Lasting power of attorney Questionnaire

Protecting your wishes



Protector
LPA

This questionnaire relates to both a Financial and/or Health & Welfare Lasting Power of Attorney. Please tick one or both as required.

Financial ☐ Health & Welfare ☐

Please note: it is important that you fill out all of the boxes

1. Your details

Full Name (Including Title)

Any other name known by

Address (Including Postcode)

Telephone Number

Email Address

Date of Birth Day Month Year

Occupation

Have you made an Enduring or Lasting Power of Attorney previously? Yes ☐ No ☐ **Dated** Day Month Year

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If you and your spouse are providing the same/mirrored instructions, you may complete this form together.

Spouse's Full Name (Including Title)

Address (Including Postcode)

Telephone Number

Email Address

Date of Birth Day Month Year

Occupation

Have you made an Enduring or Lasting Power of Attorney previously? Yes ☐ No ☐ **Dated** Day Month Year

Reset form

2. Your attorneys/replacement attorneys

How many attorneys are you appointing? **Financial** ☐ **Health & Welfare** ☐

Attorney 1 details: **Financial** ☐ **Health & Welfare** ☐

Full Name (Including Title)

Address (Including Postcode)

Telephone Number

Email Address

Date of Birth Day Month Year

Relationship to you

Attorney 2 details: **Financial** ☐ **Health & Welfare** ☐

Full Name (Including Title)

Address (Including Postcode)

Telephone Number

Email Address

Date of Birth Day Month Year

Relationship to you

If you would like to appoint more than two attorneys, please continue on the final sheet of this form.

If you have more than one attorney they can act either together or together and independently. If you appoint your attorneys to make every decision together, then should one attorney die or become permanently unable to act, the Lasting Power of Attorney (LPA) will become invalid unless a replacement attorney is appointed.

How are your attorneys to act for you?

	Financial	**Health & Welfare**
Choose one from the following:		
My attorneys can act together or independently (recommended)	◯	◯
My attorneys must make every decision together	☐	☐

You have the option to choose that your attorneys can act together on some decisions and independently on others. However, we do not recommend this as any ambiguity in instructions is likely to be rejected by the court. Please discuss this with us if you wish.

When would you want your attorneys to be able to make decisions?* **Financial**

As soon as my LPA has been registered (irrespective of my capacity at the time) (recommended) ☐

Please note: *whilst you have capacity, your attorneys cannot overrule the decisions you wish to make.*

We recommend this option as it would allow your attorneys to help manage your affairs with your permission whilst you still have capacity. For example, if you found it difficult to leave the house or to speak to utility providers.

Only when I no longer have mental capacity ☐

* A Health & Welfare LPA can only make decisions on behalf of the client once mental capacity has been lost.

2. Your attorneys/replacement attorneys *continued...*

Replacement attorneys

Replacement attorneys will act if one of your original attorneys dies, loses capacity, no longer wants to be your attorney, becomes bankrupt or is no longer your legal spouse. Replacements will step in when any one of your original attorneys stops acting for you.

How many replacement attorneys are you appointing?

Financial ☐ **Health & Welfare** ☐

If you are appointing a sole attorney, we recommend appointing at least one replacement. Without a replacement, a court-approved deputy may be necessary if your sole attorney became permanently unable to act.

Replacement attorney 1 details: **Financial** ☐ **Health & Welfare** ☐

Full Name (Including Title)

Address (Including Postcode)

Telephone Number

Email Address

Relationship to you

Date of Birth Day Month Year

Replacement attorney 2 details (if applicable): **Financial** ☐ **Health & Welfare** ☐

Full Name (Including Title)

Address (Including Postcode)

Telephone Number

Email Address

Relationship to you

Date of Birth Day Month Year

If you would like to appoint more than two replacement attorneys, please continue on the final sheet of this form.

How are your replacement attorneys to act for you?

If there is more than one replacement attorney, and they fully replaced your attorneys at once, they will be appointed jointly unless you specify otherwise. It is recommended that you appoint at least one replacement attorney and if more than one, on a 'together or independent' basis.

Choose one from the following:

	Financial	Health & Welfare
My replacement attorneys can act together or independently (recommended)	☐	☐
My replacement attorneys must make every decision together	☐	☐

You have the option to choose that your attorneys can act together on some decisions and independently on others. However, we do not recommend this as any ambiguity in instructions is likely to be rejected by the court. Please discuss this with us if you wish.

3. Health & Welfare only

You must choose whether your attorneys can give or refuse consent to life-sustaining treatment on your behalf.

Life-sustaining treatment means care, surgery, medicine or other help from doctors that's needed to keep you alive, for example;

- A serious operation, such as a heart bypass or organ transplant;
- Cancer treatment;
- Artificial nutrition or hydration (food or water given other than by mouth).

Whether some treatments are life sustaining depends on the situation. If you have pneumonia, a simple course of antibiotics could be life-sustaining. Decisions about life-sustaining treatment can be needed in unexpected circumstances, such as a routine operation that didn't go as planned.

Option A – I give my attorneys the 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. ☐

Option B – I do not give my attorneys the authority to give or refuse consent to life-sustaining treatment on my behalf. If you choose this option, your doctors 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 may have made, where it is practical and appropriate. ☐

4. Certificate provider

A certificate provider is someone to vouch for you that you understand the implications in making this LPA. It can be a professional such as your Financial Adviser, GP or solicitor, or it can be someone close to you, but not related, who has known you for at least two years. It **cannot** be any of the following:

- Your attorney (either the attorney being appointed in this LPA, or for any previous powers of attorney you have made)
- A member of your family or member of an attorney's family
- An unmarried partner, boyfriend or girlfriend of yours or of an attorney (whether or not they live at the same address)
- Your business partner or a business partner of an attorney
- Your employee or an employee of an attorney
- An owner, manager, director or employee of a care home where you live

Your solicitor can act as your certificate provider, however this will incur additional charges. Your GP may also charge for this service.

Please provide details of your certificate provider here:

Full Name (Including Title)

Relationship to Donor

Duration of Relationship years

Address (Including Postcode)

Telephone Number

Occupation

5. Notified party *This section is optional.*

If you wish, you can choose to notify a person that you are putting in place an LPA. This could be a friend, neighbour or colleague.

Full Name
(Including Title)

Address
(Including Postcode)

Telephone Number

Date of Birth Day Month Year

Relationship to you

NB: If you are appointing the same attorney(s), people to be notified and certificate provider as your spouse, for ease of administration please complete their personal details on the second questionnaire only.

6. Preferences and instructions *This section is optional.*

You can, if you wish, include preferences and instructions for your attorney(s). Preferences are expressions of how you would prefer your attorneys to act and are not legally binding whilst instructions are binding on your attorneys. There are some preferences and instructions that cannot be included because they are contrary to the law. For example, you cannot give your attorneys power to make large gifts as such gifts cannot be made without the court's consent. Preferences and instructions must also be clear and unambiguous.

It is recommended you include an instruction to your attorneys with regard to the delegation of their investment powers to investment advisers in order to ensure that any investment portfolio you own can continue to be administered on a discretionary management basis.

If you are appointing a professional attorney, it is also recommended to include a charging clause to allow them to be paid for their services.

If you do not wish to include these instructions, please tick here ☐

If you wish, you may include further preferences or instructions. We do not necessarily recommend this as if the court views them as being uncertain in any way, the LPA may be rejected. If you have strong wishes, you may want to discuss these with us, or you can provide details below.

Preferences/Instructions

Financial	Health & Welfare

7. Disclosure of information

Protector LPA may request updates and documents to ensure that the work completed for you is in keeping with your wishes. We can only receive this information with your consent which would only extend to Protector LPA in assisting you with your requirements. We would not disclose your information to any other person or for any other purpose.

I/we would also like my/our completed LPA(s) to be sent to Protector LPA so that they may assist me/us with the execution of the documents, including, potentially, a further meeting with me/us and my/our attorney(s). ☐

No, I/we do not wish for you to provide details to Protector LPA. ☐

8. Additional attorneys/replacement attorneys

Please use this space to detail additional attorneys/replacement attorneys and/or details on how they are to act for you:

Financial	Health & Welfare

9. Data Protection

Protector LPA* are the data controllers of any personal data you provide to us on this form and any further information which you subsequently provide to us. Protector LPA* have a legal obligation to comply with applicable data protection legislation.

Purposes for which the data may be used

We will collect and use your personal data, such as your name and contact details and other personal details you have provided on this form.

We will use your personal data for the provision of support and help with completion of your lasting power of attorney(s), for administration purposes, risk assessment and fraud prevention.

In order to provide our services, we may share the personal data you provide with: HM Revenue & Customs; fraud prevention agencies; companies providing specialist advice, administration and/or IT services; and industry financial services schemes (e.g. Direct Debit).

Where you are providing us with personal data about other individuals, you will inform each of them that you are providing their information to us, refer them to the Privacy Policy, which can be accessed on the website.

Confidentiality

Protector LPA* adhere to a confidentiality policy that requires us to treat all information about you in the strictest confidence.

Your rights and how to contact us

For further information on our uses of your personal data, and your rights in relation to your personal data, please see the Privacy Policy, which can be accessed on the website.

Should you have any enquiries relating to the personal data that we may hold about you or how your personal data is processed, you can contact us using the details below; or you can contact us at: enquiries@protectorLPA.co.uk

10. Signatures

Signed		**Signed**	
Date	Day Month Year	**Date**	Day Month Year
Print Name		**Print Name**	



Protector LPA, Registered Office: 105 Coronation Road, Southville, Bristol, BS3 1AX, United Kingdom.

Registered in England no: 12727143

KERZ000032 (07.2020)