

Lasting Power of Attorney Questionnaire

Private & Confidential



It is vital to ensure that you have sought the correct advice regarding Lasting Powers of Attorney, who you appoint as your Attorney is vital to ensure that your wishes are adhered to.

A bespoke and personal service is offered by our team of experts in this field. Please complete each section of the form from below to the best of your ability in order for us to help you arrange your powers of attorney.

Once completed, please return this form to SA Law's Wills, Trusts and Probate Department.

Should you have any questions about completing the form please do not hesitate to contact Catherine directly.



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Lasting Power of Attorney Questionnaire

The questionnaire document is nine pages long and has eleven sections that must be completed.

1 YOUR DETAILS	
Title	
Full name	
Please list all names you are known by in financial documents or accounts	
Full Address (including postcode)	
Contact Number	
Email address	
Occupation	
Date of birth	
Country of residence	
Are you	Single / married / civil partners / cohabiting / separated / divorced / widowed?
Do you have an existing Power of Attorney/Living Will? If so, where is the original stored?	

2 TYPE OF LASTING POWER OF ATTORNEY – TICK WHICH YOU WOULD LIKE	
Property and Financial Affairs	<input type="checkbox"/>
Personal Health and Welfare	<input type="checkbox"/>
Both	<input type="checkbox"/> <i>Please complete a separate form if the attorneys are different</i>

3 CHOICE OF ATTORNEY

Consider the following when choosing your attorney:

- They must be over 18 years of age.
- They must not be an undischarged or interim bankrupt person, if you are making a property and financial affairs power of attorney.
- They must be absolutely trustworthy and have appropriate skills to make decisions on your behalf.
- They should be people with whom you have a settled and easy relationship and if more than one, who get on with each other well, or who are likely to do so.
- You can appoint one attorney, but it is advisable to appoint more than one to lessen the chance of abuse of the power and ensure continuity in case s/he cannot act.
- They can be family members, friends or your professional adviser, such as your solicitor.
- They must agree to be your attorney and should understand the role they will be fulfilling.
- If they know the people who will be notified on registration, they should have a good relationship with them.
- Once you have chosen and appointed the attorney(s) you can only change them by making a new power.

Attorney 1

Full name and title	
Full Address (including postcode)	
Contact Number	
Email address	
Occupation	
Date of birth	
Relationship to you	

Attorney 2	
Full name and title	
Full Address (including postcode)	
Contact Number	
Email address	
Occupation	
Date of birth	
Relationship to you	

Continue on a separate sheet if more than two attorneys are to be appointed.

4 HOW DO YOU WANT THEM TO OPERATE IN THEIR ROLE AS ATTORNEY?

- If you have more than one attorney, they can act together (never alone) or together and independently so that they can sometimes sign together and sometimes separately.
This works well when the attorneys do not live near to each other, or if one were to retire or die, then the other attorney could still act. If you appoint your attorneys together then the power will end if, for example one dies, loses mental capacity or decides he no longer wants to act.
- You can 'mix and match' by setting out in what matters you want your attorneys to act together and when they can act together or independently. Financial institutions may not accept such authority, as it can be difficult to work in practice.
- If you appoint your spouse or civil partner, dissolution of your marriage or civil partnership will end the appointment of your spouse/civil partner, unless you have indicated otherwise.

I would like my attorneys to act (tick the relevant box):

- a) Together
- b) Together and independently
- c) Some matters together and some independently
(Please provide further details below)

If you selected option c) Some matters together and some independently – Please provide further details in this box.

5 REPLACEMENT ATTORNEYS

You can appoint replacement attorney(s) to act in place of an original attorney, where s/he is unable to act.

Tick if you do not wish to appoint any replacement attorneys

Replacement Attorney 1	
Full name and title	
Full Address (including postcode)	
Contact Number	
Email address	
Occupation	
Date of birth	
Relationship to you	

Replacement Attorney 2	
Full name and title	
Full Address (including postcode)	
Contact Number	
Email address	
Occupation	
Date of birth	
Relationship to you	

Continue on a separate sheet if more than two replacement attorneys are to be appointed.

6 RESTRICTIONS FOR YOUR ATTORNEYS

Without any restrictions your attorney will be able to make any decisions that you are able to make yourself over your property and finances (if you are making a property and affairs power), or over all your health and welfare decisions (if you are making a personal welfare power).

You may include legally binding restrictions or conditions on how your attorneys should act for you.

However, you do not need to include any and **it is usually not advisable as it can prevent flexibility.**

We have starred * the conditions which we would recommend.

Possible Financial Restrictions/Conditions:

- Preventing your attorney from making any gifts e.g. birthday presents
- Preventing your attorney from selling or dealing with your home
- Restricting when the document is registered with the Office of Public Guardian
- Provision for accounts to be prepared and audited annually by an accountant
- Give your attorneys power to invest in a discretionary management regime*
- Give your attorneys power to access health and social care records which may relate to financial management decisions*

Possible Personal Welfare Restrictions:

- Restricting where you live
- Restricting who you have contact with or who has contact with you

Life Sustaining Treatment:

You must choose in the personal welfare power whether you wish your attorney to be able to give or refuse life sustaining medical treatment, which is based on the circumstances at the time and not the treatment.

(Please note, it does not authorise euthanasia.)

Choose by ticking:

- Option A: Giving your attorney authority to make these decisions
- Option B: Not giving your attorney such authority

Please specify in the space below, any restrictions you wish to place.

Or tick if you do not wish to place any restrictions

7 GUIDANCE FOR YOUR ATTORNEY

You may include discretionary guidance for your attorneys to assist them with making decisions on your behalf.

This can include the following:

- The people you would like your attorney to consult when making decisions
- Your views, beliefs and values that may affect how the attorney makes decisions, such as where you would like to live and with whom and how your money is to be invested and spent, including whom you would like to be maintained.

Please specify in the space below, any guidance you wish to place.

Or tick if you do not wish to place any restrictions

8 PAYING YOUR ATTORNEYS

Generally, family and friends would not expect to be paid, but they can recover out-of-pocket expenses paid on your behalf. If you have professional attorneys, they will need to be paid for their work. This must be specifically set out in the power.

Do you wish to pay your attorneys (if not professional)? Yes No

9 NOTIFYING PEOPLE OF THE REGISTRATION OF THE POWER

You can choose up to five people to be notified (but not an attorney) when the LPA is registered with the Office of the Public Guardian. It is an important safeguard of the registration of the power as those people can raise concerns on your behalf. Ideally the people to be notified should be people:

- With whom you are likely to have contact throughout your life, such as family members or close friends.
- Who are interested in your best interests and well-being.
- You should tell them that you are naming them and make sure they are happy to be named and their role.
- **PLEASE NOTE:** If you decide that no one is to be notified, you will need to have **two** Certificate Providers.

Tick if you do not wish to notify anyone

Named Person 1	
Full name and title	
Full Address (including postcode)	
Contact Number	
Email address	
Occupation	
Date of birth	
Relationship to you	

Named Person 2	
Full name and title	
Full Address (including postcode)	
Contact Number	
Email address	
Occupation	

Date of birth	
Relationship to you	

Continue on a separate sheet if more than two persons are to be notified.

10 CERTIFICATE PROVIDER

If we are not appointed as attorneys, we can act as your Certificate Provider. If it is not your solicitor, please let us know who you would like to be your Certificate Provider:

Please tick if you wish your solicitor to be the Certificate Provider

If not, please complete the details below.

NB If you are not notifying anyone, you will need to have **two** certificate providers.

Certificate Provider

Full name and title	
Full Address (including postcode)	
Contact Number	
Email address	
Knowledge/skills and expertise	

Continue on a separate sheet if more than one certificate provider is acting.

11 STORAGE OF DOCUMENT

We can store your Lasting Power Attorney in our strong-room.

Please tick if you wish us to store your LPA

SIGNED

DATE