

# Lasting Power of Attorney instruction form

## Health & Welfare

This form will provide us with the information required to draft a Health and Welfare Lasting Power of Attorney for an individual, or two such Lasting Powers of Attorney for a couple. It will also reveal whether special arrangements are advisable to meet your needs; in such circumstances it may be necessary to contact you to ask further questions.

In order to make a Lasting Power of Attorney, you must have the requisite mental capacity to do so. If there is some concern over whether you do, it may be necessary to contact your GP or another doctor for a medical opinion.

**If you wish to appoint attorneys to act in respect of property and financial affairs then this must be done separately.**

**If this form is completed by anyone other than the donor of the Power, then we will need to contact the donor directly to confirm the instructions.**

<b>1. Personal details</b>		
	<b>For you</b>	<b>Your spouse/partner</b>
<b>Full name (including title):</b>		
<b>Any other names you are known by in financial documents or accounts:</b>		
<b>Date of birth:</b>		
<b>Postal address:</b>		
<b>Email address:</b>		
<b>Telephone numbers</b>		
<b>Home:</b>		
<b>Work:</b>		
<b>Mobile:</b>		

## 2. Your attorneys

It is important that you appoint individuals whom you trust. You can appoint one or more individuals to act as your attorneys and we do recommend that you appoint more than one attorney. With only one, the Power will be ineffective if that person is unable or unwilling to act as your attorney.

Please note the Partners in Thomson Snell & Passmore are usually unable to act in this role.

	For you	For your spouse/partner
<b>First attorney:</b>		
<b>Full name (including title):</b>		
<b>Date of birth:</b>		
<b>Address:</b>		
<b>Home telephone number:</b>		
<b>Mobile:</b>		
<b>Email address:</b>		
<b>Relationship (if any):</b>		
<b>Occupation:</b>		
<b>Second attorney:</b>		
<b>Full name:</b>		
<b>Date of birth:</b>		
<b>Address:</b>		
<b>Home telephone number:</b>		
<b>Mobile:</b>		

<b>Email address:</b>		
<b>Relationship (if any):</b>		
<b>Occupation:</b>		

For three or more attorneys, please continue on a separate sheet.

### 3. Replacement attorneys

You may wish to appoint replacement attorneys to act in place of one or more of your original attorneys, should anything happen to them. If so, please provide the following details:

	<b>For you</b>	<b>For your spouse/partner</b>
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#### First replacement:

<b>Full name (including title):</b>		
<b>Date of birth:</b>		
<b>Address:</b>		
<b>Home telephone number:</b>		
<b>Mobile:</b>		
<b>Email address:</b>		
<b>Relationship (if any):</b>		
<b>Occupation:</b>		

#### Second replacement:

<b>Full name (including title):</b>		
<b>Date of birth:</b>		
<b>Address:</b>		

<b>Home telephone number:</b>		
<b>Mobile:</b>		
<b>Email address:</b>		
<b>Relationship (if any):</b>		
<b>Occupation:</b>		

For three or more replacement attorneys, please continue on a separate sheet. Please note that it will be assumed that your replacements will fill vacancies as they arise, in the order named above, unless you specify otherwise.

#### 4. Life-sustaining treatment

In your Lasting Power of Attorney you are giving your attorney(s) the authority to make any decisions about your personal welfare that you can make subject to any restrictions or conditions you place on them (see Part 6 of this Form). The law requires you to specifically choose whether you want your attorney(s) to have the authority to give or refuse consent to life-sustaining treatment.

<b>Please choose either Option A or Option B (not both)</b>	<b>For you</b>	<b>For your spouse/ partner</b>
<b>Option A</b> - you are choosing to give your attorney(s) the authority to make decisions about life-sustaining treatment on your behalf.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Option B</b> - you are choosing to withhold from your attorney the authority to make decisions about life-sustaining treatment on your behalf.	<input type="checkbox"/>	<input type="checkbox"/>

#### 5. Jointly or jointly and severally

If you choose to appoint more than one attorney, we will need to know whether you wish them to act jointly or jointly and severally. We normally recommend that multiple attorneys act jointly and severally, which is more flexible, and will ensure that the power remains valid if one attorney is unable to act for any reason. A brief explanation of each type of appointment is given below:

**Jointly** - If you appoint your attorneys jointly, not only do they both have to sign every significant document, but the Power will cease to be effective if one of the attorneys dies or becomes mentally incapable, unless you have appointed a replacement.

**Jointly and Severally** - If you appoint your attorneys to act jointly and severally, the Power will remain effective even if one of them is unable or unwilling to act. You can still appoint a replacement attorney in these circumstances if you wish.

	For you	For your spouse/partner
If more than one attorney is to be appointed, please indicate here your particular wishes:	Jointly <input type="checkbox"/>	Jointly <input type="checkbox"/>
	Jointly and Severally <input type="checkbox"/>	Jointly and Severally <input type="checkbox"/>
If you wish your attorneys to act jointly in respect of some matters, and jointly and severally in respect of others, you will need to give specific details here.		

## 6. Restrictions

You may wish to impose restrictions or conditions on what your attorneys can do, although we usually recommend that you confer general authority in relation to all your property and financial affairs. For example, you may want to specify that the attorney(s) should consult with or report to other family members or an independent professional person.

**No restrictions or conditions will be included unless you complete the following box.**

	For you	For your spouse/partner
Please detail any restrictions or conditions that you would like to include and we shall be happy to discuss them.		

## 7. Guidance For attorneys

	For you	For your spouse/partner
Please give details of any guidance that you would like your attorney(s) to consider when making decisions in your best interests.		

## 8. Payment For attorneys

Where a professional attorney is appointed to act, you need to include an express provision authorising payment of the fees of the attorney or his or her firm from your estate, for any work carried out for you. If you agree to such a provision being included, then please tick here

## 9. Notifications - people to be told

When your Power is to be registered with the Office of the Public Guardian, the person(s) registering it must inform those persons you have specified to receive notification in these circumstances. This is an important safeguard for you, ensuring that your interests are protected at the time of registration. You can name up to five People to be told, and they can be relatives and/or friends. You do not have to list anyone here, but if you do not, you will need two Certificate Providers when executing the Power. This is explained in the separate information sheet '[Acting as a Certificate Provider on a Lasting Power of Attorney](#)'.

		For you	For your spouse/partner
1.	Full name (inc title):		
	Address:		
	Telephone number:		
	Email address:		
2.	Full name (inc title):		
	Address:		
	Telephone number:		
	Email address:		
3.	Full name (inc title):		
	Address:		

	<b>Telephone number:</b>		
	<b>Email address:</b>		
<b>4.</b>	<b>Full name (inc title):</b>		
	<b>Address:</b>		
	<b>Telephone number:</b>		
	<b>Email address:</b>		
<b>5.</b>	<b>Full name (inc title):</b>		
	<b>Address:</b>		
	<b>Telephone number:</b>		
	<b>Email address:</b>		

## **10. Certificate Provider**

You must choose someone to be the Certificate Provider for your LPA. The Certificate Provider will need to confirm that you understand the purpose and content of the document and the scope of the powers given to the attorneys; you are not under any undue pressure or duress to make the LPA and have not been pressured into making it; and there is nothing else that would prevent the LPA being created.

### **Please note that the following people cannot act as Certificate Provider:**

- individuals under 18 years of age;
- a member of either your or your attorney's family;
- a business partner or paid employee of you or your attorney(s);
- an attorney appointed in the proposed or another LPA or any EPA made by the donor; or
- the owner, director, manager or an employee of a care home in which you live (including care homes with nursing homes) or their family member or partner.

### **There are two types of Certificate Provider:**

#### **Category A**

(knowledge based Certificate Provider who knows you personally and has done so for a minimum period of two years) and

**Category B**

(skills based Certificate Provider who you believe to have the relevant professional skills and expertise to provide the certificate. They would normally charge for their services and could be:

- a registered healthcare professional such as a GP;
- a registered Social Worker;
- a Barrister, Solicitor or Advocate;
- an Independent Mental Capacity Advocate; or
- any other person who considers they have relevant professional skills and expertise to be a Certificate Provider).

**Please complete the details below for the individual you intend to act as Certificate Provider (please use a separate sheet if you require two Certificate Providers - refer to point 9 above).**

	For you	Your spouse/partner
<b>Full name (including title):</b>		
<b>Postal address:</b>		
<b>Email address:</b>		
<b>Home telephone:</b>		
<b>Mobile:</b>		
<b>Category A</b> (knowledge)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Category B</b> (skills)	<input type="checkbox"/>	<input type="checkbox"/>

## 11. Fees

Our fees for the preparation of one LPA, or reciprocal LPAs for you and your spouse, will be discussed with you by the Solicitor acting on your behalf, when instructions are taken.

## 12. Wills

We recommend strongly that you consider reviewing your current Will, or putting a new Will in place if you have not yet done so.

If you would like us to review your Will, or if you would like information on making a Will, please tick here	<input type="checkbox"/>
If you wish to make Lasting Power of Attorney in respect of your property and affairs, please tick here	<input type="checkbox"/>

**13. Signatures****Signed:****Date:****Signed (spouse/partner):****Date:****Please return this form to:**

**Thomson Snell & Passmore  
3 Lonsdale Gardens  
Tunbridge Wells  
Kent TN1 1NX.**

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