



Continuation sheets

Only use these continuation sheets if you are told to in the lasting power of attorney (LPA) form. Many people make an LPA without needing to use a continuation sheet.

If you make two LPAs and you need to use continuation sheets for both of them, use separate sheets for each LPA.

Continuation sheets

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Continuation sheet 1 – Additional people

- Use this sheet if you need space to write more names for sections 2, 4 or 6 of the LPA form.
- Sign and date the sheet on the same day as you sign the LPA form.

Continuation sheet 2 – Additional information

- Use this sheet if you need more space to write information for sections 3, 4 or 7 of the LPA form.
- If you have to write extra information for more than one of those sections, use a fresh copy of the sheet for each one.
- Sign and date the sheet on the same day as you sign the LPA form.

Continuation sheet 3 – If the donor cannot sign or make a mark

- Use this sheet if you can't sign or make a mark yourself.
- You will need someone else to sign on your behalf and two people must witness their signature.
- If you're making an LPA for health and care decisions, the person signing for you must also sign section 5 of the LPA on the same day as they sign this sheet.

Continuation sheet 4 – Trust corporation appointed as an attorney

- Use this sheet if you appointed a trust corporation as an attorney or replacement attorney.
- Someone from the trust corporation must sign this sheet instead of signing section 11 of the LPA form.
- They must sign this sheet after your 'certificate provider' has signed section 10 of the LPA form.

Continuation sheet 1

Additional people

Use this page if told to in section 2, 4 or 6 of the lasting power of attorney form.

If you use this page, you must sign it.

Help?

For help with this section, see the Guide, parts A2, A4 and A6.

☐

Attorney LPA section 2

☐

Replacement attorney LPA section 4

☐

Person to notify LPA section 6

Title

First names

Last name

Date of birth (not required for 'person to notify')

Day

Month

Year

Address

Postcode

Email address (optional)

☐

Attorney LPA section 2

☐

Replacement attorney LPA section 4

☐

Person to notify LPA section 6

Title

First names

Last name

Date of birth (not required for 'person to notify')

Day

Month

Year

Address

Postcode

Email address (optional)

Donor

You must sign here before you sign section 9 of the LPA, or on the same day.

Full name

Signature or mark

Date signed or marked

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Day

Month

Year

Only valid with the official stamp here.

Continuation sheet 1

Additional people

Use this page if told to in section 2, 4 or 6 of the lasting power of attorney form.

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☐

Attorney LPA section 2

☐

Replacement attorney LPA section 4

☐

Person to notify LPA section 6

Title

First names

Last name

Date of birth (not required for 'person to notify')

Day

Month

Year

Address

Postcode

Email address (optional)

☐

Attorney LPA section 2

☐

Replacement attorney LPA section 4

☐

Person to notify LPA section 6

Title

First names

Last name

Date of birth (not required for 'person to notify')

Day

Month

Year

Address

Postcode

Email address (optional)

Donor

You must sign here before you sign section 9 of the LPA, or on the same day.

Full name

Signature or mark

Date signed or marked

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Day

Month

Year

Only valid with the official stamp here.

Continuation sheet 2

Additional information

Use this page if told to in section 3, 4 or 7 of the lasting power of attorney form.

If you use this page, you must sign it.



For help with this section, see the Guide, parts A3, A4 and A7.

What additional information are you providing?

Use a fresh copy of this page for each type of additional information

☐

Decisions attorneys should make jointly

LPA section 3

☐

How replacement attorneys step in and act

LPA section 4

☒

Preferences LPA section 7

☐

Instructions LPA section 7

Here's the extra preference details..

Donor

You must sign here before you sign section 9 of the LPA,
or on the same day.

Full name

Signature or mark

Date signed or marked

--	--	--	--	--	--	--	--

Day

Month

Year

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Continuation sheet 2

Additional information

Use this page if told to in section 3, 4 or 7 of the lasting power of attorney form.

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Help?

For help with this section, see the Guide, parts A3, A4 and A7.

What additional information are you providing?

Use a fresh copy of this page for each type of additional information

☐

Decisions attorneys should make jointly
LPA section 3

☒

How replacement attorneys step in and act
LPA section 4

☐

Preferences LPA section 7

☐

Instructions LPA section 7

Some details that should NOT be extracted

Donor

You must sign here before you sign section 9 of the LPA,
or on the same day.

Full name

Signature or mark

Date signed or marked

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Day

Month

Year

Only valid with the official stamp here.

Continuation sheet 3

If the donor cannot sign or mark



Help?

For help with this section, see the Guide, part A9.

Only fill in this page if the donor cannot sign or make a mark in section 9 of the lasting power of attorney form

Donor

Full name

Signatory

You must:

- sign in the donor's presence and in the presence of 2 witnesses
- sign in your own name
- not also be a witness to this LPA
- sign any copies of Continuation Sheet 1 and 2 used in this LPA at the same time

If the LPA is for health and care decisions:

- you must also sign and date either Option A or Option B of Section 5, as directed by the donor
- your signature in Section 5 must be witnessed

Signed as a deed and delivered in the presence of and at the direction of the person giving this lasting power of attorney and in the presence of two witnesses.

Signature or mark

Full name of person signing

Date signed or marked

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Day

Month

Year

Witnesses

Witnesses must **not** be attorneys or replacement attorneys appointed under this LPA and must be aged 18 or over.

Signature or mark of first witness

Full name of first witness

Address of first witness

Postcode

Signature or mark of second witness

Full name of second witness

Address of second witness

Postcode

Only valid with the official stamp here.

Continuation sheet 4

Trust corporation appointed as an attorney

Only use this page if the donor has appointed a trust corporation as an attorney or replacement attorney

By execution of this deed the trust corporation understands and confirms all of the following:

- It has read this lasting power of attorney (LPA), including section 8 'Your legal rights and responsibilities'.
- It has a duty to act based on the principles of the Mental Capacity Act 2005 and to have regard to the Mental Capacity Act Code of Practice.
- It can make decisions and act only when this LPA has been registered.
- It must make decisions and act in the best interests of the person giving this LPA.
- It is not going through winding-up proceedings.
- It can spend money to make gifts but only to charities or on customary occasions such as birthdays, and for reasonable amounts, with regard to size of the donor's estate.
- It has a duty to keep accounts and financial records and produce them to the Office of the Public Guardian or to the Court of Protection on request.
- It can make decisions and act regarding the donor's property and financial affairs only at the time indicated in section 5 of this LPA.

Further statement by a trust corporation acting as a replacement attorney: It has the authority to act under this LPA only after an original attorney's appointment is terminated. It must notify the Public Guardian if that happens.



Help?

For help with this section, see the Guide, part A11.

Company registration number

I/We are authorised to sign on behalf of the trust corporation acting as attorney whose details are given in this continuation sheet to this lasting power of attorney.

Signed as a deed and delivered by:

Signature of first authorised person

Full name of first authorised person

Date signed or marked

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Day

Month

Year

Signature of second authorised person (if required)

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Full name of second authorised person (if required)

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Date signed or marked (if required)

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Day

Month

Year

Only valid with the official stamp here.