

LASTING POWER OF ATTORNEY (LPA) APPLICATION

REQUIREMENTS

Property and
Affairs **only**

Health and
Welfare **only**

Both (cost x2)

Do you wish us to arrange
registration? (Chargeable service)

Yes

No

Do you give consent to your Attorneys
having access to your Will in the event
that you lose capacity?

Yes

No

IF HEALTH AND WELFARE APPLIED FOR

Who do you want to make decisions about life-sustaining treatment? (tick one)

I give my Attorneys/replacement Attorneys authority to give or refuse consent to life-sustaining treatment on my behalf. If you choose this option, your attorneys can speak to doctors on your behalf as if they were you.

I do not give my Attorneys/replacement Attorneys authority to give or refuse consent to life-sustaining treatment on my behalf. If you choose this option, your doctor will take into account the views of the attorneys and of people who are interested in your welfare as well as any written statement you have made, where it is practical and appropriate.

IF PROPERTY AND AFFAIRS APPLIED FOR

When do you want your Attorney to make decisions? (tick one)

As soon as my LPA has been registered (and also when I don't have mental capacity).

Most people choose this option because it is the most practical. While you still have mental capacity, your Attorneys can only act with your consent. If you later lose capacity, they can continue to act on your behalf for all decisions covered by this LPA.

This option is useful if you are able to make your own decisions but there is another reason you might want your Attorneys to help you - for example, if you are in hospital, on holiday or have a physical condition which makes it difficult to visit the bank, talk on the phone or sign documents.

Only when I don't have mental capacity

Be careful - this can make your LPA a lot less useful. Your Attorneys might be asked to prove you do not have mental capacity each time they try to use this LPA.

ENTER THE DONOR'S DETAILS

Title

Full name

Address

Email

Postcode

Tel.

D.O.B.

Is the Donor able to sign or make a mark on the LPA? (tick one)

If they are unable to, an additional sheet will be added into the LPA so someone can sign on the Donor's behalf.

Yes

No

ATTORNEYS (MAXIMUM OF 4 RECOMMENDED)

Attorney 1

Title

Full name

Address

Relationship to
Donor

Postcode

D.O.B.

Email

ATTORNEYS (CONTINUED)

Attorney 2

Title

Full name

Address

Relationship to
Donor

Postcode

D.O.B.

Email

Attorney 3

Title

Full name

Address

Relationship to
Donor

Postcode

D.O.B.

Email

ATTORNEYS (CONTINUED)

Attorney 4

Title

Full name

Address

Relationship to Donor

Postcode

D.O.B.

Email

Do you wish to appoint a Trust Company as an Attorney? If yes, please tick and advise details below:

Name and Address of Trust Company

Attorneys must act:

1. Jointly and severally

2. Jointly

3. Jointly in some matters and jointly and severally in others

Details of option 3 for clarification:

REPLACEMENT ATTORNEYS (OPTIONAL)

Replacement Attorney 1

Title

Full name

Address

Relationship to
Donor

Postcode

D.O.B.

Replacement Attorney 2

Title

Full name

Address

Relationship to
Donor

Postcode

D.O.B.

Please confirm when you wish your replacement Attorneys to act:

1. As soon as one of the original Attorneys can no longer act

2. Only when none of the original Attorneys can act

3. In some other way

REPLACEMENT ATTORNEYS (OPTIONAL)

Describe below how you would like this to happen. **Be careful** - the more specific your instructions, the greater the chance that they will not be able to be followed. Remember, replacements can't replace other replacements. If in doubt, seek legal advice.

Replacement attorneys must act:

1. Jointly and severally
2. Jointly
3. Jointly in some matters and jointly and severally in others

Details of option 3 for clarification:

Are there any restrictions you wish to impose on any attorney appointed?

Yes No

These will be legally binding (optional). If yes, please provide details

CERTIFICATE PROVIDER

Title

Full name

Address

Relationship to
Donor

Postcode

CERTIFICATE PROVIDER (OPTIONAL)

The Certificate Provider must be 18 years old and either:

1) a friend, colleague, or someone the Donor has known well for at least two years - must be more than an acquaintance, **or**

2) the Donor's doctor/lawyer or someone with professional skills to judge that the Donor understands what they are doing and are not being forced to make the LPA.

The Certificate Provider must **not** be an Attorney, a relative of the Donor or any Attorney(s)/replacement Attorney(s) (including in-laws, step-relatives, unmarried partners) or the Donor/Attorney(s) business partner/employee.

Instructions - please confirm anything you want the Attorney(s) to do to confirm that you lack capacity to make the decision or any other restrictions you wish to make that must be followed by the Attorney(s) **(optional)**.

Preferences - please confirm any guidance you wish your Attorney(s) to consider: **(optional)**

This will not be legally binding.

NOTIFIABLE PERSONS (OPTIONAL)

The following are people you wish to be told when an application to register your LPA is made (**optional**). Up to five can be listed. **Notifiable people should not be Attorneys, replacement Attorneys, certificate provider or the Financial Adviser.**

Person 1

Title

Full name

Address

Tel.

Postcode

Person 2

Title

Full name

Address

Tel.

Postcode

DOCUMENT STORAGE

If the Clients would like to use our secure storage service please indicate below.

Storage

8 years

Storage not required

DATA PROTECTION STATEMENT

Solidus IEP Ltd ("**Solidus**") is totally committed to full compliance with the requirements of the General Data Protection Regulations ("**GDPR**") and the Data Protection Act and will follow procedures which aim to ensure that all employees and legal and professional partners, who have access to any personal data held by or on behalf of Solidus, are fully aware of and abide by their duties under GDPR.

Solidus, in respect of its business purpose, needs to collect and use information from Licensees and their referred clients in order to operate and carry out its function. This information is handled and dealt with properly however it is collected, recorded and used and whether it is held on paper or within computer data records.

DECLARATION

To be signed by whoever completes the LPA application (**Instruction Taker**)

I hereby declare that, in my opinion, the Donor has the capacity to create an LPA in accordance with S.2 and S.3 of the Mental Capacity Act 2005.

Print Name

Signature

Date

DONOR'S DECLARATION

I can confirm that I understand that the information requested in this form is required for the purpose of preparing my Lasting Power of Attorney and to ensure my Lasting Power of Attorney correctly reflects my wishes. I confirm that I am 18 years of age or over and am of sound mind.

I confirm that the information given on this form is complete and correct as far as I am aware at this time and is to be used as the basis of the preparation of my Lasting Power of Attorney.

I confirm that I intend to give my Attorney(s) authority to make decisions on my behalf, including circumstances when I lack capacity subject to any restrictions I have made.

My Attorney(s) was/were not present whilst this Lasting Power of Attorney was discussed. I have had Mental Capacity Act 2005 section 1 "The Key Principles" and Section 4 "Best Interests" explained to me and am aware that this information is available in full to me at www.publicguardian.gov.uk or by writing to the Office of Public Guardian, Archway Tower 2, Junction Road, London, N19 5SZ or by telephoning 0845 330 2900 and requesting it.

Following completion, I authorise Solidus or their legal partners to contact me directly if there is a requirement which I or my Attorney(s) need to be made aware of.

I confirm that my decision to proceed was taken without undue influence.

Print Name

Donor's Signature

Date