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# Making a Lasting Power of Attorney

Information Questionnaire

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Lasting Powers of Attorney (LPAs) allow you to make advance arrangements to ensure that if an accident or illness were to affect your mental capacity to act or make decisions for yourself, your personal and business affairs and/ or your health and welfare are attended to by a person or persons of your choosing. Without an LPA a Court application has to be made to appoint a Deputy. The person(s) named as Deputy are chosen by the Court and not by the Donor

## There are two types of LPA and you can choose to make one type or both

### LPA for Health & Welfare

These documents allow the named Attorney(s) to make decisions on behalf of the Donor regarding his or her health and welfare which can include, where appropriate, medical treatment decisions.

This type of LPA allows your attorney(s) to make decisions, such as

- where you live
- your day-to-day care
- medical treatments
- if you so choose it can also allow your attorney(s) to give or refuse consent to life sustaining treatment

### LPA for Property & Financial Affairs

These documents are more akin to the EPAs that they have replaced. They give the named Attorney(s) the power to make decisions regarding the Donor's finances and property.

This type of LPA allows your attorney(s) to make decisions, such as

- paying bills
- selling your property
- managing your bank accounts
- buying and selling investments
- collecting benefits and pensions

## Points to note

- Once registered, the LPA for Property and Financial Affairs can be used straight away (with your permission if you have mental capacity) or following your loss of capacity. The LPA for Health and Welfare can only be used if you have lost mental capacity and cannot make decisions for yourself.
- LPAs must be signed by the Donor before he or she loses their mental capacity.
- LPAs cannot be used by the chosen Attorney(s) until they have been registered with the Office of the Public Guardian.
- Registration can either take place immediately (i.e. whilst the Donor still has mental capacity) or can be delayed until a later date (i.e. until the Donor loses capacity and the LPA is needed).
- It will take around 3 months to register an LPA and the power cannot be used by the Attorney(s) during that registration process.
- LPAs must be certified by an independent third party (the Certificate Provider) before the Attorney(s) can sign to accept their appointment. The Certificate Provider must state that in his or her opinion the Donor has mental capacity to create the LPA and is not being subjected to any pressure from any other party to enter into the LPA.
- The Donor can revoke their LPA at any time provided that he or she still has the mental capacity to do so.
- The LPA for property and financial affairs is automatically revoked if either the Attorney(s) or the Donor are made bankrupt. However, bankruptcy does not affect the validity of an LPA for health and welfare.
- If the Donor names their spouse or civil partner as an Attorney then divorce or the dissolution of their civil partnership automatically revokes the LPA.

## Costs

For one person to make one type of LPA .....	£850 plus VAT (£1,020)
For one person to make both types of LPA .....	£975 plus VAT (£1,170)
For two people to make one type of LPA .....	£975 plus VAT (£1,170)
For two people to make both types of LPA .....	£1,150 plus VAT (£1,380)
Business LPA (to appoint different attorneys) .....	Additional £500 plus VAT (£600)

It is recommended that you register the document straight away so it is ready to be used if it is required.

There is also a registration fee of £82.00 per LPA payable to the Office of the Public Guardian.

# Lasting Power of Attorney – Questionnaire

This questionnaire gives us the information required to draw up your Lasting Powers of Attorney documents.

If you would like to create a LPA for Financial decisions, please complete sections 1 and 2.

If you would like to create a LPA for Health and Care decisions, please complete sections 1 and 3.

If you would like to create both types of Lasting Powers of Attorney, please complete ALL SECTIONS

## SECTION 1 – Complete in all circumstances

### Your Details

Title: <input type="text"/>	Full Name: <input type="text"/>
Address: <input type="text"/>	Contact Details: Day: <input type="text"/> Evening: <input type="text"/> Mobile: <input type="text"/>
Email: <input type="text"/>	Are you happy for us to correspond and send drafts by email? Yes                      No
Occupation: <input type="text"/>	Date of Birth: <input type="text"/>
Type of LPA required	Property & Financial      Health & Welfare      Both
Have you ever made an Enduring Power of Attorney?	Yes                      No
If yes, did you appoint anybody in this firm as your attorney?	Yes                      No
Have you ever made an Advance Medical Decision (or Living Will)?	Yes                      No

### Your Assets

Please complete the schedule below as fully as possible in order that we can advise you in relation to your LPA(s)

	In Your Name (£)	In Partner's Name (£)	In Joint Name (£)
House	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contents (market value)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Shares	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank & Building Society Accounts	<input type="text"/>	<input type="text"/>	<input type="text"/>
Foreign Assets	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other e.g. Business Assets, Life Policies	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Your Attorneys

It is recommended practice to have more than one attorney. If you only appoint one attorney you can run into practical difficulties if that attorney is on holiday or suffers ill health or even dies before you.

	Attorney 1	Attorney 2
Title: (Mr, Mrs, Ms etc.)	<input type="text"/>	<input type="text"/>
Full Name:	<input type="text"/>	<input type="text"/>
Date of Birth:	<input type="text"/>	<input type="text"/>
Address:	<input type="text"/>	<input type="text"/>
Relationship to you:	<input type="text"/>	<input type="text"/>
Telephone number:	<input type="text"/>	<input type="text"/>
Email address:	<input type="text"/>	<input type="text"/>
Occupation:	<input type="text"/>	<input type="text"/>
LPA - Would you like to use this attorney for both LPAs	Financial <input type="checkbox"/> Health & Welfare <input type="checkbox"/> Both <input type="checkbox"/>	Financial <input type="checkbox"/> Health & Welfare <input type="checkbox"/> Both <input type="checkbox"/>
	Attorney 3	Attorney 4
Title: (Mr, Mrs, Ms etc.)	<input type="text"/>	<input type="text"/>
Full Name:	<input type="text"/>	<input type="text"/>
Date of Birth:	<input type="text"/>	<input type="text"/>
Address:	<input type="text"/>	<input type="text"/>
Relationship to you:	<input type="text"/>	<input type="text"/>
Telephone number:	<input type="text"/>	<input type="text"/>
Email address:	<input type="text"/>	<input type="text"/>
Occupation:	<input type="text"/>	<input type="text"/>
LPA - Would you like to use this attorney for both LPAs	Financial <input type="checkbox"/> Health & Welfare <input type="checkbox"/> Both <input type="checkbox"/>	Financial <input type="checkbox"/> Health & Welfare <input type="checkbox"/> Both <input type="checkbox"/>

## Attorneys' Powers

If you are appointing more than one attorney - do you want your attorneys to act together ("jointly") at all times or are you happy for them to act independently? If you appoint them to act jointly and one of them dies or is otherwise unable to act, the power will cease. An independent appointment means any one or more of your appointed attorneys can act on your behalf.

I wish for my attorneys to act jointly

I wish for my attorneys to be able to act independently

## Replacement Attorneys

If all your attorneys are unable to act for any reason, the power will cease unless you name substitute attorneys to take over their role.

	Replacement Attorney 1	Replacement Attorney 2
Title: (Mr, Mrs, Ms etc.)	<input type="text"/>	<input type="text"/>
Full Name:	<input type="text"/>	<input type="text"/>
Date of Birth:	<input type="text"/>	<input type="text"/>
Address:	<input type="text"/>	<input type="text"/>
Relationship to you:	<input type="text"/>	<input type="text"/>
Telephone number:	<input type="text"/>	<input type="text"/>
Email address:	<input type="text"/>	<input type="text"/>
Occupation:	<input type="text"/>	<input type="text"/>
LPA - Would you like to use this attorney for both LPAs	Financial <input type="checkbox"/> Health & Welfare <input type="checkbox"/> Both <input type="checkbox"/>	Financial <input type="checkbox"/> Health & Welfare <input type="checkbox"/> Both <input type="checkbox"/>

If you need to add additional attorneys please provide details on a separate questionnaire.

## Person(s) to be Notified (only required if advised or if not registering LPA immediately)

	Person 1	Person 2
Title: (Mr, Mrs, Ms etc.)	<input type="text"/>	<input type="text"/>
Full Name:	<input type="text"/>	<input type="text"/>
Date of Birth:	<input type="text"/>	<input type="text"/>
Address:	<input type="text"/>	<input type="text"/>
Telephone number:	<input type="text"/>	<input type="text"/>
Email address:	<input type="text"/>	<input type="text"/>

## SECTION 2 – Complete for LPA for Financial Decisions

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

As soon as my LPA has been registered

Only when I do not have mental capacity

### Guidance and instructions to your attorneys

You can offer your attorneys any guidance when making decisions on your behalf. For example would you like them to ensure that your annual ISA allowance is used each year if you have normally done this. Note details of guidance here:

You can give attorneys instruction as to how you wish them to make decisions. Most people leave this blank but if you have any guidance or instructions you wish to give please write here:

## SECTION 3 – Complete for LPA for Health and Care Decisions

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

☐

I want my attorney(s) to consent to or refuse life-sustaining treatment on my behalf

☐

I wish my attorney(s) to have full access to my health records (access may be required to arrange care accommodation on your behalf )

### Guidance and instructions to your attorneys

You can offer your attorneys guidance when making welfare decisions on your behalf. For example do you have any religious or personal beliefs they should consider? Note details for guidance here:

You can also include restrictions and instructions to your attorneys.

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