

# Lasting Powers of Attorney Questionnaire

This questionnaire gives us the information required to draw up your Lasting Powers of Attorney documents. There are two different types of Lasting Powers of Attorney (LPA)

- LPA for Financial decisions** – giving authority to your attorneys to be able to manage your property and financial affairs. This means they can manage your bank account, sell investments and sell your home if that would be in your best interests.

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

- LPA for Health and Care decisions** - giving authority to your attorneys to make decisions on your behalf in relation to your health and welfare if you are incapable of making such decisions for yourself. The types of decisions your attorneys could make include where you live and what care you receive. This does not give your attorneys power to manage your property and financial affairs.

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

### 1. Your Details

Title:	Date of Birth:
First names:	Marital status:
Surname:	How many children do you have?
Address:	Home telephone:
	Mobile:
	Email address:
Occupation:	National Insurance No:

### 2. Other Documents

Have you ever made an Enduring Power of Attorney?	
If yes, did you appoint anybody in this firm as your attorney?	
Have you ever made an Advance Medical Decision (or Living Will)?	

### 3. Your Assets

Please complete the schedule below as fully as possible in order that we can advise you in relation to your Lasting Power(s) of Attorney.

Asset	In Your Name (£)	In Partner's Name (£)	In Joint Names (£)
House			
Personal & Household Contents (market value)			
Shares			
Bank & Building Society Accounts			
Foreign Assets			
National Savings/Premium Bonds			
Other Property e.g. Business Assets, Life Policies			
Private Pensions			

## Section 2 – Complete for LPA for financial decisions

### 1. 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

Title:

First names:

Surname:

Address:

Date of Birth:

Relationship to you:

Email address:

Title:

First names:

Surname:

Address:

Date of Birth:

Relationship to you:

Email address:

Title:	Title:
First names:	First names:
Surname:	Surname:
Address:	Address:
Date of Birth:	Date of Birth:
Relationship to you:	Relationship to you:
Email address:	Email address:

## 2. 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?

**PLEASE NOTE:** The Office of the Public Guardian warns that if you want your attorneys to act jointly, if one of your attorneys dies or can no longer act, all of your attorneys become unable to act. Your Lasting Power of Attorney will stop working unless you appoint at least one replacement attorney.

## 3. Attorneys’ Powers

I wish for my attorneys to act jointly

I wish for my attorneys to be able to act independently

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

As soon as my LPA has been registered and also when I do not have mental capacity.

**PLEASE NOTE:** The Office of the Public Guardian advise that 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 mental capacity, they can continue to act on your behalf for all decisions covered by the Lasting Power of Attorney. This option is also useful if you are able to make your own decisions but there is 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 for you to go to the bank, talk on the phone, or sign documents.

Only when I do not have mental capacity.

**PLEASE NOTE:** The Office of the Public Guardian advise that this option can make your Lasting Power of Attorney a lot less useful. Your attorneys may be asked to prove that you do not have mental capacity each time they attempt to use the Lasting Power of Attorney.

**5. Guidance and instructions to your attorneys (LPA for Financial decisions)**

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:

**6. 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.

Title:	Title:
First names:	First names:
Surname:	Surname:
Address:	Address:
Date of Birth:	Date of Birth:
Email address:	Email address:

## 7. People to notify

This is optional: You can let people know you are going to register your Lasting Power of Attorney. They can raise any concerns they have about the Lasting Power of Attorney, such as if they were concerned there was any pressure or fraud in making the Lasting Power of Attorney. People who are notified can object to the Lasting Power of Attorney but only for certain reasons. After that, they are no longer involved in the Lasting Power of Attorney. When choosing a person to notify, consider someone who would care about your best interests and who would be willing to speak up if they were concerned.

Title:

First names:

Surname:

Address:

Title:

First names:

Surname:

Address:

## 8. Certificate provider

The certificate provider signs to confirm that they have discussed the Lasting Power of Attorney with you and that you have understood what you are doing and that nobody is forcing you to do it. A certificate provider **CANNOT BE** one of the attorneys or replacement attorneys. The certificate provider should be either:

- Someone who has known you personally for at least 2 years, such as a friend, neighbour, or colleague.
- Someone with relevant professional skills such as a GP, healthcare professional, or solicitor.

Title:

First names:

Surname:

Address:

I would like someone from Capper & Jones to be my certificate provider.

## Section 3 – Complete for LPA for health and care decisions

### 1. 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

Title:

First names:

Surname:

Address:

Date of Birth:

Relationship to you:

Telephone number:

Email address:

Title:

First names:

Surname:

Address:

Date of Birth:

Relationship to you:

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Surname:

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### 2. 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?

**PLEASE NOTE:** The Office of the Public Guardian warns that if you want your attorneys to act jointly, if one of your attorneys dies or can no longer act, all of your attorneys become unable to act. Your Lasting Power of Attorney will stop working unless you appoint at least one replacement attorney.

I wish for my attorneys to act jointly

I wish for my attorneys to be able to act independently

### 3. Attorneys' Powers

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

I want my attorney(s) to be able to consent or refuse 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.

I do not want my attorney(s) to be able to consent or refuse 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.

### 4. Guidance to your attorneys (health and care decisions)

This is optional: You can tell your attorneys how you would prefer them to make decisions, or give them specific instructions which they must follow when making decisions. **PLEASE NOTE:** The Office of the Public Guardian advises that most people leave this section blank as you could simply talk to your attorneys directly so they understand how you want them to make decisions for you.

Your preferences – you should use words like “prefer” or “would like”. Your attorneys do not have to follow your preferences, but they should keep them in mind.

Your instructions – you should use words like “must” or “have to”. Your attorneys you will have to follow your instructions exactly. offer your attorneys guidance when making welfare decisions on your behalf. **PLEASE NOTE:** If you give instructions that are not legally correct, the Office of the Public Guardian will request that they are removed before your Lasting Power of Attorney can be registered.

### 5. 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.

Title:

First names:

Surname:

Address:

Date of Birth:

Email address:

Title:

First names:

Surname:

Address:

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- Someone with relevant professional skills such as a GP, healthcare professional, or solicitor.

Title:

First names:

Surname:

Address:

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## Section 4 – General Information

Do you have any specific visual, communication or mobility requirements?

Do you have a Will?

If not, would you like more information about Wills?

You can submit this fillable PDF to us electronically by either using the "Send to Email" or "Share" buttons on your PDF viewing software. Pressing "Share" should bring up an option for you to share the document to your email program.

Please send the form to: [mail@capperandjones.co.uk](mailto:mail@capperandjones.co.uk)