

## **LASTING POWER OF ATTORNEY QUESTIONNAIRE**

There are two types of Lasting Power Of Attorney available at present, these are as follows (please consider the advice guides available from the website if you are unsure as to which one you wish to apply for)

Lasting Power of Attorney Property & Affairs

Lasting Power of Attorney Welfare

### **Your Details (details of the person creating the Lasting Power of Attorney)**

Title:

Full Name:

Address:

Post Code:

Date of Birth:

Daytime Phone Number:

Mobile Number:

Evening Number:

Email Address:

### **Attorney One Details**

Attorney's Full Name:

Attorney's Address:

Attorney's Post Code:

Attorney's date of Birth:

Attorney's Occupation:

Their relationship to you:

### **Attorney Two Details**

Attorney's Full Name:

Attorney's Address:

Attorney's Post Code:

Attorney's date of Birth:

Attorney's Occupation:

Their relationship to you:

### **Powers you wish to grant to the Attorney(s)**

If you wish to appoint two or more attorneys do you want them to act together (i.e all must sign to withdraw monies) or independently of each other (i.e each attorney can act alone when making a decision or carrying out an act for example withdrawing money) when dealing with your affairs?

Together

Independently

Do you wish your attorney(s) to have general power to act on your behalf (this being regarding all property and affairs you have control or interest in)

Yes

No

If no, what do you wish your Attorney(s) to do on your behalf (you may, for example, wish your attorney(s) to only be able to manage certain investments or property and not others)

Is there any guidance that you wish to have included in your Lasting Power of Attorney. This is not legally binding but gives a guidance for how your Attorney(s) may act. For example you may wish to state that you have a wish to remain in your own property for as long as is possible.

Guidance

Have you agreed to pay your Attorney(s) (you may have agreed to pay your Attorney(s) for the work they will carry out on your behalf. If so you have the opportunity to state the terms agreed in the Lasting Power of Attorney Itself.

Yes (and the agreed terms)

No

If your Attorney(s) can no longer act for you (due to ill health or incapacity) is there a replacement Attorney that you wish to appoint. This can be a valuable addition to the Lasting Power of Attorney and provides security that you can be assured who would assist you if one of your initial Attorney's became unable to.

### **Replacement Attorney One Details**

Attorney's Full Name:

Attorney's Address:

Attorney's Post Code:

Attorney's date of Birth:

Attorney's Occupation:

Their relationship to you:

### **Replacement Attorney Two Details**

Attorney's Full Name:

Attorney's Address:

Attorney's Post Code:

Attorney's date of Birth:

Attorney's Occupation:

Their relationship to you:

The Lasting Power of Attorney also states that you should inform those who may have an interest in your application to create the Lasting Power of Attorney. It is your choice as to whom should be notified and more usually this includes children and close family relatives or friends. You do not have to notify anyone, however, if you chose not to you must have a second certificate provider.

### **First Person to Notify**

Name:

Address:

Post Code:

Contact Telephone Number:

Relationship to You:

**Second Person to Notify**

Name:

Address:

Post Code:

Contact Telephone Number:

Relationship to You:

You will also need to have a certificate provider complete a section of the Lasting Power of Attorney, this can easily be done by the Solicitor assisting you with the creation of the Lasting Power of Attorney, however, if you wish to have someone else complete this section please provide their full name, address and contact details below.

If there is any further information that you wish to make known regarding the appointment of your Attorney(s) please include this in the box below