

LASTING POWER OF ATTORNEY (LPA) FORM

Thank you for contacting Solomons Solicitors regarding your LPA

- **Please complete the form below.** Please note that if you are a couple, you will need to fill out separate forms, as your wishes may differ
- **Questions marked with the following symbol must be completed***
If you are unable to answer any of the questions or have any queries, please let us know by using the "other information" space at the end of this form

Salutation: Mr, Mrs, Ms, Miss, Dr, Other (please state)

Full Name: *

Permanent Address: *

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Home Telephone Number:

Mobile Number:

Email Address:

Date of Birth: *

Your Attorneys

You can choose up to four Attorneys- however, it is more usual to choose one or two.

Where you appoint two or more attorneys, we will draft the document on the presumption that they will be able to act **jointly and severally** (each attorney can choose to act alone or together); unless you have advised us otherwise below.

Do you wish your Attorneys to act jointly? *

(If you choose this option, all of your Attorneys must always act together; this may invalidate the LPA if one of the attorneys becomes incapacitated)

YES

NO

Do you wish you Attorneys to act jointly on specific matters only (i.e. high value transactions)?

YES

NO

Do you wish to allow your Attorneys to make gifts on your behalf if/when they act?

YES

NO

If yes, please give details:

Do you wish to allow your Attorneys to make discretionary investments on your behalf if/when they act?

YES

NO

Are you happy for us to enforce our attached safeguarding policy?

YES

NO

ATTORNEY 1

Title: Mr, Mrs, Ms, Miss, Dr, Other (please state)

Full Name:

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Address:

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Date of Birth:

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Relationship:

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ATTORNEY 2

Full Name:

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Address:

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Date of Birth:

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Relationship:

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ATTORNEY 3

Title: Mr, Mrs, Ms, Miss, Dr, Other (please state)

Full Name:

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Address:

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Date of Birth:

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Relationship:

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ATTORNEY 4

Title: Mr, Mrs, Ms, Miss, Dr, Other (please state)

Full Name:

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Address:

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Date of Birth:

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Relationship:

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Do you wish to appoint a Replacement Attorney, in the event that your Attorney(s) are unable to act? (This is not always necessary, particularly if you have already appointed more than one Attorney)

YES

NO

REPLACEMENT ATTORNEY

Title: Mr, Mrs, Ms, Miss, Dr, Other (please state)

Full Name:

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Address:

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Date of Birth:

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Relationship:

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RESTRICTIONS

If you wish to place any restrictions on your Attorneys, please advise here:
(This is not always necessary, particularly if you trust your Attorneys implicitly)

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NOTIFICATION

In order for the LPA to be operable, it is necessary to register it at the Office of the Public Guardian (OPG). You can request a notification of the application to be given to one or more persons, who are not Attorneys.

If you wish to request a notification, please provide details of the person(s) you wish to notify here:

1) Full Name:

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Address:

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2) Full Name:

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Address:

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CERTIFICATE PROVIDER

In order for the LPA to be completed, a certificate provider is required to certify that you have the requisite capacity to sign the LPA after seeing you alone.

The certificate provider should either be a professional i.e. a solicitor or a person who has known you for at least 2 years. We will proceed on the presumption that Solomons Solicitors can act in this capacity on your behalf.

If you wish to use an independent certificate provider, please advise here: * (this person cannot be related to you personally or in business, nor can they be one of your Attorneys)

Full Name:

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Address:

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Years known:

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Profession:

HEALTH AND WELFARE LPA

If you are applying for a Health and Welfare LPA, do you wish for your Attorneys to have the power to give or refuse consent to life sustaining treatment on your behalf?

YES

NO

Please advise us of any care or treatments that you would or would not want to receive:

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In the event of your incapacity, where would you wish to live? Please give details:






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Alexandra Livesey

Private Client Solicitor

Your Lasting Power of Attorney Service Includes:

-  A free initial consultation
-  Advice by a specialist solicitor
-  Registration with the Office of the Public Guardian
-  A certified copy of your LPA
-  Free retention of your original LPA in safe storage at our offices

**Call us for a free no-obligation
consultation: 01202 802 807**