



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 | |



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 | |



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 | |