



Lasting Power of Attorney instruction sheet

About Client

Title	
Name	
Surname	
Date of Birth	
Address	
Postcode	
Phone Number	
Email	
Occupation	

Type of Power		Attorneys to be Appointed	
Property and Financial Affairs	<input type="checkbox"/>	Jointly	<input type="checkbox"/>
Health and Welfare Decisions	<input type="checkbox"/>	Jointly and severally	<input type="checkbox"/>
Both	<input type="checkbox"/>	Jointly for some decisions	<input type="checkbox"/>

Attorney Name

Title	
Name	
Surname	
Date of Birth	
Address	
Postcode	
Phone Number	
Email	
Occupation	
Relationship to donor	



Lasting Power of Attorney instruction sheet

Attorney Name	
Title	
Name	
Surname	
Date of Birth	
Address	
Postcode	
Phone Number	
Email	
Occupation	
Relationship to donor	

Attorney Name	
Title	
Name	
Surname	
Date of Birth	
Address	
Postcode	
Phone Number	
Email	
Occupation	
Relationship to donor	



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Attorney Name	
Title	
Name	
Surname	
Date of Birth	
Address	
Postcode	
Phone Number	
Email	
Occupation	
Relationship to donor	

Attorney Name	
Title	
Name	
Surname	
Date of Birth	
Address	
Postcode	
Phone Number	
Email	
Occupation	
Relationship to donor	



Lasting Power of Attorney instruction sheet

Replacement Attorney	
Title	
Name	
Surname	
Date of Birth	
Address	
Postcode	
Phone Number	
Email	
Occupation	
Relationship to donor	

Replacement Attorney	
Title	
Name	
Surname	
Date of Birth	
Address	
Postcode	
Phone Number	
Email	
Occupation	
Relationship to donor	



Lasting Power of Attorney instruction sheet

When can your attorneys act in relation to financial decisions		Instructions	
When power is registered	<input type="checkbox"/>	Include clause with regards to attorney's powers of discretionary management in respect of investments	<input type="checkbox"/>
When I do not have capacity	<input type="checkbox"/>	Charging Clause	<input type="checkbox"/>

Preferences	
My attorneys can review my will	<input type="checkbox"/>

Certificate Provider	
Title	
Name	
Surname	
Address	
Postcode	
Phone Number	
Email	
Professional Certificate Provider	
Relevant professional experience	
How long have they known the Donor	
Lay Certificate Provider	
In what capacity do they know the Donor	
How long have they known the Donor	