

**2015 No. 899**

**MENTAL CAPACITY, ENGLAND AND WALES**

**The Lasting Powers of Attorney, Enduring Powers of Attorney  
and Public Guardian (Amendment) Regulations 2015**

<i>Made</i> - - - -	<i>25th March 2015</i>
<i>Laid before Parliament</i>	<i>26th March 2015</i>
<i>Coming into force</i> - -	<i>1st July 2015</i>

The Lord Chancellor makes the following Regulations in exercise of the powers conferred by sections 58(3) and (4), 65(1) and (2) 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 2015.

(2) These Regulations come into force on 1st July 2015.

(3) In these Regulations—

- (a) “the 2007 Regulations” means the Lasting Powers of Attorney, Enduring Powers of Attorney and Public Guardian Regulations 2007(b); and
- (b) a reference to a regulation or Schedule by number alone means the regulation or Schedule so numbered in the 2007 Regulations.

**Amendments to the 2007 Regulations**

2. The 2007 Regulations are amended in accordance with regulations 3 to 16 of these Regulations.

3. In the list of contents of the 2007 Regulations—

- (a) in the entry for regulation 6, for “named persons” substitute “people to notify”;
- (b) omit the entry for regulation 7;
- (c) in the entry for regulation 14, for “named person” substitute “person to notify”;
- (d) for the entry for Schedule 1, substitute—

“SCHEDULE 1 – Form of Lasting Power of Attorney

Part 1 Form of Lasting Power of Attorney for Property and Financial Affairs:  
LP1F

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(a) 2005 c.9. There are relevant amendments in S.I. 2006/1016, article 2, Schedule 1, paragraphs 30 and 37.

(b) S.I. 2007/1253. There are relevant amendments in S.I. 2007/2161 regulations 2, 3; S.I. 2009/1884 regulations 2, 5, Schedule; S.I. 2011/2189, regulations 11, 12, 13, Schedule; S.I. 2013/506, regulations 2, 4, 9 to 12.

- Part 2 Form of Lasting Power of Attorney for Health and Welfare: LP1H”;
- (e) for the entry for Schedule 2, substitute “SCHEDULE 2 – Form of Notice of Intention to Register a Lasting Power of Attorney: LPA3”;
  - (f) for the entry for Schedule 3, substitute “SCHEDULE 3 – Form to Register Certain Lasting Powers of Attorney: LP2”;
  - (g) omit the entry for Schedule 3A;
  - (h) for the entry for Schedule 4, substitute—
    - “SCHEDULE 4 – Form of Notices of Application to Register a Lasting Power of Attorney
    - Part 1 Form of Notice to Attorney: Application to Register a Lasting Power of Attorney: LPA003A
    - Part 2 Form of Notice to Donor: Application to Register a Lasting Power of Attorney LPA003B”;
  - (i) for the entry for Schedule 6, substitute “SCHEDULE 6 – Form of Disclaimer by a Proposed or Acting Attorney under a Lasting Power of Attorney: LPA005”.
- 4.** In regulation 2(1)—
- (a) in the definition of “named person”—
    - (i) for “named person”, substitute “person to notify”; and
    - (ii) after “means a person who”, insert “, under Schedule 1, paragraph 2(1)(c)(i) of the Act,”; and
  - (b) in the definition of “prescribed information”, at the end of the definition, for ““prescribed information””, substitute “, ““Section 8 – Your legal rights and responsibilities””.
- 5.** In regulation 6 and in the heading to that regulation, for “named persons”, substitute “people to notify”.
- 6.** Omit regulation 7.
- 7.** In regulation 9—
- (a) in paragraph (3)(a), for “Part A” substitute “Sections 1 to 7”;
  - (b) For paragraph (3)(b) substitute—
    - “(b) subject to paragraph (7), in the presence of a witness—
      - (i) sign Section 9 of the instrument if the instrument is intended to create a lasting power of attorney for property and financial affairs (Form LP1F); or
      - (ii) sign Sections 5 and 9 of the instrument if the instrument is intended to create a lasting power of attorney for health and welfare (Form LP1H);”;
  - (c) at the end of paragraph (4)(a), omit “, or”;
  - (d) omit paragraph (4)(b);
  - (e) in paragraph (4), for “Part B” substitute “Section 10”; and
  - (f) in paragraph (6), for “Part C” each time it appears substitute “Section 11”.
- 8.** In regulation 10, for “(“LPA 001”)”, substitute “(Form LPA3)”.
- 9.** For regulation 11, substitute—

**“Application for registration**

**11.—(1)** An application to the Public Guardian for the registration of an instrument intended to create a lasting power of attorney that is in Form LP1F or LP1H must be made by completion of Sections 12 and 13, the relevant parts of Section 14 and Section 15 of that Form.

(2) An application to the Public Guardian for the registration of an instrument intended to create a lasting power of attorney that is in a pre-July 2015 form must be made by using Form LP2 set out in Schedule 3 to these Regulations.

(3) An application to the Public Guardian for the registration of an instrument intended to create a lasting power of attorney where the application is a repeat application (“a reduced fee repeat application”) may only be made if—

- (a) the initial application for the registration of a lasting power of attorney is made on or after 1st October 2011;
- (b) the initial application was returned to the applicant as invalid;
- (c) the reduced fee repeat application is submitted for registration within three months of the date on which the initial application was returned to the applicant as invalid; and
- (d) the reduced fee for such applications applies.

(4) Where the initial application for the registration of the lasting power of attorney was made in accordance with paragraph (1) using Form LP1F or LP1H, a reduced fee repeat application must also be made by the completion of Form LP1F or LP1H as appropriate, including completion of the repeat application option in Section 14 of that Form.

(5) Where the initial application for the registration of the lasting power of attorney was made in accordance with paragraph (2) using a pre-July 2015 form, a reduced fee repeat application must be made by the completion of Form LP1F or LP1H as appropriate, including completion of the repeat application option in Section 14 of that Form.

(6) Where the instrument to be registered which is sent with the application is neither—

- (a) the original instrument intended to create the power; nor
- (b) a certified copy of it,

the Public Guardian must not register the instrument unless the court directs the Public Guardian to do so.

(7) In this regulation—

- (a) “pre-July 2015 form” means a valid instrument intended to create a lasting power of attorney that is not in Form LP1F or LP1H but that complies with these Regulations as they were in force immediately before 1st July 2015; and
- (b) “certified copy” means a photographic or other facsimile copy which is certified as an accurate copy by—
  - (i) the donor; or
  - (ii) a solicitor or notary.”

**10.** In regulation 14(1) and (2) and in the heading to that regulation, for “named person”, substitute “person to notify”.

**11.** For Schedule 1, substitute the Schedule contained in Schedule 1 of these Regulations.

**12.** For Schedule 2, substitute the Schedule contained in Schedule 2 of these Regulations.

**13.** For Schedule 3, substitute the Schedule contained in Schedule 3 of these Regulations.

**14.** Omit Schedule 3A.

**15.** For Schedule 4, substitute the Schedule contained in Schedule 4 of these Regulations.

**16.** For Schedule 6, substitute the Schedule contained in Schedule 5 of these Regulations.

## **Transitional provisions**

17. A lasting power of attorney executed by the donor before 1st January 2016 in one of the forms prescribed in the Schedules as though it had not been substituted by these Regulations is capable of being a valid instrument, whether or not it has been registered.

18. Subject to regulation 19 of these Regulations, any other instrument executed before 1st January 2016 in one of the forms prescribed in the Schedules as though it had not been substituted by these Regulations is capable of being a valid instrument.

19.—(1) An application to register a lasting power of attorney in the form prescribed in Schedule 3 as though it had not been substituted by these Regulations that is executed and received by the Public Guardian before 1st January 2016 is capable of being valid, and regulation 11 applies to such applications as though that regulation had not been substituted by these Regulations.

(2) Paragraphs (3) and (4) apply in relation to repeat applications to register a lasting power of attorney where the original application to register received by the Public Guardian before 1st January 2016 is returned to the applicant as invalid.

(3) Where a repeat application is—

- (a) in the form set out in Schedule 3A as though it had not been omitted by these Regulations; and
- (b) is executed and received by the Public Guardian before 1st January 2016,

that application is capable of being valid and regulation 11 applies to such applications as though that regulation had not been substituted by these Regulations.

(4) For the avoidance of doubt, where a party wishes to make a repeat application but the repeat application will not be executed and received by the Public Guardian before 1st January 2016, regulation 11(5) applies as it has been substituted by these Regulations.

(5) In this regulation, “repeat application” means an application where—

- (a) the initial application for the registration of a lasting power of attorney is made on or after 1st October 2011;
- (b) the initial application is returned to the applicant as invalid;
- (c) the reduced fee repeat application is submitted for registration within three months of the date on which the initial application was returned to the applicant as invalid; and
- (d) the reduced fee for such applications applies.

Signed by authority of the Lord Chancellor

*Simon Hughes*  
Minister of State  
Ministry of Justice

25th March 2015

## SCHEDULES

### SCHEDULE 1

Regulation 11

### “SCHEDULE 1

Regulation 5

### Form of Lasting Power of Attorney

### PART 1

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



# Lasting power of attorney for property and financial affairs

## Section 1 The donor

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

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

Title      First names  
     

Last name

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

Date of birth  
          
Day                  Month                  Year

Address

Postcode   

Email address (optional)

**For OPG office use only**

LPA registration date                  OPG reference number  
      
Day                  Month                  Year

Only valid with the official stamp here.



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

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

## Section 2 The attorneys

Helpline  
0300 456 0300



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

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

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

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

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



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

Title  First names

Last name (or trust corporation name)

Date of birth

Day   Month   Year

Address

Postcode

Email address (optional)

Title  First names

Last name

Date of birth

Day   Month   Year

Address

Postcode

Email address (optional)

This attorney is a trust corporation.

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Section 2 – continued

Helpline  
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Title  First names

Last name

Date of birth  
Day   Month   Year

Address

Postcode

Email address (optional)

Title  First names

Last name

Date of birth  
Day   Month   Year

Address

Postcode

Email address (optional)

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



## Section 3

### How should your attorneys make decisions?

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

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

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

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

**Jointly and severally**

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

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

**Jointly**

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

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

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

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

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

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0300 456 0300



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



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

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## Section 4 Replacement attorneys

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

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

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

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

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



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

Title      First names  
     

Last name (or trust corporation name)

Date of birth  
         

Day      Month      Year

Address

Postcode   

Title      First names  
     

Last name

Date of birth  
         

Day      Month      Year

Address

Postcode   

This attorney is a trust corporation.

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

### When and how your replacement attorneys can act

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



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

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

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## Section 5

### When can your attorneys make decisions?

You can allow your attorneys to make decisions:

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

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

Your attorneys must always act in your best interests.

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

(tick one only)

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

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

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

This option is useful if you are able to make your own decisions but there's another reason you want your attorneys to help you – for example, if you're away on holiday, or if you have a physical condition that makes it difficult to visit the bank, talk on the phone or sign documents.

- Only when I don't have mental capacity**

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

Helpline  
0300 456 0300



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

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

Helpline  
0300 456 0300



### This section is optional

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

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

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

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



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

Title  First names

Last name

Address

Postcode

Title  First names

Last name

Address

Postcode

Title  First names

Last name

Address

Postcode

Title  First names

Last name

Address

Postcode

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

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## Section 7 Preferences and instructions

Helpline  
0300 456 0300



### This section is optional

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

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



**Help?**

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

### Preferences

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

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

I need more space – use Continuation sheet 2.

### Instructions

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



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

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

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

I need more space – use Continuation sheet 2.

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## Section 8

### Your legal rights and responsibilities

Helpline  
0300 456 0300



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

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

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

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

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

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

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

**Before this LPA can be used:**

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

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

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

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



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

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## Section 9 Signature: donor

Helpline  
0300 456 0300



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

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



### Be careful

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

#### Donor

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

Signature or mark

Date signed or marked

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

Day          Month          Year

If you have used Continuation sheets 1 or 2 you must sign and date each continuation sheet at the same time as you sign this page.

If you can't sign this LPA you can make a mark instead. If you can't sign or make a mark you can instruct someone else to sign for you, using Continuation sheet 3.

#### Witness

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

Signature or mark

Full name of witness

Address

Postcode



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

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## Section 10 Signature: certificate provider

Helpline  
0300 456 0300



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

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

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

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



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

### Certificate provider's statement

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

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

By signing this section I confirm that:

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

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

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

### Certificate provider

Title  First names

Last name

Address

Postcode

Signature or mark

Date signed or marked  
Day  Month  Year

Only valid with the official stamp here.

LPIF Property and financial  
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## Section 11 Signature: attorney or replacement

Helpline  
0300 456 0300



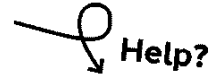
**!** Only sign this section after the certificate provider has signed section 10

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

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

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

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



**Help?**

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

### Attorney or replacement attorney

Signed (or marked) by the attorney or replacement attorney and delivered as a deed.

Signature or mark

Date signed or marked

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

Day      Month      Year

Title      First names

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

Last name

### Witness

The witness must not be the donor of this LPA, and must be aged 18 or over.

Signature or mark

Full names of witness

Address

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

Postcode

Only valid with the official stamp here.

LPIF Property and financial  
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## Section 11 Signature: attorney or replacement

Helpline  
0300 456 0300



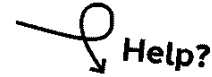
**!** Only sign this section after the certificate provider has signed section 10

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

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

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

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



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

### Attorney or replacement attorney

Signed (or marked) by the attorney or replacement attorney and delivered as a deed.

Signature or mark

Date signed or marked

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

Day      Month      Year

Title      First names

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

Last name

### Witness

The witness must not be the donor of this LPA, and must be aged 18 or over.

Signature or mark

Full names of witness

Address

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

Postcode

Only valid with the official stamp here.

LPIF Property and financial  
affairs (04.15)

13

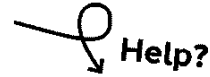
## Section 11 Signature: attorney or replacement

Helpline  
0300 456 0300



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

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



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

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

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

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

### Attorney or replacement attorney

Signed (or marked) by the attorney or replacement attorney and delivered as a deed.

Signature or mark

Date signed or marked

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

Day      Month      Year

Title      First names

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

Last name

### Witness

The witness must not be the donor of this LPA, and must be aged 18 or over.

Signature or mark

Full names of witness

Address

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

Postcode

Only valid with the official stamp here.

LPIF Property and financial  
affairs (04.15)

14

## Section 11 Signature: attorney or replacement

Helpline  
0300 456 0300



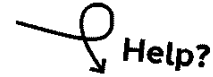
**!** Only sign this section after the certificate provider has signed section 10

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

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

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

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



**Help?**

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

### Attorney or replacement attorney

Signed (or marked) by the attorney or replacement attorney and delivered as a deed.

Signature or mark

Date signed or marked

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

Day      Month      Year

Title      First names

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

Last name

### Witness

The witness must not be the donor of this LPA, and must be aged 18 or over.

Signature or mark

Full names of witness

Address

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

Postcode

Only valid with the official stamp here.

LPIF Property and financial  
affairs (04.15)

15



## Now register your LPA

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

### People to notify

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

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

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

### Register now

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

# Register your lasting power of attorney

Helpline  
0300 456 0300



## Section 12 The applicant

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

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

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



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

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

Title    First names  
   

Last name

Date of birth  
         

Day    Month    Year

Title    First names  
   

Last name

Date of birth  
         

Day    Month    Year

Title    First names  
   

Last name

Date of birth  
         

Day    Month    Year

Title    First names  
   

Last name

Date of birth  
         

Day    Month    Year

## Section 13

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

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

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

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

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

Title      First names  
     

Last name

Company (optional)

Address

Postcode

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

You can choose more than one.

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

Helpline  
0300 456 0300



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

## Section 14 Application fee

Helpline  
0300 456 0300



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

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

### How would you like to pay?

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

#### Your phone number

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

- Cheque** Enclose a cheque with your application.



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

### Reduced application fee

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

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

### Are you making a repeat application?

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

- I'm making a repeat application**

#### Case number

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

### For OPG office use only

Payment reference														
<input type="text"/>														
Payment date				Amount										
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year												

LPIF Register your LPA (04.15)



## Section 15 Signature

Helpline  
0300 456 0300



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



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

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

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

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



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

Signature or mark

Date signed

Day Month Year

Signature or mark

Date signed

Day Month Year

Signature or mark

Date signed

Day Month Year

Signature or mark

Date signed

Day Month Year

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

# Continuation sheet 1

## Additional people

Helpline  
0300 456 0300



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

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



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

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

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

Full name

Signature or mark

Date signed or marked  
    
 Day      Month      Year

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

# Continuation sheet 1

## Additional people

Helpline  
0300 456 0300



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



If you use this page, you must sign it.

**Help?**

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

**Attorney** LPA section 2  
 **Replacement attorney** LPA section 4  
 **Person to notify** LPA section 6

Title      First names

Last name

Date of birth (not required for 'person to notify')

Day      Month      Year

Address

Postcode

Email address (optional)

**Attorney** LPA section 2  
 **Replacement attorney** LPA section 4  
 **Person to notify** LPA section 6

Title      First names

Last name

Date of birth (not required for 'person to notify')

Day      Month      Year

Address

Postcode

Email address (optional)

**Donor**

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

Full name

Signature or mark

Date signed or marked

Day      Month      Year

Only valid with the official stamp here.

LPC Continuation sheet 1 (04.15)

## Continuation sheet 2 Additional information

Helpline  
0300 456 0300



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

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

### What additional information are you providing?

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

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



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

### Donor

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

Full name

Signature or mark

Date signed or marked

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

Day

Month

Year

Only valid with the official stamp here.

LPC Continuation sheet 2 (04.15)

## Continuation sheet 2

### Additional information

Helpline  
0300 456 0300



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

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

#### What additional information are you providing?

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

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



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

#### Donor

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

Full name

Signature or mark

Date signed or marked

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

Day

Month

Year

Only valid with the official stamp here.

LPC Continuation sheet 2 (04.15)

# Continuation sheet 3

## If the donor cannot sign or mark

Helpline  
0300 456 0300



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

**Donor**  
Full name

**Signatory**  
You must:

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

If the LPA is for health and care decisions:

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

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

Signature or mark

Full name of person signing

Date signed or marked  
Day:   Month:   Year:

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

Signature or mark of first witness

Full name of first witness

Address of first witness

Postcode

Signature or mark of second witness

Full name of second witness

Address of second witness

Postcode

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

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

# Continuation sheet 4

## Trust corporation appointed as an attorney

Helpline  
0300 456 0300



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

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

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

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

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

Company registration number

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

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

Signature of first authorised person

Full name of first authorised person

Date signed or marked

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

Signature of second authorised person (if required)

Full name of second authorised person (if required)

Date signed or marked (if required)

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

Only valid with the official stamp here.

LPC Continuation sheet 4 (04.15)

## PART 2

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



Office of the  
Public Guardian

Helpline  
0300 456 0300



# Lasting power of attorney for health and welfare

## Section 1 The donor

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

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



Help?

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

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

Title	First names
<input type="text"/>	<input type="text"/>
Last name	
<input type="text"/>	
Any other names you're known by (optional – eg your married name)	
<input type="text"/>	
Date of birth	
<input type="text"/>	<input type="text"/>
Day	Month
<input type="text"/>	<input type="text"/>
Year	
<input type="text"/>	
Address	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Postcode	<input type="text"/>
Email address (optional)	
<input type="text"/>	

### For OPG office use only

LPA registration date	OPG reference number
<input type="text"/>	<input type="text"/>
Day	Month
<input type="text"/>	<input type="text"/>
Year	
<input type="text"/>	
Only valid with the official stamp here.	

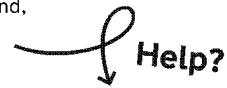
LPIH Health and welfare (04.15)

1



## Section 2 The attorneys

Helpline  
0300 456 0300



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

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

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

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

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

<p>Title <input type="text"/></p> <p>First names <input type="text"/></p> <p>Last name <input type="text"/></p> <p>Date of birth</p> <p>Day <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Address</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>Postcode <input type="text"/></p> <p>Email address (optional)</p> <p><input type="text"/></p>	<p>Title <input type="text"/></p> <p>First names <input type="text"/></p> <p>Last name <input type="text"/></p> <p>Date of birth</p> <p>Day <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Address</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>Postcode <input type="text"/></p> <p>Email address (optional)</p> <p><input type="text"/></p>
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Only valid with the official stamp here.

LPIH Health and welfare (04.15)

2

Section 2 - continued

Helpline  
0300 456 0300



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

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

## Section 3

### How should your attorneys make decisions?

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

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

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

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

**Jointly and severally**

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

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

**Jointly**

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

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

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

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

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

Helpline  
0300 456 0300



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



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

Only valid with the official stamp here.

LPIH Health and welfare (04.15)

4

## Section 4 Replacement attorneys

Helpline  
0300 456 0300



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

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

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

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



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

<p>Title <input type="text"/></p> <p>First names <input type="text"/></p> <p>Last name <input type="text"/></p> <p>Date of birth</p> <p>Day <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Address</p> <p><input type="text"/></p> <p><input type="text"/></p> <p>Postcode <input type="text"/></p>	<p>Title <input type="text"/></p> <p>First names <input type="text"/></p> <p>Last name <input type="text"/></p> <p>Date of birth</p> <p>Day <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Address</p> <p><input type="text"/></p> <p><input type="text"/></p> <p>Postcode <input type="text"/></p>
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**More replacements** – I want to appoint more than two replacements. Use Continuation sheet 1.

### When and how your replacement attorneys can act

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



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

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

Only valid with the official stamp here.

LPIH Health and welfare (04.15)

5

## Section 5 Life-sustaining treatment

Helpline  
0300 456 0300



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

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

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

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

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

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

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



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

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

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

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

Signature or mark

Date signed or marked

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

Day      Month      Year

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

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

Signature or mark

Date signed or marked

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

Day      Month      Year

### Witness

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

Signature or mark

Full name of witness

Address

Postcode

Only valid with the official stamp here.

LPIH Health and welfare (04.15)

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

Helpline  
0300 456 0300



### This section is optional

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

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

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

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



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

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

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

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

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

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

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LPIH Health and welfare (04.15)

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## Section 7 Preferences and instructions

Helpline  
0300 456 0300



### This section is optional

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

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



Help?

### Preferences

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

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

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

I need more space – use Continuation sheet 2.

### Instructions

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

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



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

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

I need more space – use Continuation sheet 2.

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LPIH Health and welfare (04.15)

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## Section 8

### Your legal rights and responsibilities

Helpline  
0300 456 0300



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

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

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

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

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

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

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

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

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

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

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



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


Only valid with the official stamp here.

LPIH Health and welfare (04.15)

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## Section 9 Signature: donor

Helpline  
0300 456 0300 




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

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



### Be careful

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

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

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LPIH Health and welfare (04.15)

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## Section 10

### Signature: certificate provider

Helpline  
0300 456 0300



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

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

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

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



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

#### Certificate provider's statement

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

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

By signing this section I confirm that:

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

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

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

#### Certificate provider

Title  First names

Last name

Address

Postcode

Signature or mark

Date signed or marked  
       
 Day Month Year

Only valid with the official stamp here.

LPIH Health and welfare (04.15)

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## Section 11 Signature: attorney or replacement

Helpline  
0300 456 0300

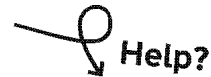


**!** Only sign this section after the certificate provider has signed section 10

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

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

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



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

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

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

Only valid with the official stamp here.

LPIH Health and welfare (04.15)

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## Section 11 Signature: attorney or replacement

Helpline  
0300 456 0300

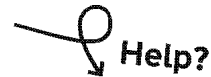


**!** Only sign this section after the certificate provider has signed section 10

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

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

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



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

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

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

Only valid with the official stamp here.

LPIH Health and welfare (04.15)

## Section 11 Signature: attorney or replacement

Helpline  
0300 456 0300

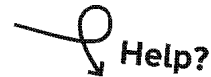


**!** Only sign this section after the certificate provider has signed section 10

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

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

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



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

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

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

## Section 11 Signature: attorney or replacement

Helpline  
0300 456 0300

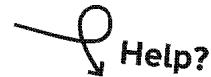


**!** Only sign this section after the certificate provider has signed section 10

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

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

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



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

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

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

Only valid with the official stamp here.

LPIH Health and welfare (04.15)

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## Now register your LPA

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

### People to notify

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

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

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

### Register now

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



# Register your lasting power of attorney

Helpline  
0300 456 0300



## Section 12 The applicant

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

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

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



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

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

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

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

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

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

Helpline  
0300 456 0300



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

**The donor**

**An attorney** (write name below)

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

Title      First names

Last name

Company (optional)

Address

Postcode



**Help?**

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

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

You can choose more than one.

**Post**

**Phone**

**Email**

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

## Section 14

### Application fee

Helpline  
0300 456 0300



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

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

#### How would you like to pay?

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

**Your phone number**

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



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

#### Reduced application fee

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

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

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

#### Are you making a repeat application?

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

**I'm making a repeat application**

**Case number**

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#### For OPG office use only

Payment reference

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Payment date

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Day

Month

Year

Amount

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LPIH Register your LPA (04.15)

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## Section 15 Signature

Helpline  
0300 456 0300



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



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

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

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

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



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

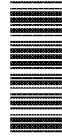
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																				
Day	Month	Year																							
<input type="text"/>	<input type="text"/>	<input type="text"/>	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

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

# Continuation sheet 1

## Additional people

Helpline  
0300 456 0300



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

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



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

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

**Donor**

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

Full name

Signature or mark

Date signed or marked  
    
 Day      Month      Year

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

# Continuation sheet 1

## Additional people

Helpline  
0300 456 0300



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



If you use this page, you must sign it.

Help?

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

**Attorney** LPA section 2  
 **Replacement attorney** LPA section 4  
 **Person to notify** LPA section 6

Title      First names

Last name

Date of birth (not required for 'person to notify')

Day      Month      Year

Address

Postcode

Email address (optional)

**Attorney** LPA section 2  
 **Replacement attorney** LPA section 4  
 **Person to notify** LPA section 6

Title      First names

Last name

Date of birth (not required for 'person to notify')

Day      Month      Year

Address

Postcode

Email address (optional)

**Donor**

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

Full name

Signature or mark

Date signed or marked

Day      Month      Year

Only valid with the official stamp here.

LPC Continuation sheet 1 (04.15)

## Continuation sheet 2 Additional information

Helpline  
0300 456 0300



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

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

### What additional information are you providing?

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

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



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

### Donor

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

Full name

Signature or mark

Date signed or marked

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

Day

Month

Year

Only valid with the official stamp here.

LPC Continuation sheet 2 (04.15)

## Continuation sheet 2

### Additional information

Helpline  
0300 456 0300



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

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

#### What additional information are you providing?

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

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



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

#### Donor

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

Full name

Signature or mark

Date signed or marked

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

Day

Month

Year

Only valid with the official stamp here.

LPC Continuation sheet 2 (04.15)

# Continuation sheet 3

## If the donor cannot sign or mark

Helpline  
0300 456 0300



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

**Donor**  
Full name

**Signatory**  
You must:

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

If the LPA is for health and care decisions:

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

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

Signature or mark

Full name of person signing

Date signed or marked  
Day:   Month:   Year:

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

Signature or mark of first witness

Full name of first witness

Address of first witness

Postcode

Signature or mark of second witness

Full name of second witness

Address of second witness

Postcode

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

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



# Continuation sheet 4

## Trust corporation appointed as an attorney

Helpline  
0300 456 0300



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

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

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

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

**Help?**

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

Company registration number

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

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

Signature of first authorised person

Full name of first authorised person

Date signed or marked

Day Month Year

Signature of second authorised person (if required)

Full name of second authorised person (if required)

Date signed or marked (if required)

Day Month Year

Only valid with the official stamp here.

LPC Continuation sheet 4 (04.15)

SCHEDULE 2

Regulation 12

“SCHEDULE 2

Regulation 10

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

# Notice of intention to register a lasting power of attorney

**Person to notify**

Title      First names

Last name

Address

Postcode

Date

Day      Month      Year

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

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

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

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

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

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

## Details of the lasting power of attorney

Helpline  
0300 456 0300



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

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

### About the lasting power of attorney

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

- Donor  
 Attorney(s)

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

- Property and financial affairs  
 Health and welfare

#### When did the donor sign the LPA?

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

## About the attorneys

Helpline  
0300 456 0300



### How are the attorneys appointed?

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

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

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



## How to object

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

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

### Factual objections:

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

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

### Prescribed objections:

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

To make a prescribed objection:

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

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

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

Helpline  
0300 456 0300



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

# Register your lasting power of attorney



## Section 1 About the lasting power of attorney

### Donor

Title      First names

--	--

Last name

--



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

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

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

- Property and financial affairs
- Health and welfare



## Section 2 The applicant

Helpline  
0300 456 0300



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

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

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



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

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

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



### Section 3

## Who do you want to receive the LPA?

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

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

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

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

Title      First names

--	--

Last name

--

Company (optional)

--

Address


Postcode

--

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

You can choose more than one.

- Post**
- Phone**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
- Email**

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

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

Helpline  
0300 456 0300



### Help?

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

## Section 4 Application fee

Helpline  
0300 456 0300



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

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

### How would you like to pay?

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

Your phone number

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

- Cheque** Enclose a cheque with your application.



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

### Reduced application fee

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

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

### For OPG office use only

Payment reference													
<input type="text"/>													
Payment date			Amount										
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year											

LP2 Register LPA (04.15)

## Section 5 Signature

Helpline  
0300 456 0300



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

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

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

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



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

Signature or mark

Date signed

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

Day Month Year

Signature or mark

Date signed

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

Day Month Year

Signature or mark

Date signed

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

Day Month Year

Signature or mark

Date signed

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

Day Month Year

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

## Section 6 Addresses

Helpline  
0300 456 0300



### Use this page:

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

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

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

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

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

SCHEDULE 4

Regulation 15

“SCHEDULE 4

Regulation 13

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

PART 1

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



Office of the  
Public Guardian

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

Tel: 0300 456 0300  
Fax: 0870 739 5780

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

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

**Date:**

**Case number:**

**To:**

You have received this notice because:

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

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

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

### **Your right to object**

You can object to the proposed registration of the LPA.

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

## How to object

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

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

### Factual objections:

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

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

### Prescribed objections:

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

To make a prescribed objection:

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

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

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

## PART 2

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



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

Tel: 0300 456 0300  
Fax: 0870 739 5780

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

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

**Date:**

**Case number:**

**To:**

You have received this notice because:

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

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

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

**Your right to object**

You can object to the proposed registration of the LPA.

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

**How to object**

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

LPA003B (04.15)

”



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



Office of the Public Guardian

Form LPA005

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

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

Title      First names

Last name

Address

Postcode     

To the donor

You have received this notice because:

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

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

**What type of LPA is it?**

- Property and financial affairs
- Health and welfare

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

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

Date

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

Day      Month      Year

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

- Yes
- No

**When was the LPA registered?**

Date

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

Day      Month      Year

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

--

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

Title      First names

--	--

Last name

--

Address


Postcode

--

Phone number

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

#### 4. Signature and date

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

Signature or mark

Date signed

Day

Month

Year

#### Notes for the person completing this form

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

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

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

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

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

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

”

**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) as follows—

- regulation 4(a) of these Regulations amends regulation 2 of the 2007 Regulations to change the defined term “named person” to “person to notify”, to modernise the language used and to be consistent with the forms introduced by these Regulations. These Regulations also make amendments consequential on the change to “person to notify”;
- regulation 4(b) of these Regulations amends regulation 2 of the 2007 Regulations to change the definition of “prescribed information”, to be consistent with the new forms;
- regulation 6 of these Regulations omits regulation 7 of the 2007 Regulations (requirement for 2 LPA certificates in certain circumstances);
- regulation 7 of these Regulations amends regulation 9 of the 2007 Regulations, to reflect the redesign of forms for lasting powers of attorney, and the omission of regulation 7 of the 2007 Regulations;
- regulation 8 of these Regulations amends regulation 10 of the 2007 Regulations to reflect the number of the new form of notice of intention to register a lasting power of attorney;
- regulation 9 of these Regulations substitutes regulation 11 of the 2007 Regulations, so that the regulation accommodates registration of both existing and new style lasting powers of attorney introduced by these Regulations and also repeat applications for registration of both existing and new style lasting powers of attorney;
- regulations 11 to 13, 15 and 16 of these Regulations introduce new forms for and in relation to lasting powers of attorney;
- regulation 14 of these Regulations omits Schedule 3A of the 2007 Regulations (repeat application to register a lasting power of attorney).

Regulations 17 to 19 of these Regulations contain transitional provisions in relation to applications to register, and repeat applications to register lasting powers of attorney.

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