# 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

### Page 1 of 11 - Keep all pages of this form together For OPG office use only LPA PA registered on Office of the OPG reference number **Public Guardian** Lasting power of attorney – See the information sheet for guidance on all the people involved property and financial affairs Part A: about you, the attorneys you are appointing, and people to be told About this lasting power of attorney This lasting power of attorney allows you to choose people to act on your How many attorneys are you behalf (as an attorney) and make decisions about your property and appointing? Write in words. 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). How many replacement attorneys are you appointing? Write in words or write 'None' if this does not apply. 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: How many people to be told are you choosing? Write in words from 'None' to 'five'. If 'None' you must have 1. Please read the guidance available at publicguardian.gov.uk or by calling 0300 456 0300. See, for example, the Lasting power of attorney two certificate providers in part B. 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. How many certificate providers 4. Make sure you, your certificate provider(s), and your attorney(s) have do you have? (Tick one box) read the section on page 2 called Information you must read before OR filling in their relevant part. 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: This lasting power of attorney could be rejected (Write the number of each) at registration if it contains any errors. continuation sheet A1 continuation sheet A2 continuation sheet A3:PFA continuation sheet B continuation sheet C Total number of continuation sheets LPA PA 10 09 © Crown copyright 2009 Valid only with Office of the Public Guardian stamp Helpline 0300 456 0300 publicguardian.gov.uk

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Lasting power of attorney for property and financial affairs

# 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 or read it online at 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
- 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

### How to fill in this form





- · 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

WILLIAM EDWARD SMITH

A.S.B / WES. 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** 

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

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	wer of attorney
Mr Mrs Ms Miss Other title  First names	Address and postcode
Last name	Postcode
Date of birth	Any other names you are known by in financial documents or accounts
2 About the attorneys you are appointing	
for property and financial affairs.  Your attorney must not be bankrupt.  Your first or only attorney  Mr Mrs Ms Miss Other title	Your second attorney Please cross through this section if it does not apply. Mr Mrs Ms Miss Other title
First names of your first or only attorney	First names of your second attorney
Last name of your first or only attorney	Last name of your second attorney
	Date of birth of your second attorney
Date of birth of your first or only attorney	D'D'M'M'Y'Y'Y
	Address and postcode of your second attorney
D'D'M'M'Y'Y'Y'Y	
Address and postcode of your first or only attorney	Address and postcode of your second attorney

<ul> <li>A trust corporation cannot be going through winding-up</li> </ul>	proceedings.
Company name	Address
Are you appointing this trust corporation to act as an	
attorney, or	
replacement attorney?	Postcode
3 About appointing replacements if an attorney of	an no longer act
	can no longer act for you.  ho does not want to act for you or who is permanently no ve disclaimed, lack mental capacity or if they were married marriage or civil partnership annulled or dissolved.  his lasting power of attorney will end when your attorney  s through this section if it does not apply.  Date of birth of your first or only replacement
	D'D'M'M'Y'Y'Y
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	1000
	Postcode
	Posicode
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

	3
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	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.
in practice.	
How you want your attorneys to make decisions	ant attornave now so to section 5 A
If you are appointing only one attorney and no replacem	
Jointly	→ Go to section 5 and cross through the box below
Jointly and severally	→ Go to section 5 and cross through the box below
Only if you have ticked the last box above, now tell attorneys must make jointly and which decisions m	

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.      About guidance to your attorneys	strictions and conditions about property and financial affa  If you need more space, use continuation sheet A2  idance to your attorneys about property and financial affa
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.  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	If you need more space, use continuation sheet A2
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.  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	
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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	
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	
your guidance but it will help them to understand your wishes when they	
understand your wishes when they	
Either: Give any guidance about	
property and financial affairs here     Or: if you have no guidance to add,	
please cross through this box.	
	If you need more space, use continuation sheet A2
7 About paying your attorneys	
Professional charges Ch. Professional attorneys, such as	arges for services
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	If you need more space, use continuation sheet A2
	For further information on paying attorneys, please see the separate
G	guidance.
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	o know you well an op	to be told when your lasting power of attorney portunity to raise any concerns or objections b	
	se anyone. But if you	leave this section blank, you must choose	two people
		cement named at part A or in continuation shee	ts to part A.
The first or only person to be t Please cross through this section if it		The second person to be told  Please cross through this section if it does n	iot apply.
Mr Mrs Ms Miss Other t	itle	Mr Mrs Ms Miss Other title	
First names of first or only person	n to be told	First names of second person to be told	d
Last name of first or only person	to be told	Last name of second person to be told	
Address and postcode of first or to be told	only person	Address and postcode of second personal to be told	on
Postcode		Postcode	
A CLUSTER LIBERTATION AND LIBERTATION			
Other people to be told  Please cross through this section if it  Tell us about other people to  Number of other people to be told sheet A1 attached to this lasting	be told on continuat		
Please cross through this section if it  Tell us about other people to  Number of other people to be tole	be told on continuat		

Before signing please check that you have:  • filled in every answer that applies to you	People to be told when the application to register this lasting power of attorney is made
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.	I have chosen the people to be told, and have chosen one person to sign the certificate of understanding at part B.
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	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
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.	Date signed or marked  O'O'M'M'Y'Y'Y'  Sign (or mark) and date each continuation sher 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	Witnessed by Signature of witness
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.	Full names of witness  Address and postcode of witness
	Postcode

Lasting power of attorney for property and financial affairs Page 9 of 11 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. How you formed your opinion If the guidance is not followed, this lasting power of Before signing this certificate you must establish that attorney may not be valid and could be rejected the donor understands what it is, the authority they are when an application is made to register it. giving their attorneys, and is not being pressurised into In part A (section 8) has the person giving this lasting making it. power of attorney chosen at least one person to be told If someone challenges this lasting power of attorney, when the application to register this lasting power of you may need to explain how you formed your attorney is made? opinion. If yes = one certificate provider fills in this part Statement of personal knowledge or relevant If no = the first certificate provider fills in this part professional skills and the second certificate provider must fill in continuation sheet B Please cross through the box that does not apply. The donor is the person who is giving this lasting power of attorney. I have known the donor for at least two years and as more than an acquaintance. My personal By signing below, I confirm: knowledge of the donor is: 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: I have relevant professional skills. (Please state · an attorney or replacement attorney named in this your profession - for example, a GP or solicitor lasting power of attorney or any other lasting power of and then the particular skills that are relevant to attorney or enduring power of attorney for the donor you forming your opinion - for example, a · a family member related to the donor or any of their consultant specialising in geriatric care.) attorneys or replacements My profession and particular skills are: · 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 a director or employee of a trust corporation appointed as an attorney or replacement attorney in this lasting power of attorney. Continues over →

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	s certificate (continued)
Things you certify	Name and address of the person who is signing
I certify that, in my opinion, at the time of signing part A:	this certificate
the donor understands the purpose of this lasting	Mr Mrs Ms Miss Other title
power of attorney and the scope of the authority	
conferred under it	First names of certificate provider
no fraud or undue pressure is being used to induce	First flames of certificate provider
the donor to create this lasting power of attorney	
<ul> <li>there is nothing else which would prevent this lasting power of attorney from being created by the</li> </ul>	Last name of certificate provider
completion of this form.	
Your signature	Address and postcode of certificate provider
O not sign until part A of this lasting power of	Address and postcode of certificate provider
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.	Postcode
Signature of certificate provider	1 000000
But stand	
Date signed	
o'o'm'm'Y'Y'Y'Y	
	e of the Public Guardian starro
	e of the Public Guardian stamp

Part C	Your attorney(s) and replacement	attorney(s) sign and date this part.
ff you are appointing this sheet before it i	g more than one attorney, includin is filled in so that each attorney ha	g replacement attorneys: photocopy is a copy to fill in and sign.
	rney or replacement attorney w	
Before a replacement of		uch with the Office of the Public Guardian and return the ance at that time about what needs to happen next.
By signing below, I co	onfirm all of the following:	
read' on page 2 of this la	alled 'Information you must asting power of attorney.	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.
<ul> <li>I have a duty to act be</li> </ul>	sed on the principles of the	Signed or marked by the attorney or replacement attorney as a deed and delivered (or if to be signe
Mental Capacity Act 2 Mental Capacity Act C	005 and have regard to the code of Practice	at their direction refer to separate guidance)
<ul> <li>I can make decisions power of attorney has</li> </ul>	and act only when this lasting been registered	
	s and act in the best interests of ng this lasting power of attorney	8 1 1 1 1 1 1 1 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3
· I can spend money to	make gifts but only to charities sions and for reasonable	Full name of [attorney] or [replacement attorney] delete as appropriate
and produce them to t	accounts and financial records the Office of the Public Guardian Protection on request.	Date signed or marked
Further statement of re	eplacement attorney	
If an original attorney's ap	pointment is terminated, I will ney if I am still eligible to act as	
attorney only after an original	t under this lasting power of ginal attorney's appointment notified the Public Guardian of	
The witness must be	over 18 and can be:	Signature of witness
	placement attorney named at n sheet A to this lasting power	
<ul> <li>a certificate provider at attorney.</li> </ul>	t part B of this lasting power of	Full name of witness
	en the application to register torney is made.	
The donor cannot be a w	an estata un tate de la	Address and postcode of witness
The witness must see the attorney sign or make a r	e attorney or replacement mark.	
		Postcode

	orneys, replacement attor	neys, or people to be told.
Make copies of this sheet before filling it in if you need m	ore 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	For example: Third attorney Mr John Smith, Street, Posttown, PC6 9ZZ	Second replacement attorney     Mrs Susan Jones     27 Lincoln Road,
person clear this lasting power of attorney could be rejected at registration	• 19 January 1960	Posttown, PC7 9XX
Their title, full name, address (including postcode)     Their date of birth		12 December 1962
About you		
About you  Name of person who is giving this lasting power of attorney		or signed by the direction his lasting power of attorne
Name of person who is giving this lasting power		

	Lasting power of attorr
A2 Continuation sheet A2 – how your a severally, restrictions & conditions,	attorneys make decisions jointly and guidance, payment
	onal information about how you want your attorneys to ac
Make copies of this sheet before filling it in if you need i	more than one sheet.
About the additional information For each additional piece of information you are pro	widing state whether it relates to:
Which decisions your attorneys should make jointly and	
decisions they should make jointly and severally (only if	
Restrictions and conditions Guidance to your attorneys	
Paying your attorneys	
//6 //-	
About you	
	Signed or marked by (or signed by the direction
Name of person who is giving this lasting power	Signed or marked by (or signed by the direction of) the person giving this lasting power of attorne
Name of person who is giving this lasting power	Signed or marked by (or signed by the direction of) the person giving this lasting power of attorne
Name of person who is giving this lasting power	
Name of person who is giving this lasting power of attorney	
Name of person who is giving this lasting power of attorney  Date signed or marked	
About you  Name of person who is giving this lasting power of attorney  Date signed or marked  D'D'M'M'Y'Y'Y'	
Name of person who is giving this lasting power of attorney  Date signed or marked	
Name of person who is giving this lasting power of attorney  Date signed or marked  D'D'M'M'Y'Y'Y'Y	of) the person giving this lasting power of attorne
Name of person who is giving this lasting power of attorney  Date signed or marked  D D M M Y Y Y Y  Please attach this sheet to the back of your lasting power of attorney before you sign and date the	of) the person giving this lasting power of attorne  This is continuation sheet number
Name of person who is 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.	of) the person giving this lasting power of attorne
Name of person who is 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.	of) the person giving this lasting power of attorne  This is continuation sheet number
Name of person who is 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.	of) the person giving this lasting power of attorne  This is continuation sheet number
Name of person who is 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.	of) the person giving this lasting power of attorne  This is continuation sheet number  Total number of continuation sheets
Name of person who is giving this lasting power of attorney  Date signed or marked  D D M M Y 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.	of) the person giving this lasting power of attorne  This is continuation sheet number

A3.FFA if you cannot sign or n	(property and financial affairs) – nake 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 pers	on 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.	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
Full name of the person signing	
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.	Date signed D'D'M'M'Y'Y'Y'
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	Also witnessed by Signature of second witness
Date signed	Date signed D'D'M'M'Y'Y'Y
Full names of first witness	Full names of second witness
	Full names of second witness  Address and postcode of second witness
Full names of first witness	
Full names of first witness  Address and postcode of first witness  Postcode	Address and postcode of second witness
Full names of first witness  Address and postcode of first witness	Address and postcode of second witness  Postcode

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.  The donor is the donor underst giving their attorn making it.  If someone chall you may need to opinion.  Statement of perportessional sk Please cross throe EITHER  I have known the and as more that knowledge of the second call in this continuation sheet.  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.	s certificate you must establish that ands what it is, the authority they are eys, and is not being pressurised into enges this lasting power of attorned explain how you formed your resonal knowledge or relevant tills ugh the box that does not apply. The donor for at least two years in an acquaintance. My personal
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I confirm that I act independently of the attorneys and of the donor and I am aged 18 or over.  OR	
the donor and I am aged 18 or over. OR	
t and a second s	
	professional skills. (Please state
lasting power of attorney or any other lasting power of and then the part	- for example, a GP or solicitor – icular skills that are relevant to opinion – for example, a
a family member related to the donor or any of their consultant special	alising in geriatric care'.)
a business partner or paid employee of the donor or any of their attorneys or replacements	d particular skills are:
the owner, director, manager or employee of a care home that the donor lives in, or a member of their family	
<ul> <li>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).</li> </ul>	
Number each page individually and attach both This is continual	ion sheet number
continuation sheet B pages to the back of your lasting	continuation sheets  Continues over

Declaration by the person who is signing this certific	ate /continued)
Things you certify	Name and address of the person who is signing this certificate
I certify that, in my opinion, at the time of signing part A:	Mr Mrs Ms Miss Other title
<ul> <li>the donor understands the purpose of this lasting power of attorney and the scope of the authority</li> </ul>	
conferred under it	First names of certificate provider
no fraud or undue pressure is being used to induce	First flames of certificate provider
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	Last name of certificate provider
completion of this form.	# L
Your signature	Address and postcode of certificate provider
Do not sign until part A of this lasting power of	
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.	Postcode
Signature of certificate provider	Fusicode
Date signed	
Date signed	
Date signed	
D'D'M'M'Y'Y'Y  Number each page individually and attach both	This is continuation sheet number
D'D'M'M'Y'Y'Y  Number each page individually and attach both pages of continuation sheet B to the back of your	
D'D'M'M'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	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 Office of the OPG reference number **Public Guardian** Lasting power of attorney See the information sheet for guidance on all the people involved for health and welfare Part A: about you, the attorneys you are appointing, and people to be told About this lasting power of attorney This lasting power of attorney allows you to choose people to act on your How many attorneys are you behalf (as an attorney) and make decisions about your health and personal appointing? Write in words. 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. How many replacement attorneys If you also want someone to make decisions about your property and are you appointing? Write in words financial affairs, you will need a separate form (downloadable from our or write 'None' if this does not apply. website or call 0300 456 0300). Who can fill it in? How many people to be told are Anyone aged 18 or over, who has the mental capacity to do so. you choosing? Write in words from 'None' to 'five', if 'None' you must have two certificate providers in part B. Before you fill in the lasting power of attorney: 1. Please read the guidance available at 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 How many certificate providers attorney and the extent of the authority you are giving your attorneys. do you have? (Tick one box) 3. Read the separate Information sheet to understand all the people OR 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 If you have used any continuation filling in their relevant part. sheets each one must be signed and dated. Attached to the back of this lasting power of attorney are: This lasting power of attorney could be rejected (Write the number of each) at registration if it contains any errors. continuation sheet A1 continuation sheet A2 continuation sheet A3:HW 2 pages continuation sheet B. Total number of continuation sheets LPA HW 10 09 © Crown copyright 2009 Valid only with Office of the Public Guardian stamp Helpline 0300 456 0300 publicguardian.gov.uk

Page 2 of 12

### Lasting power of attorney for health and welfare

# 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 or read it online at 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

### 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

WILLIAM EDWARD SMITH

A.S.B / WES. 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

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

Helpline

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Valid only with Office of the Public Guardian stamp

Yease write clearly using black or blue ink.	on who is giving this lasting power of attorn
1 About the person who is giving this lasting pov	ver of attorney
Mr Mrs Ms Miss Other title First names	Address and postcode
i i ot i i atrico	-
Last name	Postcode
Date of birth	Any other names you are known by in medical records or welfare records
2 About the attorneys you are appointing	Bilan manaman seringan manaman serina
<ul> <li>You can appoint more than one attorney if you want to.</li> <li>Each attorney must be aged 18 or over. Choose people You are recommended to read the separate guidance for health and welfare.</li> </ul>	you know and trust to make decisions for you. or people who want to make a lasting power of attorney
Your first or only attorney  Mr Mrs Ms Miss Other title	Your second attorney Please cross through this section if it does not apply. Mr Mrs Ms Miss Other title
First names of your first or only attorney	First names of your second attorney
Last name of your first or only attorney	Last name of your second attorney
Date of birth of your first or only attorney	Date of birth of your second attorney
Address and postcode of your first or only attorney	Address and postcode of your second attorney
Postcode	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

age 4 of 12	
3 About appointing replacements if an attorney of	an no longer act
longer able to act because they are dead, have disclair were your civil partner, and have now had the marriage • You do not have to appoint any replacements.	ho does not want to act for you or who is permanently no ned, lack mental capacity or if they were married to you or
Your first or only replacement attorney Please cros	s 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.  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

How you want your attorneys to make decision	ns —
Thinking about how you want your attorneys or make decisions  P 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	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.
in practice.	
low you want your attorneys to make decisions	
you are appointing only one attorney and no replacer	ment attorneys, now go to section 5 →
ointly	→ Go to section 5 and cross through the box below
ointly and severally	→ Go to section 5 and cross through the box below
ttorneys must make jointly and which decisions r	may be made jointly and severally
	If you need more space, use continuation sheet A2

Page 6 of 12

Lasting power of attorney for health and welfare

#### 5 About life-sustaining treatment Life-sustaining treatment means any treatment that a You must choose Option A OR Option B. doctor considers necessary to keep you alive. Whether Your attorneys can only make decisions about lifeor not a treatment is life-sustaining will depend on sustaining treatment if you choose Option A. If you the specific situation. Some treatments will be lifechoose Option B, your doctors will take into account sustaining in some situations but not in others. where it is practicable and appropriate the views of The decisions you authorise your attorneys to make for your attorneys and people who are interested in your you in this lasting power of attorney take the place of welfare as well as any written statement you may have any advance decision you have already made on the same subject. When you make your choice and sign this section you You must be clear whether or not you want to give must have a witness. If you cannot sign you can make your attorneys this authority. This is very important so a mark instead. please be clear about the choice you are making. You ff you cannot sign or make a mark use might want to discuss this first with your attorneys or continuation sheet A3:HW -> doctors and health professionals. · someone else must sign for you at your direction. . they must sign in your presence and in the presence of two witnesses. Do not sign Do not sign Option A Option B both boxes both boxes I want to give my attorneys authority to give or I do not want to give my attorneys authority to give refuse consent to life-sustaining treatment on my or refuse consent to life-sustaining treatment on my behalf. behalf. Signed in the presence of a witness by the person who Signed in the presence of a witness by the person is giving this lasting power of attorney who is giving this lasting power of attorney Your signature or mark Your signature or mark The date you sign (or The date you sign (or Date signed or marked Date signed or marked mark) here must be mark) here must be the same as the date you M'M'Y'Y'Y M'M'Y'Y'Y the same as the date you sign or mark section 10 sign or mark section 10 Declaration. Declaration. Witnessed by Who can be a witness You must be 18 or over. Signature of witness · 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 Full names of witness this lasting power of attorney is made can be a witness. Address and postcode of witness

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Valid only with Office of the Public Guardian stamp

Postcode

6 About restrictions and conditions	
Putting restrictions and conditions	
into words	Restrictions and conditions about health and welfare
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	If you need more space, use continuation sheet A2
this box.	
7 About guidance to your attorneys	
Putting guidance into words	Guidance to your attorneys about health and welfare
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	
<ul> <li>Or: if you have no guidance to add, please cross through this box.</li> </ul>	
	If you need more space, use continuation sheet A2
	iii) ii you need more space, dise continuation sneet A2
8 About paying your attorneys	
Professional charges	Charges for services
<ul> <li>Professional attorneys, such as solicitors and accountants, charge for</li> </ul>	
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	
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	If you need more space, use continuation sheet A2
expenses	
	→ For further information on paying attorneys, please see the separate quidance.
Helpline	only with Office of the Public Guardian stamp
) 0300 456 0300	

	tion to register this lasting power of attorney is made
Thinking about people to be told	
	ople to be told when your lasting power of attorney is being
	an opportunity to raise any concerns or objections before this
lasting power of attorney is registered and can be	
<ul> <li>You do not have to choose anyone. But it to sign the certificate to confirm underst.</li> </ul>	f you leave this section blank, you must choose two people
	replacement named at part A or in continuation sheets to part A.
The first or only person to be told	The second person to be told
Please cross through this section if it does not apply.	Please cross through this section if it does not apply.
Mr Mrs Ms Miss Other title	Mr Mrs Ms Miss Other title
First names of first or only person to be told	First names of second person to be told
not harried of mot or only person to be told	That hamos of second person to be told
Last name of first or only person to be told	Last name of second person to be told
Address and postcode of first or only person	Address and postcode of second person
to be told	to be told
Postcode	Postcode
Posicode	Fosicode
Other people to be told	
	tinuation sheet A1.
Please cross through this section if it does not apply  Tell us about other people to be told on con	
Please cross through this section if it does not apply  Tell us about other people to be told on continuous of other people to be told named in continuous of other pe	inuation
Please cross through this section if it does not apply  Tell us about other people to be told on continuous of other people to be told named in continuous of other people to be told named in continuous of other people to be told named in continuous of other people to be told named in continuous of other people to be told named in continuous of other people to be told named in continuous of other people to be told named in continuous of other people to be told named in continuous of the people to be told named in continuous of the people to be told named in continuous of the people to be told named in continuous of the people to be told named in continuous of the people to be told named in continuous of the people to be told on the people to be told on the people to be told named in continuous of the people to be told on the people to be told named in continuous of the people to be told named in continuous of the people to be told named in continuous of the people to be told named in continuous of the people to be told named in continuous of the people told named in the people	inuation
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Please cross through this section if it does not apply  Tell us about other people to be told on continuous of other people to be told named in continuous and attached to this lasting power of attorned to the section of the section of attorned to the section of attorned to the section of attorned to the section of the sect	inuation

10 Declaration by the person who is giving this lastin	g power of attorney
Before signing please check that you have: filled in every answer that applies to you	People to be told when the application to register this lasting power of attorney is made
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.	I have chosen the people to be told, and have chosen one person to sign the certificate of understanding at part B.
No changes may be made to this lasting power of	OR
attorney and no continuation sheets may be added after part A has been filled in and signed. If any change	I do not want anyone to be told, and have chosen <b>two</b> people to sign certificates of understanding at part B.
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.	If you cannot sign this lasting power of attorney you can make a mark instead.
made to register it.	If you cannot sign or make a mark use
By signing (or marking) on this page, or by directing someone to sign continuation sheet A3:HW, I confirm all of the following:	□ continuation sheet A3:HW →     Signed (or marked) by the person giving this
	lasting power of attorney and delivered as a deed
Statement of understanding	
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	Date signed or marked
of attorney.	D'D'M'M'Y'Y'Y
appoint and give my attorneys authority to make	Sign (or mark) and date
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.	section 5 (Option A or Option B), and     each continuation sheet     at the same time as you sign (or mark) part A here.
Statement about life-sustaining treatment	You must sign (or mark) and date part A here before parts B and C are signed and dated.
I have chosen option A or option B about life- sustaining treatment in section 5 of this lasting power of attorney.	
The witness should be independent of you and:	Witnessed by
Must be 18 or over.	Signature of witness
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.	Full names of witness
Must initial any changes made in Part A.	Address and postcode of witness
Sign section 5 (witnessing Option A or Option B) at the same time as you sign part A here.	The case and posteded of Walless
	Postcode
rieipilite	of the Public Guardian stamp
2 0300 456 0300	

Part B Declaration by your first provider: certificate to compare the provider of the provider	f or only certificate confirm understanding
Your certificate provider fills in, signs and dates this part.	
Declaration by the person who is signing this certifi	cate
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 and the second certificate provider must fill in continuation sheet B	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 attorne 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
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:	and as more than an acquaintance. My personal knowledge of the donor is:  OR
<ul> <li>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</li> <li>a family member related to the donor or any of their attorneys or replacements</li> <li>a business partner or paid employee of the donor or any of their attorneys or replacements</li> <li>the owner, director, manager or employee of a care home that the donor lives in, or a member of their family.</li> </ul>	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:
Helpline  Valid only with Office  Valid only with Office	Continues over

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		s certificate (continued)
toertify 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 suthority conferred under it on fraud or undue pressure is being used to induce the donor io create this lasting power of attorney or attorney from being created by the completion of this form.  Your signature  Do not sign until part A of 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  Miss Other title  Mr. Mrs. Ms. Miss Other title  First names of certificate provider  Last name of certificate provider  Address and postcode of certificate provider  Address and postcode of certificate provider  Postcode  Helpline  Valid only with Office of the Public Guardian stamp		
the donor understands the purpose of this lasting power of attorney and the scope of the authority conferred under it on 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. If his 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  Mr Mrs Ms Miss Other title  First names of certificate provider  Last name of certificate provider  Address and postoode of certificate provider  Postcode  Postcode  Will M'Y'Y'Y'  Date signed  Will M'Y'Y'Y'Y  Walld only with Office of the Public Guardian stamp		
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 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. If this part is signed before part A is signed, this lasting power of attorney has been filled in and signed. If this part is signed before part A is signed, this lasting power of attorney with to be valid and will be rejected when an application is made to register it.  Signature of certificate provider  Postcode  Will M'Y'Y'Y'  Helpline  Valid only with Office of the Public Guardian stamp		Mr Mrs Ms Miss Other title
The infauld 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. If this part is signed before 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  MMYYYYY  Helpline  Walld only with Office of the Public Guardian stamp		
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  Donot sign until part A of this lasting power of attorney has been filled in and 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 I.  Signature of certificate provider  Date signed  MMYYYYY  Helpline  Valid only with Office of the Public Guardian stamp	conferred under it	First names of contificate provider
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. If this part is signed before 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  This is the provider is a signed before 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  This is the provider is and postcode of certificate provider  Postcode  Helpline  Valid only with Office of the Public Guardian stamp	no fraud or undue pressure is being used to induce	First flames of certificate provider
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. 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 I.  Signature of certificate provider  Date signed  TMMYYYYY  Helpline    Valid only with Office of the Public Guardian stamp		
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  Date signed  Walid only with Office of the Public Guardian stamp		Last name of certificate provider
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  MMYYYYY  Wall only with Office of the Public Guardian stamp		
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  MMYYYYY  Wall only with Office of the Public Guardian stamp	Your signature	Address and postends of cadificate provider
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  MMYYYYY  Wild only with Office of the Public Guardian stamp	⚠ Do not sign until part A of this lasting power of	Address and postcode of certificate provider
part is signed before part A is signed, this lasting power of atterney will not be valid and will be rejected when an application is made to register it.  Signature of certificate provider  Date signed  MMYYYYY  MMYYYYY  Helpline  Valid only with Office of the Public Guardian stamp	attorney has been filled in and signed.	
of attorney will not be valid and will be rejected when an application is made to register it.  Signature of certificate provider  Date signed	Sign as soon as possible after part A is signed. If this	
Application is made to register it.  Signature of certificate provider  Date signed  D'D'M'M'Y'Y'Y'Y  Helpline  Valid only with Office of the Public Guardian stamp		
Date signed	application is made to register it.	Postcode
Date signed  Distribution of the Public Guardian stamp  Valid only with Office of the Public Guardian stamp	Signature of certificate provider	
Helpline  Valid only with Office of the Public Guardian stamp		
Helpline  Valid only with Office of the Public Guardian stamp		
Helpline  Valid only with Office of the Public Guardian stamp		
Helpline  Valid only with Office of the Public Guardian stamp		
Helpline  Valid only with Office of the Public Guardian stamp	Date signed	
Helpline Valid only with Office of the Public Guardian stamp		
	D M M Y Y Y Y	
	Helpline Valid only with Office	e of the Public Guardian stamp

Part C Declaration by each attoryour attorney(s) and replacement	orney or replacement attorney attorney(s) sign and date this part.
ff you are appointing more than one attorney, including this sheet before it is filled in so that each attorney ha	
Statement by the attorney or replacement attorney w	ho is signing this declaration
<ul> <li>Before a replacement can act for you, they must get in to original lasting power of attorney form. They will get guide</li> </ul>	
By signing below, I confirm all of the following:	
Understanding of role and responsibilities	For this lasting power of attorney to be valid and registered this part should not be signed
I have read the section called 'Information you must	before Part A or part B have been completed,
read' on page 2 of this lasting power of attorney.	signed and dated. Sign part C as soon as possible after part B is signed.
I understand my role and responsibilities under this lasting power of attorney, in particular:	personal and part of a agreed
I have a duty to act based on the principles of the	Signed or marked by the attorney or replacement attorney as a deed and delivered (or if to be signe
Mental Capacity Act 2005 and have regard to the Mental Capacity Act Code of Practice	at their direction refer to separate guidance)
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	Full name of [attorney] or [replacement attorney]
<ul> <li>I must make decisions and act in the best interests of the person who is giving this lasting power of attorney</li> </ul>	(delete as appropriate)
Further statement of replacement attorney	54 (5) 24 (2) (5) (5) (5) (5) (5) (5) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6
If an original attorney's appointment is terminated, I will	Date signed or marked
replace the original attorney if I am still eligible to act as an attorney.	' 'M'M'Y'Y'Y
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.	
The witness must be over 18 and can be:	Signature of witness
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.	Full name of witness
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	Address and postcode of witness to the attorney's or replacement attorney's signature
attorney sign or make a mark.	or replacement attorney's signature
	Postcode
Helpline Valid only with Office	e of the Public Guardian stamp

Use this continuation sheet for details of all additional	people	rnews, or neonle to be told
Make copies of this sheet before filling it in if you need	*	rioyo, or people to be total
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	For example: or:  Third attorney  Mr John Smith, attorney  38 London Street, Posttown, PC6 9ZZ  27 Lincoln Road.	Second replacement attorney     Mrs Susan Jones
<ul> <li>person clear this lasting power of attorney could be rejected at registration</li> </ul>	• 19 January 1960	Posttown, PC7 9XX
Their title, full name, address (including postcode)     Their date of birth		12 December 1962
About you		
Name of person who is giving this lasting power		(or signed by the direction this lasting power of attorne
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		

A2 Continuation sheet A2 – how your a severally, restrictions & conditions	attorneys make decisions jointly and , guidance, payment
Only use this continuation sheet to provide further additi	ional information about how you want your attorneys to ac
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 pro- Which decisions your attorneys should make jointly and decisions they should make jointly and severally (only if Restrictions and conditions Guidance to your attorneys Paying your attorneys	which
Name of person who is giving this lasting power	Signed or marked by (or signed by the direction of) the person giving this lasting power of attorney
Name of person who is giving this lasting power of attorney	
Name of person who is giving this lasting power of attorney  Date signed or marked  D D M M Y Y Y Y  Please attach this sheet to the back of your lasting power of attorney before you sign and date the	
About you  Name of person who is 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.	of) the person giving this lasting power of attorner
Name of person who is giving this lasting power of attorney  Date signed or marked  D D M M Y 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.	of) the person giving this lasting power of attorner

		La	sang power v	of attorney for health and wel
<b>A3</b> :HW	Continuation sheet A3 (health and welfare) – if you cannot sign or make a mark			
Use this continuation sl	heet if you cannot sign or make a	mark at part A of	your lasting	power of attorney.
lasting power of attorney	ehalf of the person giving this must seence <b>and</b> in the presence of	Full name of the	person sig	ning
Option A	O Do not sign both boxes	Option	В	Do not sign both boxes
refuse consent to life-s behalf.	neys authority to give or sustaining treatment on my signing for the person who is r of attorney	or refuse consi behalf.	ent to life-s meone sign	ttorneys authority to give ustaining treatment on m ning for the person who is attorney
Date signed	Y The date you sign here must be the same as the date you sign below.	Date signed	,,A,A,A	The date you sign here must be the same as the date you sig below.
Cinastura of company	signing on behalf of the person	an civing this las	line nouse	of ottornous
NA 4 - P N - 12 - 12 N - 12 N - 12 N - 12	igned at Option A or Option B i	n the presence o	f and direc	
giving this lasting pov	ver of attorney and in the prese	ence of two withe	Signed as a deed and delivered in the presenc of and directed by the person giving this lastin power of attorney and in the presence of two	
		Signed as a de of and directe power of attor	d by the pe	rson giving this lasting
Date signed  D'D'M'M'Y'Y'  Sign and date Opticach continuation sign part A here.	Y on A or Option B above, and sheet, at the same time as you date part A here before parts	Signed as a de	d by the pe	rson giving this lasting
Date signed  DDMMYYYY  Sign and date Opticach continuation sign part A here.  You must sign and B and C are signed  This continuation s	Y  ion A or Option B above, and sheet, at the same time as you date part A here before parts and dated.	Signed as a de of and directe power of attor	d by the pe	rson giving this lasting
giving this lasting pove Date signed  D'D'M'M'Y'Y'Y'  Sign and date Optic each continuation sign part A here. You must sign and B and C are signed  This continuation so Two witnesses must have been page indipages of continuation signed and continuation signed.	Y ion A or Option B above, and sheet, at the same time as you date part A here before parts it and dated.	Signed as a de of and directe power of attor	d by the pe ney and in	rson giving this lasting the presence of two

Lasting power of attorney for health and welfare

Page 2 of 2

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.
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
еу
This is continuation sheet number  Total number of continuation sheets

Continuation sheet B – declaration b certificate to confirm understanding	y your second certificate provider:	
Your second certificate provider signs and dates this conf	tinuation sheet	
Declaration by the person who is signing this certifi		
Please refer to separate guidance for certificate providers.	How you formed your opinion	
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.	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	
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?	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	
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	Please cross through the box that does not apply.	
The donor is the person who is giving this lasting power of attorney.	EITHER I have known the donor for at least two years and as more than an acquaintance. My personal	
By signing below, I confirm:	knowledge of the donor is:	
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.	OR	
I am not:	I have relevant professional skills. (Please state	
an attorney or replacement attorney named in this lasting power of attorney or any other lasting power of	your profession – for example, a GP or solicitor – and then the particular skills that are relevant to you forming your opinion – for example, a	
attorney or enduring power of attorney for the donor     a family member related to the donor or any of their     attorneys or replacements	consultant specialising in geriatric care'.)	
a business partner or paid employee of the donor or any of their attorneys or replacements	My profession and particular skills are:	
the owner, director, manager or employee of a care home that the donor lives in, or a member of their family		
<ul> <li>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).</li> </ul>		
Number each page individually and attach both	This is continuation sheet number	
continuation sheet B pages to the back of your lasting power of attorney after you sign and date the declaration in part A.	Total number of continuation sheets  Continues ove	

provider: certificate to confirm under	
Declaration by the person who is signing this certific	ate (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. 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	Name and address of the person who is signing this certificate  Mr Mrs Ms Miss Other title  First names of certificate provider  Last name of certificate provider  Address and postcode of certificate provider  Postcode
Date signed  D'D'M'M'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.	This is continuation sheet number  Total number of continuation sheets
Helpline Valid only with Office	e of the Public Guardian stamp