.
- 3 Your attorneys must not treat you as unable to make the decision in question simply because you make an unwise decision.
- 4 Your attorneys must make decisions and act in your best interests when you are unable to make the decision in question.
- 5 Before your attorneys make the decision in question 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 best interests

Your attorneys must act in your best interests in making decisions for you when you are unable to make the decision in question yourself. They must take into account all the relevant circumstances. This includes, if appropriate, consulting you and others who are interested in your health and welfare. Any guidance you add may assist your attorneys in identifying your views.

### Cancelling this lasting power of attorney

You can cancel this lasting power of attorney at any time before or after it is registered as long as you have mental capacity to cancel it. Please read the guidance available at [publicguardian.gov.uk](http://publicguardian.gov.uk)

## How to fill in this form

- Tick the boxes that apply like this
- Use black or blue ink and write clearly
- Cross through any boxes or sections that don't apply to you, like this:

Any other names you are known by in financial documents or accounts

\_\_\_\_\_

- Don't use correction fluid – please cross out any mistakes and rewrite nearby. All corrections must be initialled by the person completing that section of the form (and their witness) like this:

Any other names you are known by in financial documents or accounts

WILLIAM EDWARD SMYTH  
A.S.B / W.E.S. SMYTH

- Your application could be rejected if your intentions are not clear and explicit. If you are in any doubt, please start again on a new copy of the form.

## What happens after you've filled it in?

The next step is to **register** it. You or your attorneys can do this at any time. The person applying will need to fill in a registration form and may need to pay a fee at that time. They will also need to send notices to the 'people to be told' named at part A when the application to register this lasting power of attorney is made. You can find out more and download the registration form at [publicguardian.gov.uk](http://publicguardian.gov.uk)

The 'people to be told' are given time to raise any concerns or objections. This means the earliest the Office of Public Guardian can register this lasting power of attorney is 6 weeks after they notify the donor or attorneys that an application to register has been received.

Your lasting power of attorney will **end** if it can no longer be used. For example, if a sole attorney dies or can no longer act for you and no replacement attorney has been named in this lasting power of attorney. Please read the guidance available at [publicguardian.gov.uk](http://publicguardian.gov.uk)

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# Part A Declaration by the person who is giving this lasting power of attorney

Please write clearly using black or blue ink.

## 1 About the person who is giving this lasting power of attorney

Mr	Mrs	Ms	Miss	Other title	Address and postcode
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
First names					Postcode
<input type="text"/>					
Last name					<input type="text"/>
Date of birth					Any other names you are known by in medical records or welfare records
<input type="text"/>					<input type="text"/>

## 2 About the attorneys you are appointing

### Thinking about your attorneys

- You can appoint more than one attorney if you want to. You do not have to appoint more than one attorney.
- Each attorney must be aged 18 or over. Choose people you know and trust to make decisions for you. You are recommended to read the separate guidance for people who want to make a lasting power of attorney for health and welfare.


### Your first or only attorney

Mr	Mrs	Ms	Miss	Other title
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
First names of your first or only attorney				
<input type="text"/>				
Last name of your first or only attorney				
<input type="text"/>				
Date of birth of your first or only attorney				
<input type="text"/>				
Address and postcode of your first or only attorney				
<input type="text"/>				
<input type="text"/>				
Postcode				
<input type="text"/>				

### Your second attorney

Please cross through this section if it does not apply.



Mr	Mrs	Ms	Miss	Other title
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
First names of your second attorney				
<input type="text"/>				
Last name of your second attorney				
<input type="text"/>				
Date of birth of your second attorney				
<input type="text"/>				
Address and postcode of your second attorney				
<input type="text"/>				
<input type="text"/>				
Postcode				
<input type="text"/>				

 If you are appointing more than two attorneys, use continuation sheet A1 to tell us about your other attorneys.

### Other attorneys you are appointing

Number of attorneys named in continuation sheet A1 attached to this lasting power of attorney

<input type="text"/>	Cross through this box if this does not apply
----------------------	---

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**3 About appointing replacements if an attorney can no longer act**

**Thinking about replacement attorneys**

- Replacement attorneys will only act once your attorney can no longer act for you.
- You can appoint replacements to replace an attorney who does not want to act for you or who is permanently no longer able to act because they are dead, have disclaimed, lack mental capacity or if they were married to you or were your civil partner, and have now had the marriage or civil partnership annulled or dissolved.
- You do not have to appoint any replacements.
- If you appoint only one attorney and no replacements, this lasting power of attorney will end when your attorney can no longer act.

**Your first or only replacement attorney** *Please cross through this section if it does not apply.*

Mr Mrs Ms Miss Other title


Date of birth of your first or only replacement

First names of your first or only replacement

Address and postcode of your first or only replacement

Last name of your first or only replacement

Postcode

 **If you are appointing more than one replacement, use continuation sheet A1 to tell us about your other replacement attorneys.**

**Other replacement attorneys you are appointing**

Number of replacement attorneys named in continuation sheet **A1** attached to this lasting power of attorney

*Cross through this box if this does not apply*

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**4 How you want your attorneys to make decisions**

**Thinking about how you want your attorneys to make decisions**

**!** If you leave this section blank, your attorneys will be appointed to make all decisions jointly.

- **Jointly:** this means that the attorneys must **make all decisions together**. → For further information on appointing your attorneys jointly, see the separate guidance.
- **Jointly and severally:** this means that attorneys can **make decisions together and separately**. This might be useful, for example, if one attorney is not available to make a decision at a certain time. If one attorney cannot act the remaining attorney is able to continue to make decisions.
- **Jointly for some decisions, and jointly and severally for other decisions:** this means that your attorneys **must make certain decisions together and** may make **certain decisions separately**. You will need to set out below how you want this to work in practice.

**Choosing which decisions must be made together and which decisions may be made separately – how this will work in practice**


- Please make your intentions clear about how your attorneys are to make the decision in question, for example about where you live, who visits you and the type of care you receive.
- Please check that your intentions will work in practice – it may not be possible to register or use this lasting power of attorney if they are not workable. Please read the separate guidance for examples that will not work in practice.

**How you want your attorneys to make decisions**

**If you are appointing only one attorney and no replacement attorneys, now go to section 5 →**

- Jointly  → Go to section 5 and cross through the box below
- Jointly and severally  → Go to section 5 and cross through the box below
- Jointly for some decisions, and jointly and severally for other decisions

**Only if you have ticked the last box above, now tell us in the space below which decisions your attorneys must make jointly and which decisions may be made jointly and severally**

 **If you need more space, use continuation sheet A2**

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**5 About life-sustaining treatment**

Life-sustaining treatment means any treatment that a doctor considers necessary to keep you alive. Whether or not a treatment is life-sustaining will depend on the specific situation. Some treatments will be life-sustaining in some situations but not in others.

The decisions you authorise your attorneys to make for you in this lasting power of attorney take the place of any advance decision you have already made on the same subject.

You must be clear whether or not you want to give your attorneys this authority. This is very important so please be clear about the choice you are making. You might want to discuss this first with your attorneys or doctors and health professionals.

**You must choose Option A OR Option B.**

Your attorneys can **only** make decisions about life-sustaining treatment if you choose Option A. If you choose Option B, your doctors will take into account where it is practicable and appropriate the views of your attorneys and people who are interested in your welfare as well as any written statement you may have made.

When you make your choice and sign this section you **must** have a witness. If you cannot sign you can make a mark instead.

**If you cannot sign or make a mark use continuation sheet A3:HW →**

- someone else **must** sign for you at your direction.
- they must sign in your presence **and** in the presence of **two witnesses**.

**Option A**

**Do not sign both boxes**

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

Signed in the presence of a witness by the person who is giving this lasting power of attorney

Your signature or mark

Date signed or marked

D	B	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

**The date you sign (or mark) here must be the same as the date you sign or mark section 10 Declaration.**

**Option B**

**Do not sign both boxes**

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

Signed in the presence of a witness by the person who is giving this lasting power of attorney

Your signature or mark

Date signed or marked

D	B	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

**The date you sign (or mark) here must be the same as the date you sign or mark section 10 Declaration.**

**Who can be a witness**

- You must be 18 or over.
- You **cannot** be an attorney or replacement attorney named at part A or any continuation sheets A to this lasting power of attorney.
- If you have been asked to be the certificate provider at part B, you can be a witness at part A.
- A person to be told when the application to register this lasting power of attorney is made can be a witness.

**Witnessed by**

Signature of witness

Full names of witness

Address and postcode of witness

Postcode

--	--

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## 6 About restrictions and conditions

### Putting restrictions and conditions into words

- You should read the separate guidance for examples of conditions and restrictions that will not work in practice.
- Your attorneys **must** follow any restrictions or conditions you put in place. But it may not be possible to register or use this lasting power of attorney if a condition is not workable.
- **Either:** give any restrictions and conditions about health and welfare here
- **Or:** if you would like your attorneys to make decisions with no restrictions or conditions, you should cross through this box.

### Restrictions and conditions about health and welfare


 **If you need more space, use continuation sheet A2**

## 7 About guidance to your attorneys

### Putting guidance into words

- Any guidance you add may help your attorneys to identify your views. You do not have to add any.
- Your attorneys do not have to follow your guidance but it will help them to understand your wishes when they make decisions for you.
- **Either:** Give any guidance about health and welfare here
- **Or:** if you have no guidance to add, please cross through this box.

### Guidance to your attorneys about health and welfare

 **If you need more space, use continuation sheet A2**

## 8 About paying your attorneys



### Professional charges

- Professional attorneys, such as solicitors and accountants, charge for their services. You can also choose to pay a non-professional person for their services. You **should** discuss payment with your attorneys and record any agreement made here to avoid any confusion later.
- You can choose to pay non-professional attorneys for their services, but if you do not record any agreement here they will only be able to recover reasonable out-of-pocket expenses

### Charges for services

 **If you need more space, use continuation sheet A2**

→ For further information on paying attorneys, please see the separate guidance.

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**9 About people to be told when the application to register this lasting power of attorney is made**

**Thinking about people to be told**

- For your protection you can choose up to **five people to be told** when your lasting power of attorney is being registered. This gives people who know you well an opportunity to raise any concerns or objections **before** this lasting power of attorney is registered and can be used.



**You do not have to choose anyone. But if you leave this section blank, you must choose two people to sign the certificate to confirm understanding at part B.**

- The people to be told cannot be your attorney or replacement named at part A or in continuation sheets to part A.

**The first or only person to be told**

*Please cross through this section if it does not apply.*

Mr  Mrs  Ms  Miss  Other title

First names of first or only person to be told

Last name of first or only person to be told

Address and postcode of first or only person to be told

Postcode

**The second person to be told**

*Please cross through this section if it does not apply.*

Mr  Mrs  Ms  Miss  Other title

First names of second person to be told

Last name of second person to be told

Address and postcode of second person to be told

Postcode

**Other people to be told**

*Please cross through this section if it does not apply.*

**Tell us about other people to be told on continuation sheet A1.**

Number of other people to be told named in continuation sheet **A1** attached to this lasting power of attorney

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10 Declaration by the person who is giving this lasting power of attorney

Before signing please check that you have:

- filled in every answer that applies to you
- crossed through blank boxes that do not apply to you
- filled in any continuation sheets
- crossed through any mistakes you have made
- initialled any changes you have made.

No changes may be made to this lasting power of attorney and no continuation sheets may be added after part A has been filled in and signed. If any change appears to have been made, this lasting power of attorney will not be valid and will be rejected when an application is made to register it.

By signing (or marking) on this page, or by directing someone to sign continuation sheet A3:HW, I confirm all of the following:

Statement of understanding

I have read or had read to me:

- the section called 'Information you must read' on page 2
- all information contained in part A and any continuation sheets to part A of this lasting power of attorney.

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 lasting power of attorney and to the provisions of the Mental Capacity Act 2005.

Statement about life-sustaining treatment

I have chosen option A or option B about life-sustaining treatment in section 5 of this lasting power of attorney.

People to be told when the application to register this lasting power of attorney is made

I have chosen the people to be told, and have chosen one person to sign the certificate of understanding at part B.

OR

I do not want anyone to be told, and have chosen two people to sign certificates of understanding at part B.

If you cannot sign this lasting power of attorney you can make a mark instead.

If you cannot sign or make a mark use continuation sheet A3:HW →

Signed (or marked) by the person giving this lasting power of attorney and delivered as a deed

[Signature box]

Date signed or marked

DDMMYYYY

- Sign (or mark) and date section 5 (Option A or Option B), and each continuation sheet at the same time as you sign (or mark) part A here.

You must sign (or mark) and date part A here before parts B and C are signed and dated.

The witness should be independent of you and:

- Must be 18 or over.
- Cannot be an attorney or replacement attorney named at part A or any continuation sheets to this lasting power of attorney.
- Can be a certificate provider at part B.
- Can be a person to be told when the application to register this lasting power of attorney is made.
- Must initial any changes made in Part A.

Sign section 5 (witnessing Option A or Option B) at the same time as you sign part A here.

Witnessed by

Signature of witness

[Signature box]

Full names of witness

[Name box]

Address and postcode of witness

[Address box]

Postcode [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

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## Part B Declaration by your first or only certificate provider: certificate to confirm understanding

Your certificate provider fills in, signs and dates this part.

### Declaration by the person who is signing this certificate

Please refer to separate guidance for certificate providers. If the guidance is not followed, this lasting power of attorney may not be valid and could be rejected when an application is made to register it.

In part A (section 9) has the person giving this lasting power of attorney chosen at least one person to be told when the application to register this lasting power of attorney is made?

If yes = **one** certificate provider fills in this part

If no = the **first** certificate provider fills in this part and the **second** certificate provider must fill in continuation sheet **B**.

The **donor** is the person who is giving this lasting power of attorney.

#### By signing below, I confirm:

##### My understanding of the role and responsibilities

I have read part A of this lasting power of attorney, including any continuation sheets.

I have read the section called 'Information you must read' on page 2 of this lasting power of attorney.

I understand my role and responsibilities as a certificate provider.

##### Statement of acting independently

I confirm that I act independently of the attorneys and of the donor and I am aged 18 or over.

I am **not**:

- an attorney or replacement attorney named in this lasting power of attorney or any other lasting power of attorney or enduring power of attorney for the donor
- a family member related to the donor or any of their attorneys or replacements
- a business partner or paid employee of the donor or any of their attorneys or replacements
- the owner, director, manager or employee of a care home that the donor lives in, or a member of their family.

##### How you formed your opinion

Before signing this certificate you must establish that the donor understands what it is, the authority they are giving their attorneys, and is not being pressurised into making it.

**If someone challenges this lasting power of attorney, you may need to explain how you formed your opinion.**

##### Statement of personal knowledge or relevant professional skills

Please cross through the box that does not apply.

##### EITHER

I have **known** the donor for at least **two years** and as more than an acquaintance. My personal knowledge of the donor is:

##### OR

I have **relevant professional skills**. (Please state your profession – for example, a GP or solicitor – and then the particular skills that are relevant to you forming your opinion – for example, a consultant specialising in geriatric care.)

My profession and particular skills are:

Continues over →

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**Part B – Declaration by the person who is signing this certificate** (continued)

**Things you certify**

I **certify** that, in my opinion, at the time of signing part A:

- the donor understands the purpose of this lasting power of attorney and the scope of the authority conferred under it
- no fraud or undue pressure is being used to induce the donor to create this lasting power of attorney
- there is nothing else which would prevent this lasting power of attorney from being created by the completion of this form.

**Your signature**

**!** Do not sign until part A of this lasting power of attorney has been filled in and signed.

Sign as soon as possible after part A is signed. If this part is signed before part A is signed, this lasting power of attorney will not be valid and will be rejected when an application is made to register it.

Signature of certificate provider

[Signature box]

Date signed

[Date box: DD MM YYYY]

**Name and address of the person who is signing this certificate**

Mr Mrs Ms Miss Other title

[Title selection boxes]

First names of certificate provider

[First names box]

Last name of certificate provider

[Last name box]

Address and postcode of certificate provider

[Address and postcode boxes]

Postcode



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## Part C Declaration by each attorney or replacement attorney

Your attorney(s) and replacement attorney(s) sign and date this part.

 **If you are appointing more than one attorney, including replacement attorneys: photocopy this sheet before it is filled in so that each attorney has a copy to fill in and sign.**

### Statement by the attorney or replacement attorney who is signing this declaration

- Before a replacement can act for you, they must get in touch with the Office of the Public Guardian and return the original lasting power of attorney form. They will get guidance at that time about what needs to happen next.

By signing below, I confirm all of the following:

#### Understanding of role and responsibilities

I have read the section called 'Information you must read' on page 2 of this lasting power of attorney.


I understand my role and responsibilities under this lasting power of attorney, in particular:

- I have a duty to act based on the principles of the Mental Capacity Act 2005 and have regard to the Mental Capacity Act Code of Practice
- I can make decisions and act only when this lasting power of attorney has been registered and when the person who is giving this lasting power of attorney lacks mental capacity
- I must make decisions and act in the best interests of the person who is giving this lasting power of attorney

#### Further statement of replacement attorney

If an original attorney's appointment is terminated, I will replace the original attorney if I am still eligible to act as an attorney.

I have the authority to act under this lasting power of attorney only after an original attorney's appointment is terminated and I have notified the Public Guardian of the event.

 For this lasting power of attorney to be valid and registered this part should not be signed before Part A or part B have been completed, signed and dated. Sign part C as soon as possible after part B is signed.

**Signed or marked by the attorney or replacement attorney as a deed and delivered (or if to be signed at their direction refer to separate guidance)**

Full name of [attorney] or [replacement attorney] (delete as appropriate)

Date signed or marked

The witness must be over 18 and can be:

- another attorney or replacement attorney named at part A or in continuation sheet A to this lasting power of attorney
- a certificate provider at part B of this lasting power of attorney.
- a person to be told when the application to register this lasting power of attorney is made.

The donor cannot be a witness.


The witness must see the attorney or replacement attorney sign or make a mark.

Signature of witness

Full name of witness

Address and postcode of witness to the attorney's or replacement attorney's signature

Postcode

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## A1 Continuation sheet A1 – Additional people

Use this continuation sheet for details of all additional attorneys, replacement attorneys, or people to be told. Make copies of this sheet before filling it in if you need more than one sheet.

### About the additional people

**For each additional person, provide the following details**

- Whether you want them to act as an attorney, replacement attorney or person to be told

**!** **If you don't make your requirements for each person clear this lasting power of attorney could be rejected at registration**

- Their title, full name, address (including postcode)
- Their date of birth

For example:

- Third attorney
- Mr John Smith,
- 38 London Street,
- Posttown, PC6 9ZZ
- 19 January 1960

or:

- Second replacement attorney
- Mrs Susan Jones
- 27 Lincoln Road,
- Posttown, PC7 9XX
- 12 December 1962


### About you

Name of person who is giving this lasting power of attorney

**Signed or marked by (or signed by the direction of) the person giving this lasting power of attorney**

Date signed or marked

Please **attach** this sheet to the **back** of your lasting power of attorney **before** you sign and date the declaration in part A.

**And** number your continuation sheets consecutively.

This is continuation sheet number

Total number of continuation sheets

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## A2 Continuation sheet A2 – how your attorneys make decisions jointly and severally, restrictions & conditions, guidance, payment

Only use this continuation sheet to provide further additional information about how you want your attorneys to act. Make copies of this sheet before filling it in if you need more than one sheet.

### About the additional information

For each additional piece of information you are providing, state whether it relates to:

- Which decisions your attorneys should make jointly and which decisions they should make jointly and severally (only if this applies)
- Restrictions and conditions
- Guidance to your attorneys
- Paying your attorneys


### About you

Name of person who is giving this lasting power of attorney

Date signed or marked

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Signed or marked by (or signed by the direction of) the person giving this lasting power of attorney

Please **attach** this sheet to the **back** of your lasting power of attorney **before** you sign and date the declaration in part A.

**And** number your continuation sheets consecutively.

This is continuation sheet number

Total number of continuation sheets

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# A3:HW Continuation sheet A3 (health and welfare) – if you cannot sign or make a mark

Use this continuation sheet if you cannot sign or make a mark at part A of your lasting power of attorney.

The person signing on behalf of the person giving this lasting power of attorney must

- sign in the person’s presence **and** in the presence of **two witnesses**.
- sign in their own name
- not also be a witness.

Full name of the person signing

## Option A

**!** Do not sign both boxes

I want to give my attorneys authority to give or refuse consent to life-sustaining treatment on my behalf.

Signature of someone signing for the person who is giving this lasting power of attorney

Date signed

**!** The date you sign here must be the same as the date you sign below.

## Option B

**!** Do not sign both boxes

I do not want to give my attorneys authority to give or refuse consent to life-sustaining treatment on my behalf.

Signature of someone signing for the person who is giving this lasting power of attorney

Date signed

**!** The date you sign here must be the same as the date you sign below.

Signature of someone signing on behalf of the person giving this lasting power of attorney

I confirm that I have signed at Option A or Option B in the presence of and directed by the person giving this lasting power of attorney and in the presence of two witnesses

Date signed

**!** Sign and date Option A or Option B above, and each continuation sheet, at the same time as you sign part A here.

You must sign and date part A here **before** parts B and C are signed and dated.

Signed as a deed and delivered in the presence of and directed by the person giving this lasting power of attorney and in the presence of two witnesses

**This continuation sheet has two pages. Two witnesses must sign on the next page →**

Number each page individually and attach both pages of continuation sheet A3:HW to the **back** of your lasting power of attorney after they have been signed and dated.

This is continuation sheet number

Total number of continuation sheets

Continues over →

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# A3:HW

Continuation sheet A3 (health and welfare) –  
if you cannot sign or make a mark (continued)

**Each witness**

- Must be 18 or over.
- **Cannot** be an attorney or replacement attorney named at part A or any continuation sheets A to this lasting power of attorney.
- Can be a certificate provider at part B, .
- Can be a person to be told when the application to register this lasting power of attorney is made.
- Must initial any changes made in Part A.

**Witnessed by**

Signature of first witness

Date signed

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Full names of first witness

Address and postcode of first witness

Postcode	

**Also witnessed by**

Signature of second witness

Date signed

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Full names of second witness

Address and postcode of second witness

Postcode	

**About you**

Name of person who is giving this lasting power of attorney

**This continuation sheet has two pages.**

Number each page individually and attach both pages of continuation sheet A3:HW to the **back** of your lasting power of attorney after they have been signed and dated.

This is continuation sheet number

Total number of continuation sheets

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## B Continuation sheet B – declaration by your second certificate provider: certificate to confirm understanding

Your second certificate provider signs and dates this continuation sheet

### Declaration by the person who is signing this certificate

Please refer to separate guidance for certificate providers. If the guidance is not followed, this lasting power of attorney may not be valid and could be rejected when an application is made to register it.

In part A (property and financial affairs section 8, or health and welfare section 9) has the person giving this lasting power of attorney chosen at least one person to be told when the application to register this lasting power of attorney is made?

If yes = you only need **one** certificate provider so you do **not** need to fill in this continuation sheet

If no = the **second** certificate provider must fill in this continuation sheet

The **donor** is the person who is giving this lasting power of attorney.

#### By signing below, I confirm:

##### My understanding of the role and responsibilities

I have read part A of this lasting power of attorney, including any continuation sheets.

I have read the section called '**Information you must read**' on page 2 of this lasting power of attorney.

I understand my role and responsibilities as a certificate provider.

##### Statement of acting independently

I confirm that I act independently of the attorneys and of the donor and I am aged 18 or over.

I am **not**:

- an attorney or replacement attorney named in this lasting power of attorney or any other lasting power of attorney or enduring power of attorney for the donor
- a family member related to the donor or any of their attorneys or replacements
- a business partner or paid employee of the donor or any of their attorneys or replacements
- the owner, director, manager or employee of a care home that the donor lives in, or a member of their family
- a director or employee of a trust corporation appointed as an attorney or replacement attorney in this lasting power of attorney (for property and financial affairs only).

#### How you formed your opinion

Before signing this certificate you must establish that the donor understands what it is, the authority they are giving their attorneys, and is not being pressurised into making it.

**If someone challenges this lasting power of attorney, you may need to explain how you formed your opinion.**

#### Statement of personal knowledge or relevant professional skills

Please cross through the box that does not apply.

#### EITHER

I have **known** the donor for at least **two years** and as more than an acquaintance. My personal knowledge of the donor is:

#### OR

I have **relevant professional skills**. (Please state your profession – for example, a GP or solicitor – and then the particular skills that are relevant to you forming your opinion – for example, a consultant specialising in geriatric care'.)

My profession and particular skills are:

Number each page individually and attach both continuation sheet B pages to the back of your lasting power of attorney **after** you sign and date the declaration in part A.

This is continuation sheet number

Total number of continuation sheets

Continues over →

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## B Continuation sheet B (continued) – declaration by your second certificate provider: certificate to confirm understanding

### Declaration by the person who is signing this certificate (continued)

#### Things you certify

I certify that, in my opinion, at the time of signing part A:

- the donor understands the purpose of this lasting power of attorney and the scope of the authority conferred under it
- no fraud or undue pressure is being used to induce the donor to create this lasting power of attorney
- there is nothing else which would prevent this lasting power of attorney from being created by the completion of this form.

#### Your signature

**!** Do not sign until part A of this lasting power of attorney has been filled in and signed.

Sign **as soon as possible** after part A is signed. If this part is signed before part A is signed, this lasting power of attorney will not be valid and will be rejected when an application is made to register it.

Signature of certificate provider

Date signed

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Number each page individually and attach both pages of continuation sheet B to the back of your lasting power of attorney **after** you sign and date the declaration in part A.

#### Name and address of the person who is signing this certificate

Mr Mrs Ms Miss Other title

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
--------------------------	--------------------------	--------------------------	--------------------------	----------------------

First names of certificate provider

Last name of certificate provider

Address and postcode of certificate provider

<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Postcode	<input type="text"/>

This is continuation sheet number

Total number of continuation sheets

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## EXPLANATORY NOTE

*(This note is not part of the Regulations)*

These Regulations amend the Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007 (“the 2007 Regulations”) so as to substitute new prescribed forms for instruments intended to create a property and financial affairs Lasting Power of Attorney

or a health and welfare Lasting Power of Attorney. The relevant prescribed form must be used in order to make either a health and welfare or a property and financial affairs Lasting Power of Attorney. However regulation 6 permits the continued use of the forms which are replaced by the new prescribed forms provided execution of the form occurs before 1 April 2011.

Regulation 3 of these Regulations corrects a minor and non-substantive error in regulation 18(2)(a) of the 2007 Regulations by removing the word ‘of’. Regulation 4 of these Regulations corrects an error in regulation 32(6) of the 2007 Regulations by inserting the word ‘relating’. This word was omitted in error in the 2007 Regulations. The purpose of regulation 32 is to disclose information about P rather than to disclose information to P, as regulation 32(3) of the 2007 Regulations makes clear. The amendment to regulation 32(6) of the 2007 Regulations reflects this.

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**S.I. 2009 No. 1884 The Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian (Amendment) Regulations 2009**