

Lasting Powers of Attorney Questionnaire

Financial decision

Thank you for consulting us in relation to setting up a Lasting Power of Attorney in relation to your financial decisions.

Please complete this questionnaire fully and return to us so that we can gauge your instructions ahead of our interview.

First, please give an indication as to why you have chosen to make a Lasting Power of Attorney in relation to your property and affairs:

Future provision in the event of mental incapacity

Immediate reaction to current health concerns

Need immediate assistance due to physical incapacity

Other (please provide details)

Section 1 – Your Personal Details

Please amend any information already entered if it is incorrect or incomplete:

Title and full name _____

Middle name(s) if not already entered above _____

Date of birth (DD/MM/YYYY) / /

Have you been known by any other names in the past? No

Yes

Full postal address: _____

Home Tel No.

Work Tel No.

Mobile No.

Which of the above is your daytime telephone number? _____

Email

Are you:

- Single
- Married/Civil Partnership
- Separated
- Divorced
- Co-habiting
- Widowed

Do you have children?

- No
- Yes

Names and dates of birth please

- (1) _____
- (2) _____
- (3) _____

Do you have a current Will? Yes / No

If yes, where is it stored? _____

Section 2 – Your initial thoughts on your Attorneys subject to advice

2.1 Attorney 1

Title _____

Name _____

Date of Birth _____

Address _____

Tel. No. _____

Mobile No. _____

Email Address _____

Relationship to you _____

Occupation _____

Your Attorneys should be at least 18, not an undischarged or interim bankrupt and people that you trust completely. You can appoint more than one Attorney and the method of appointment will be discussed at interview. They can only act once the document has been registered at the Office of the Public Guardian. Either you or your Attorneys can complete this registration but the document cannot be used until then. Your Attorneys must always act in your best interests.

2.2 Attorney 2

Title _____

Name _____

Date of Birth _____

Address _____

Tel No. _____

Mobile No _____

Email Address _____

Relationship to you _____

Occupation _____

We will discuss the appointment of your Attorneys at the meeting. In the meantime, you may wish to consider whether they are appointed:

Jointly – this means that all Attorneys must act together at all times in all decisions, for example: all Attorneys would have to sign all withdrawal forms in relation to your assets.

Jointly & Severally – Attorneys may act jointly or independently of each other. For example; this would cover the situation were one Attorney to be on holiday/ill themselves.

2.3 Did you wish to appoint a replacement Attorney?

Title _____

Name _____

Address _____

Tel No. _____

Relationship to you _____

Occupation _____

You can name a replacement(s) Attorney in case an Attorney is unable or no longer wishes to act for you. Your Attorney(s) can change their mind and may not want to act for you. If this is the case, they must tell you and the Office of the Public Guardian.

Section 3 – The decisions that your Attorneys may make for you

This power will enable your Attorneys to act on your behalf in relation to all of your financial decisions.

An Attorney can make any decision that you could make about your property and affairs on your behalf. This will include buying/selling property, managing investments or carrying on a business. They will be able to have access to such personal information as is required to complete this task. This is subject to any authority that you may wish to give them (please see below) and any decisions excluded expressly in the Mental Capacity Act 2005. Some financial decisions will have a 'personal welfare' element to them, for example; a move into residential care involves both elements and therefore a certain element of teamwork between the two sets of appointed attorneys will be required.

This can be (please indicate which option):

Option A – unfettered power with no restrictions or guidance imposed upon your Attorneys

Option B – fettered power with certain restrictions and/or guidance imposed as to what assets they can touch and/or how they exercise their powers

If Option B, please give details here:

You may put legally binding **restrictions/ conditions** on your Attorney(s) powers and what they can decide for you. However, you must be aware that these decisions may still need to be made and other people such as doctors/care workers or the Court may be required to step in to make the required decision.

Option C – unfettered power but with clear guidance as to how your Attorneys should manage your affairs

If Option C, please give details here:

Even though you may have chosen not to impose legally binding restrictions and conditions upon your attorneys, you may still seek to assist your Attorneys with some specific or general guidance as to how they are to act for you.

Section 4 – who do you want to be notified prior to your LPA being registered?

4.1 Please give details of the first person to be notified:

Title _____

Name _____

Address _____

Tel No. _____

Email address _____

4.2 Please give the details of the second person to be notified:

Title _____

Name _____

Address _____

Tel No. _____

Email address _____

Before your LPA can be used, it must be registered with the Office of the Public Guardian. As part of the registration process, you can nominate certain individuals (friends and/or family) to be told of this impending registration so that they may raise objections if they have any concerns. This is an important safeguard because if you lack capacity at the time of registration you will be relying on these people to raise any concerns they may have about the application to register. You may name up to five people to be notified. We have provided space for three. Please provide further details on a separate sheet if you would like more than three notified. If you choose not to have anyone notified, your LPA must have two certificates provided to confirm that you have understood your LPA.

4.3 Please give details of the third person to be notified:

Title _____

Name _____

Address _____

Tel No. _____

Email address _____

Thank you for completing this questionnaire. Please return to Private Client department, Warner Goodman LLP, Portland Chambers, 66 West Street, Fareham, Hampshire PO16 0JR at least three days prior to your meeting.