

Office of the
Public Guardian

LPA PA registered on

Office use only

Lasting power of attorney for property and financial affairs

This is a lasting power of attorney for property and financial affairs. If you also want to give a lasting power of attorney for health and welfare, you will need a separate form. You can download it from publicguardian.gov.uk or get in touch with the Office of the Public Guardian at the address below.

Before you start

Please make sure you understand the purpose and scope of authority of this lasting power of attorney before you start filling it in. You, your attorneys and the person who signs the certificate at Part B **must** read the section on the next page called '**Prescribed information**'. It is recommended that each person read the relevant additional guidance:

- **Guide for people who want to make a Property and Affairs LPA**
- **Certificate Providers and witness guidance**
- **Guide for people taking on the role of Property and Affairs attorney**

How to fill in this lasting power of attorney

This lasting power of attorney **must be filled in and signed** in the following order:

- **Part A:** statement by the person who is giving this lasting power of attorney
- **Part B:** certificate to confirm understanding, signed by an appropriate independent person
- **Part C:** statement by each attorney (and substitutes, if any).

What to do after completing this lasting power of attorney

After completing this lasting power of attorney, the next step is to register it. You or your attorneys can do this at any time but it must be registered before it can be used. You will need to fill in an application form and pay a fee. There is more information about this at publicguardian.gov.uk

When you are ready to register this lasting power of attorney, send it with the application form and fee to:

Office of the Public Guardian
Archway Tower
London N19 5SZ

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with the Office of the Public
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Prescribed information

This is information you **must** read

This lasting power of attorney is a legal document. Each person who signs at Part A, Part B and Part C must read this information before signing.

What is this lasting power of attorney

This lasting power of attorney gives your attorneys authority to make decisions about your property and financial affairs when you cannot make your own decisions. This can include running your bank accounts, savings accounts, decisions about property, and spending your money.

When it can be used

Your attorneys can use this lasting power of attorney only after it has been registered and stamped on every page by the Office of the Public Guardian.

When your attorneys can act for you

This lasting power of attorney can be used as soon as it is registered. This means that your attorneys can make decisions for you straightaway – **before** as well as after you cannot make decisions yourself, unless you put a restriction in this lasting power of attorney.

Your best interests

When your attorneys make a decision or act for you, the decision or action must be in your best interests. They must take into account all the relevant circumstances, which includes, if appropriate, consulting you and others who are interested in your welfare. Any guidance you add may assist your attorneys in identifying your views.

The Mental Capacity Act

Your attorneys cannot do whatever they like. They must follow the principles of the Mental Capacity Act 2005.

Guidance about these principles is in the Mental Capacity Act Code of Practice. Your attorneys must have regard to the Code of Practice. They can get a copy from The Stationery Office at tso.co.uk or read it online at publicguardian.gov.uk

The legal principles

- 1 Your attorneys must assume that you can make your own decisions unless they establish that you cannot do so.
- 2 Your attorneys must help you to make as many of your own decisions as you can, and only treat you as unable to make a decision if all practicable steps to help you do so have not succeeded.
- 3 Your attorneys must not treat you as unable to make a decision simply because you make an unwise decision.
- 4 Your attorneys must make decisions and act in your best interests when you are unable to make 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 does not restrict your rights and freedom but still achieves the purpose.

Cancelling this lasting power of attorney

You can cancel this lasting power of attorney at any time before or after it is registered as long as you have mental capacity to cancel it.

Part A: Statement by the person who is giving this lasting power of attorney

1 About the person who is giving this lasting power of attorney

About you

Mr Mrs Ms Miss

Other title

First names

Last name

Any other names you use or are known by

Date of birth

Address

Postcode

Any other names you use or are known by: For example, in medical records or welfare records.

Part A



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About your attorneys: You can appoint more than one attorney. It is generally best to choose people you know and trust. Each attorney must be aged 18 or over. Or you can choose a trust corporation. Your attorney must not be a person that has been declared bankrupt (and is not discharged from bankruptcy) or is going through bankruptcy proceedings. Your attorney cannot be a trust corporation that is going through winding-up proceedings as the appointment will automatically end.

2 About people you are appointing

About your first or only attorney

Mr Mrs Ms Miss

Other title

First names

Last name

Date of birth

Address

Postcode

About your second attorney

Mr Mrs Ms Miss

Other title

First names

Last name

Date of birth

Address

Postcode

2 About people you are appointing (continued)

About your third attorney

Mr Mrs Ms Miss

Other title

First names

Last name

Date of birth

Address

Postcode

If you are appointing more than three attorneys: Use extra sheets of paper. Write the title, full name, address and date of birth of each extra attorney. Sign and date each continuation sheet and attach it to this lasting power of attorney. If you cannot sign you can make a mark instead. If you cannot sign or make a mark, someone else must sign for you at your direction.

About extra attorneys

Number of extra attorneys named in the continuation sheet attached to this lasting power of attorney (write 'None' if this does not apply to you)

OR

Trust corporation you are appointing

Company name

Address

Postcode

Company registration number

3 About appointing substitutes if an attorney cannot act for you

About your substitutes: You can appoint substitutes if you want to. This might be useful if an attorney can no longer act or does not want to act for you. You do not have to appoint substitutes. If you appoint only one attorney and no substitutes, this lasting power of attorney will end when the attorney can no longer act.

If you want to appoint substitutes, it is generally best to choose people you know and trust. You can choose more than one substitute. Each substitute must be aged 18 or over.

About your first or only substitute

Mr Mrs Ms Miss

Other title

First names

Last name

Date of birth

Address

Postcode

About your second substitute

Mr Mrs Ms Miss

Other title

First names

Last name

Date of birth

Address

Postcode

If you are appointing more than two substitutes: If you are appointing more than two substitutes, use extra sheets of paper. Write the title, full name, address and date of birth of each extra substitute. Sign and date each continuation sheet and attach it to this lasting power of attorney. If you cannot sign you can make a mark instead. If you cannot sign or make a mark, someone else must sign for you at your direction.

How you want your attorneys to make decisions: If you leave this section blank, your attorneys will be appointed to make all decisions jointly.

Jointly means that attorneys must make all decisions together. If one of your attorneys cannot act, the authority in the remaining attorney ends unless you appoint a substitute attorney.

Jointly and severally means that attorneys can make decisions together and separately. This might be useful, for example, if one attorney is not available to make a decision at a certain time. Attorneys are jointly responsible even if they make decisions separately. If one attorney cannot act the remaining attorney is able to continue to make decisions.

Jointly for some decisions, and jointly and severally for other decisions means that you choose the decisions your attorneys **must** make together and the decisions they may make separately. Attorneys are jointly responsible even if they make decisions separately. Please make sure that your intentions will work in practice.

3 About appointing substitutes (continued)

About extra substitutes

Number of extra substitutes named in the continuation sheet attached to this lasting power of attorney (write 'None' if this does not apply to you)

If you are appointing only one attorney and no substitutes, please now go to section 5.

4 About how you want your attorneys to make decisions

How you want your attorneys to make decisions

Jointly

Jointly and severally

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

Now tell us which decisions you want your attorneys to make jointly and which decisions are to be made jointly and severally



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5 About restrictions and conditions

Restrictions and conditions

Give any restrictions and conditions about property and financial affairs here

Restrictions and conditions:

If you want to, you can put in restrictions or conditions that your attorneys **must** follow. For example, where you live and who visits you. You do not have to put in any restrictions or conditions.

If you leave this section blank, your attorneys can make decisions with no restrictions or conditions.

6 About guidance to your attorneys

Guidance to your attorneys

Give any guidance about property and financial affairs here

Guidance: If you want to, you can add guidance to help your attorneys make decisions in your best interests. Your attorneys do not have to follow your guidance but it will help them to understand your wishes when they make decisions for you. You do not have to add any guidance.

If you leave this section blank, it will be assumed that you have no guidance to add.

7 About paying your attorneys

If your attorneys are not to receive payment, please now go to section 8.

Charges for services

Professional charges:

Professional attorneys, such as solicitors and accountants, charge for their services. You can also choose to pay a non-professional person for their services. You **must** discuss payment with your attorneys and record any agreement made.

Any attorney may claim out-of-pocket expenses they may incur when they act for you.



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8 About people to be told when the application to register this lasting power of attorney is made

If you do not choose anyone to be told of the application to register this lasting power of attorney, you **must choose two people** to sign the certificate of understanding at Part B.

About the people to be told:

You can choose up to **five people** to be told about the application to register this lasting power of attorney. You cannot choose any of your attorneys or substitutes. You do not have to choose anyone.

If you want people to be told, it is generally best to choose people who know you well enough to raise any concerns or objections **before** this lasting power of attorney is registered and can be used.

If you want more than two

people to be told: If you want more than two people to be told, use extra sheets of paper. Write the title, full name and address of each extra person. Sign and date each continuation sheet and attach it to this lasting power of attorney. If you cannot sign you can make a mark instead. If you cannot sign or make a mark, someone else **must** sign for you at your direction.

About the first or only person to be told

Mr Mrs Ms Miss

Other title

First names

Last name

Address

Postcode

About the second person to be told

Mr Mrs Ms Miss

Other title

First names

Last name

Address

Postcode

About extra people

Number of extra people to be told named in the continuation sheet attached to this lasting power of attorney (write 'None' if this does not apply to you)



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9 Declaration by the person who is giving this lasting power of attorney

Before you sign this lasting power of attorney

Please check that you have:

- filled in every answer that applies to you
- crossed through any mistakes you have made
- initialled any changes you have made.

You cannot make **any** changes to this lasting power of attorney **after** it has been signed, witnessed and certified at Parts A, B and C.

If you cannot sign: You can make a mark instead.

By signing below, I confirm all of the following:

Statement of understanding

I have read or had read to me the section called '**Prescribed information**' on page 2 of this lasting power of attorney.

I give my attorneys authority to make decisions about my property and financial affairs including when I cannot act for myself, because I lack mental capacity subject to the terms of this lasting power of attorney.

People to be told about the application to register this lasting power of attorney

I have chosen the people to be told.

OR

I do not want anyone to be told. I have chosen **two** people to sign a certificate of understanding at Part B.

Certificate provider

I have chosen the person (or people) to sign the certificate of understanding at Part B.

Signed by me as a deed and delivered by

Signature

Date signed

D D M M Y Y Y Y

If you cannot sign

I, the person making this lasting power of attorney, confirm that the information in this lasting power of attorney has been read to me.

Mark of the person making this lasting power of attorney

Date marked

D D M M Y Y Y Y



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9 Declaration (continued)

If you cannot sign or make a mark: someone else must sign for you at your direction. They must sign in your presence and in the presence of two witnesses.

If you cannot sign or make a mark

I, the person making this lasting power of attorney, confirm that I have read or had read to me the information in this lasting power of attorney.

Signature of someone signing for the person who is giving this lasting power of attorney

[Signature box]

Full names of person signing for the person who is giving this lasting power of attorney

[Full names box]

Date signed

[Date signed box: D D M M Y Y Y Y]

Signed (or marked) and delivered as a deed in the presence of a witness who is not a named attorney or substitute attorney.

Signature of first or only witness

Signature

[Signature box]

Date signed

[Date signed box: D D M M Y Y Y Y]

Full names

[Full names box]

Date of birth

[Date of birth box: D D M M Y Y Y Y]

Address

[Address box]

Postcode

[Postcode box]



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9 Declaration (continued)

Signature of second witness if the person giving this lasting power of attorney cannot sign or make a mark

Signature

Date signed

Full names

Date of birth

Address

Postcode

Part A



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Part B: Certificate to confirm understanding First person

About this certificate:

This certificate confirms that, in the opinion of an independent person, **you understand** the purpose and scope of authority of this lasting power of attorney and are making it of your own free will.

You **must** choose someone who knows you personally **or** has relevant professional skills and expertise to sign this certificate.

If you have not chosen anyone to be told at Part A

If you have not chosen anyone to be told when the application to register this lasting power of attorney is made, you must choose **two people** to complete and sign a separate certificate.

By signing below, I confirm all of the following:

Statement of understanding

I understand my role and responsibilities as a certificate provider.

I have read the section called '**Prescribed information**' on page 2 of this lasting power of attorney.

I have read the statement contained in Part A of this lasting power of attorney.

Statement of independence

I confirm that I act independently of the attorneys and of the person who is giving this lasting power of attorney and I am aged 18 or over.

I am **not**:

- an attorney or substitute named in this lasting power of attorney or any other lasting power of attorney or enduring power of attorney for this person
- a family member related to this person or any of their attorneys or substitutes
- a business partner or paid employee of this person or any of their attorneys or substitutes
- a family member related to or the owner, director, manager or employee of a care home that this person lives in.

Statement of personal knowledge

I have known the person who is giving this lasting power of attorney for at least two years and as more than an acquaintance.

My personal knowledge of the person is as follows:

OR

Statement of relevant professional skills and expertise

I have relevant professional skills and expertise to sign this certificate.

I am a:

- | | |
|--|--------------------------|
| GP or registered healthcare professional | <input type="checkbox"/> |
| Registered social worker | <input type="checkbox"/> |
| Barrister, solicitor or advocate | <input type="checkbox"/> |
| Independent Mental Capacity Advocate | <input type="checkbox"/> |

Declaration by the person who is signing (continued)

OR

I am another professional with relevant skills and expertise

My relevant professional skills are:

Things you certify

I certify that, in my opinion, at the time of signing Part A:

- the person who is giving this lasting power of attorney understands its purpose and the scope of its authority
- has had no fraud or undue pressure applied to induce them to create this lasting power of attorney,
- there is nothing else which would prevent this lasting power of attorney from being created.

Your signature

Signature

Date signed

D D M M Y Y Y Y

Your name and address

Mr Mrs Ms Miss

Other title

First names

Last name

Address

Postcode

Before you sign this certificate

Please check that you have:

- filled in every answer that applies to you
- crossed through any mistakes you have made
- initialled any changes you have made.

You cannot make **any** changes to this lasting power of attorney **after** it has been signed, witnessed and certified at Parts A, B and C.



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Certificate to confirm understanding

Second person

About this certificate:

This certificate confirms that, in the opinion of an independent person, **you understand** the purpose and scope of authority of this lasting power of attorney and are making it of your own free will.

You **must** choose someone who knows you personally **or** has relevant professional skills and expertise to sign this certificate.

If you have not chosen anyone to be told at Part A

If you have not chosen anyone to be told when the application to register this lasting power of attorney is made, you must choose **two people** to complete and sign a separate certificate.

By signing below, I confirm all of the following:**Statement of understanding**

I understand my role and responsibilities as a certificate provider.

I have read the section called '**Prescribed information**' on page 2 of this lasting power of attorney.

I have read the statement contained in Part A of this lasting power of attorney.

Statement of independence

I confirm that I act independently of the attorneys and of the person who is giving this lasting power of attorney and I am aged 18 or over.

I am **not**:

- an attorney or substitute named in this lasting power of attorney or any other lasting power of attorney or enduring power of attorney for this person
- a family member related to this person or any of their attorneys or substitutes
- a business partner or paid employee of this person or any of their attorneys or substitutes
- a family member related to or the owner, director, manager or employee of a care home that this person lives in.

Statement of personal knowledge

I have known the person who is giving this lasting power of attorney for at least two years and as more than an acquaintance.

My personal knowledge of the person is as follows:

OR

Statement of relevant professional skills and expertise

I have relevant professional skills and expertise to sign this certificate.

I am a:

- | | |
|--|--------------------------|
| GP or registered healthcare professional | <input type="checkbox"/> |
| Registered social worker | <input type="checkbox"/> |
| Barrister, solicitor or advocate | <input type="checkbox"/> |
| Independent Mental Capacity Advocate | <input type="checkbox"/> |

Declaration by the person who is signing (continued)

OR

I am another professional with relevant skills and expertise

My relevant professional skills are:

Things you certify

I certify that, in my opinion, at the time of signing Part A:

- the person who is giving this lasting power of attorney understands its purpose and the scope of its authority
- has had no fraud or undue pressure applied to induce them to create this lasting power of attorney,
- there is nothing else which would prevent this lasting power of attorney from being created.

Your signature

Signature

Date signed

D D M M Y Y Y Y

Your name and address

Mr Mrs Ms Miss

Other title

First names

Last name

Address

Postcode

Before you sign this certificate

Please check that you have:

- filled in every answer that applies to you
- crossed through any mistakes you have made
- initialled any changes you have made.

You cannot make **any** changes to this lasting power of attorney **after** it has been signed, witnessed and certified at Parts A, B and C.



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Part C: Statement by the attorney

First attorney

Each attorney named in this lasting power of attorney must complete and sign a statement

I am an attorney whose details are given in Part A of this lasting power of attorney.

By signing below, I confirm all of the following:

Statement of understanding

I have read the section called 'Prescribed information' on page 2 of this lasting power of attorney.

I understand my role and responsibilities under this lasting power of attorney, in particular:

- I have a duty to act based on the legal principles of the Mental Capacity Act 2005 and have regard to the Mental Capacity Act Code of Practice.
- I can make decisions and act only when this lasting power of attorney has been registered.
- I must make decisions and act in the best interests of the person who is giving this lasting power of attorney.

Signed as a deed and delivered by

Signature

Full name of attorney

Date signed and delivered as a deed

Signed in the presence of a witness

Signature of witness

Full name of witness

Date of birth

Address

Postcode

Part C



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Statement by the second attorney

Each attorney named in this lasting power of attorney must complete and sign a statement

I am an attorney whose details are given in Part A of this lasting power of attorney.

By signing below, I confirm all of the following:

Statement of understanding

I have read the section called 'Prescribed information' on page 2 of this lasting power of attorney.

I understand my role and responsibilities under this lasting power of attorney, in particular:

- I have a duty to act based on the legal principles of the Mental Capacity Act 2005 and have regard to the Mental Capacity Act Code of Practice.
- I can make decisions and act only when this lasting power of attorney has been registered.
- I must make decisions and act in the best interests of the person who is giving this lasting power of attorney.

Signed as a deed and delivered by

Signature

Full name of attorney

Date signed and delivered as a deed

Signed in the presence of a witness

Signature of witness

Full name of witness

Date of birth

Address

Postcode



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Statement by the third attorney

Each attorney named in this lasting power of attorney must complete and sign a statement

I am an attorney whose details are given in Part A of this lasting power of attorney.

By signing below, I confirm all of the following:

Statement of understanding

I have read the section called 'Prescribed information' on page 2 of this lasting power of attorney.

I understand my role and responsibilities under this lasting power of attorney, in particular:

- I have a duty to act based on the legal principles of the Mental Capacity Act 2005 and have regard to the Mental Capacity Act Code of Practice.
- I can make decisions and act only when this lasting power of attorney has been registered.
- I must make decisions and act in the best interests of the person who is giving this lasting power of attorney.

Signed as a deed and delivered by

Signature

Full name of attorney

Date signed and delivered as a deed

Signed in the presence of a witness

Signature of witness

Full name of witness

Date of birth

Address

Postcode

Part C



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Statement by the trust corporation acting as attorney

Each trust corporation named in this lasting power of attorney must complete and sign a statement

The attorney is a trust corporation whose details are given in Part A of this lasting power of attorney.

Statement of understanding

I have read or had read to me the section called 'Prescribed information' on page 2 of this lasting power of attorney.

I understand the role and responsibilities under this lasting power of attorney, in particular:

- I have a duty to act based on the legal principles of the Mental Capacity Act 2005 and have regard to the Mental Capacity Act Code of Practice.
- I can make decisions and act only when this lasting power of attorney has been registered.
- I must make decisions and act in the best interests of the person who is giving this lasting power of attorney.

Signature

Full name of person signing

Date signed and delivered as a deed



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Statement by the substitute

First substitute

Each substitute named in this lasting power of attorney must complete and sign a statement

I am a substitute whose details are given in Part A of this lasting power of attorney.

By signing below, I confirm all of the following:

Statement of substitute's understanding

If an original attorney's appointment is terminated, I will replace the original attorney if I am still eligible to act as an attorney.

I have the authority to act under this lasting power of attorney only after a relevant attorney's appointment is terminated.

Statement of understanding

I have read the section called '**Prescribed information**' on page 2 of this lasting power of attorney.

I understand my role and responsibilities under this lasting power of attorney, in particular:

- I have a duty to act based on the legal principles of the Mental Capacity Act 2005 and have regard to the Mental Capacity Act Code of Practice.
- I can make decisions and act only when this lasting power of attorney has been registered.
- I must make decisions and act in the best interests of the person who is giving this lasting power of attorney.

Signed as a deed and delivered by

Signature

Full name of substitute

Date signed and delivered as a deed



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Declaration by the substitute (continued)

Signed in the presence of a witness

Signature of witness

Full name of witness

Date of birth

Address

Postcode



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Statement by the second substitute

Each substitute named in this lasting power of attorney must complete and sign a statement

I am a substitute whose details are given in Part A of this lasting power of attorney.

By signing below, I confirm all of the following:

Statement of substitute's understanding

If an original attorney's appointment is terminated, I will replace the original attorney if I am still eligible to act as an attorney.

I have the authority to act under this lasting power of attorney only after a relevant attorney's appointment is terminated.

Statement of understanding

I have read the section called 'Prescribed information' on page 2 of this lasting power of attorney.

I understand my role and responsibilities under this lasting power of attorney, in particular:

- I have a duty to act based on the legal principles of the Mental Capacity Act 2005 and have regard to the Mental Capacity Act Code of Practice.
- I can make decisions and act only when this lasting power of attorney has been registered.
- I must make decisions and act in the best interests of the person who is giving this lasting power of attorney.

Signed as a deed and delivered by

Signature

Full name of substitute

Date signed and delivered as a deed



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Declaration by the substitute (continued)

Signed in the presence of a witness

Signature of witness

Full name of witness

Date of birth

Address

Postcode



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