## **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.



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

| Attorney LPA section 2                                                               | Attorney LPA section 2                                                               |  |  |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--|--|
| Replacement attorney LPA section 4                                                   | Replacement attorney LPA section 4                                                   |  |  |
| Person to notify LPA section 6                                                       | Person to notify LPA section 6                                                       |  |  |
| Title First names                                                                    | Title First names                                                                    |  |  |
| Mr Nick                                                                              | Mrs Zoe                                                                              |  |  |
| Last name                                                                            | Last name                                                                            |  |  |
| Grimshaw                                                                             | Ball                                                                                 |  |  |
| Date of birth (not required for 'person to notify')  1 2 0 2 1 9 8 3  Day Month Year | Date of birth (not required for 'person to notify')  2 0 0 3 1 9 7 5  Day Month Year |  |  |
| Address                                                                              | Address                                                                              |  |  |
| test                                                                                 | test                                                                                 |  |  |
| test                                                                                 | test                                                                                 |  |  |
| Postcode DE3 2RD                                                                     | Postcode DE1 3RD                                                                     |  |  |
| Email address (optional)                                                             | Email address (optional)                                                             |  |  |
|                                                                                      |                                                                                      |  |  |

#### Donor

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

Full name

John Test

Signature or mark



Date signed or marked

2 3





Day

Month

Year



Only valid with the official stamp here.

Continuation sheet 1 (07.15)

## **Additional people**

Only valid with the official stamp here.



LPC Continuation sheet 1 (07.15)

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.



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



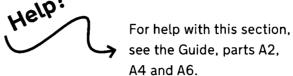
| Attorney LPA section 2                                                               | Attorney LPA section 2                                                               |  |  |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--|--|
| Replacement attorney LPA section 4                                                   | Replacement attorney LPA section 4                                                   |  |  |
| Person to notify LPA section 6                                                       | Person to notify LPA section 6                                                       |  |  |
| Title First names                                                                    | Title First names                                                                    |  |  |
| Mr James                                                                             | Mr John                                                                              |  |  |
| Last name                                                                            | Last name                                                                            |  |  |
| Testeer                                                                              | Test                                                                                 |  |  |
| Date of birth (not required for 'person to notify')  0 1 0 2 2 0 0 0  Day Month Year | Date of birth (not required for 'person to notify')  2 3 0 2 1 9 9 9  Day Month Year |  |  |
| Address                                                                              | Address                                                                              |  |  |
| test                                                                                 | Test                                                                                 |  |  |
| test                                                                                 | Test                                                                                 |  |  |
|                                                                                      |                                                                                      |  |  |
| Postcode DE2                                                                         | Postcode DE2                                                                         |  |  |
| Email address (optional)                                                             | Email address (optional)                                                             |  |  |
|                                                                                      |                                                                                      |  |  |
| Donor                                                                                |                                                                                      |  |  |
| You must sign here before you sign section 9 of the LP                               | A, or on the same day.                                                               |  |  |
| Full name Joihn Tester                                                               |                                                                                      |  |  |
| John Tester                                                                          |                                                                                      |  |  |
| Signature or mark  Date s  2 3  Day                                                  | igned or marked 0 3 2 0 2 5  Month Year                                              |  |  |

## **Additional people**



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





| Attorney LPA section 2                                              | Attorney LPA section 2                                              |
|---------------------------------------------------------------------|---------------------------------------------------------------------|
| Replacement attorney LPA section 4                                  | Replacement attorney LPA section 4                                  |
| Person to notify LPA section 6                                      | Person to notify LPA section 6                                      |
| Title First names                                                   | Title First names                                                   |
| MR JIMMY                                                            |                                                                     |
| Last name                                                           | Last name                                                           |
| MURPHY                                                              |                                                                     |
| Date of birth (not required for 'person to notify')  Day Month Year | Date of birth (not required for 'person to notify')  Day Month Year |
| Address                                                             | Address                                                             |
| 2 TEST                                                              |                                                                     |
| Postcode TD 2RF                                                     | Postcode                                                            |
| Email address (optional)                                            | Email address (optional)                                            |
|                                                                     |                                                                     |
| Donor                                                               |                                                                     |
| You must sign here before you sign section 9 of the LP              | A, or on the same day.                                              |
| Full name  50HW TESTER                                              |                                                                     |
| Signature or mark  Date s  Day                                      | igned or marked  0302025  Month Year                                |
| Only valid with the official stamp here.                            | Continuation sheet 1 (07.15)                                        |

# **Additional people**



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



| Help         | For help with this section, |
|--------------|-----------------------------|
| <b>ノ</b> ( ) | see the Guide, parts A2,    |
|              | A4 and A6.                  |

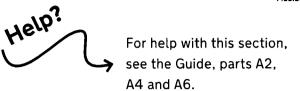
| Attorney LPA section 2                                                               | Attorney LPA section 2                                                               |  |  |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--|--|
| Replacement attorney LPA section 4                                                   | Replacement attorney LPA section 4                                                   |  |  |
| Person to notify LPA section 6                                                       | Person to notify LPA section 6                                                       |  |  |
| Title First names                                                                    | Title First names                                                                    |  |  |
| Mr One                                                                               | Mr OK                                                                                |  |  |
| Last name                                                                            | Last name                                                                            |  |  |
| more                                                                                 | lastone                                                                              |  |  |
| Date of birth (not required for 'person to notify')  2 4 0 4 1 9 9 9  Day Month Year | Date of birth (not required for 'person to notify')  2 8 0 5 1 9 9 9  Day Month Year |  |  |
| Address                                                                              | Address                                                                              |  |  |
| test                                                                                 | test                                                                                 |  |  |
| test                                                                                 | test                                                                                 |  |  |
|                                                                                      |                                                                                      |  |  |
| Postcode DE3                                                                         | Postcode DE3 4RD                                                                     |  |  |
| Email address (optional)                                                             | Email address (optional)                                                             |  |  |
|                                                                                      |                                                                                      |  |  |
|                                                                                      |                                                                                      |  |  |
| Donor                                                                                | *                                                                                    |  |  |
| You must sign here before you sign section 9 of the $\ensuremath{\text{\textbf{L}}}$ | PA, or on the same day.                                                              |  |  |
| Full name                                                                            |                                                                                      |  |  |
|                                                                                      |                                                                                      |  |  |
| Signature or mark  Date  Day                                                         | signed or marked  Month Year                                                         |  |  |
| Only valid with the official stamp here.                                             | Continuation sheet 1 (07.15)                                                         |  |  |

## **Additional people**



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





| Attorney LPA section 2                                                               | Attorney LPA section 2                                                               |  |  |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--|--|
| Replacement attorney LPA section 4                                                   | Replacement attorney LPA section 4                                                   |  |  |
| Person to notify LPA section 6                                                       | Person to notify LPA section 6                                                       |  |  |
| Title First names                                                                    | Title First names                                                                    |  |  |
| Mr One                                                                               | Mr OK                                                                                |  |  |
| Last name                                                                            | Last name                                                                            |  |  |
| more S                                                                               | lastone                                                                              |  |  |
| Date of birth (not required for 'person to notify')  2 4 0 4 1 9 9 9  Day Month Year | Date of birth (not required for 'person to notify')  2 8 0 5 1 9 9 9  Day Month Year |  |  |
| Address                                                                              | Address                                                                              |  |  |
| test                                                                                 | test                                                                                 |  |  |
| test                                                                                 | test                                                                                 |  |  |
|                                                                                      |                                                                                      |  |  |
| Postcode DE3                                                                         | Postcode DE3 4RD                                                                     |  |  |
| Email address (optional)                                                             | Email address (optional)                                                             |  |  |
|                                                                                      |                                                                                      |  |  |
|                                                                                      |                                                                                      |  |  |
| Donor                                                                                |                                                                                      |  |  |
| You must sign here before you sign section 9 of the L                                | PA, or on the same day.                                                              |  |  |
| Full name                                                                            |                                                                                      |  |  |
| Signature or mark Date  Day                                                          | signed or marked  Month Year                                                         |  |  |
| Only valid with the official stamp here.                                             | Continuation sheet 1 (07.15)                                                         |  |  |

## **Additional information**



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



| What additional information are you providi                                                                                                                                           | ng?                                     | $\sim$                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------|
| 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 |                                         | Help?                               |
|                                                                                                                                                                                       |                                         | •                                   |
|                                                                                                                                                                                       |                                         | For help with this section, see the |
| Preferences LPA section 7                                                                                                                                                             |                                         | Guide, parts A3,                    |
| Instructions LPA section 7                                                                                                                                                            |                                         | A4 and A7.                          |
| something something                                                                                                                                                                   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                                     |
|                                                                                                                                                                                       |                                         |                                     |
|                                                                                                                                                                                       |                                         |                                     |
|                                                                                                                                                                                       |                                         |                                     |
| ·                                                                                                                                                                                     |                                         |                                     |
|                                                                                                                                                                                       |                                         |                                     |
|                                                                                                                                                                                       |                                         | į                                   |
|                                                                                                                                                                                       |                                         |                                     |
|                                                                                                                                                                                       |                                         |                                     |
|                                                                                                                                                                                       |                                         |                                     |
|                                                                                                                                                                                       |                                         |                                     |
|                                                                                                                                                                                       |                                         |                                     |
|                                                                                                                                                                                       |                                         |                                     |
|                                                                                                                                                                                       |                                         |                                     |
| Donor                                                                                                                                                                                 |                                         |                                     |
| You must sign here before you sign section 9                                                                                                                                          | of the LPA, or on the same da           | ay.                                 |
| Full name                                                                                                                                                                             |                                         |                                     |
| John Test                                                                                                                                                                             |                                         |                                     |
| Signature or mark                                                                                                                                                                     | Date signed or marked                   |                                     |
|                                                                                                                                                                                       | 2 3 0 3 2 0                             | 2 5                                 |
|                                                                                                                                                                                       | Day Month Year                          |                                     |

### **Additional information**



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



| What additional information are you providing?                               |                                      |
|------------------------------------------------------------------------------|--------------------------------------|
| Use a fresh copy of this page for each type of additional information        | Holma                                |
| Decisions attorneys should make jointly LPA section 3                        | J. Help?                             |
| How replacement attorneys step in and act LPA section 4                      | For help with this                   |
| Preferences LPA section 7                                                    | section, see the<br>Guide, parts A3, |
| Instructions LPA section 7                                                   | A4 and A7.                           |
| something something                                                          |                                      |
| Donor                                                                        |                                      |
| You must sign here before you sign section 9 of the LPA, or on the same day. |                                      |
| Full name                                                                    | <del></del>                          |
| John Test                                                                    |                                      |
| Signature or mark  Date signed or marked  2 3 0 3 2 0 2  Day Month Year      | 5                                    |

## **Additional information**



| What additional information are you providing                                                                  | ng?                             | 9                                   |
|----------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------------|
| Use a fresh copy of this page for each type of                                                                 | additional information          | Help?                               |
| Decisions attorneys should make jointly LPA section 3  How replacement attorneys step in and act LPA section 4 |                                 | For help with this section, see the |
|                                                                                                                |                                 |                                     |
| Instructions LPA section 7                                                                                     |                                 | A4 and A7.                          |
| something something                                                                                            |                                 |                                     |
|                                                                                                                |                                 |                                     |
|                                                                                                                |                                 |                                     |
|                                                                                                                |                                 |                                     |
|                                                                                                                |                                 |                                     |
|                                                                                                                |                                 |                                     |
|                                                                                                                |                                 |                                     |
|                                                                                                                |                                 |                                     |
|                                                                                                                |                                 |                                     |
|                                                                                                                | 1                               |                                     |
|                                                                                                                |                                 |                                     |
|                                                                                                                |                                 |                                     |
|                                                                                                                |                                 |                                     |
|                                                                                                                | ·                               |                                     |
| Donor                                                                                                          |                                 |                                     |
| You must sign here before you sign section 9                                                                   | of the LPA, or on the same day. |                                     |
| Full name                                                                                                      |                                 |                                     |
| John Test                                                                                                      |                                 |                                     |
| Signature or mark                                                                                              | Date signed or marked           |                                     |
|                                                                                                                | 2 3 0 3 2 0 2                   | 5                                   |
|                                                                                                                | Day Month Year                  |                                     |

### **Additional information**



LPC Continuation sheet 2 (07.15)

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.

Only valid with the official stamp here.

| were the first the control with the control with the control of th | A CONTRACTOR OF THE CONTRACTOR |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| What additional information are you providing?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | $\sim$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Jse a fresh copy of this page for each type of additional information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Help?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Decisions attorneys should make jointly LPA section 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1 . ieth:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| How replacement attorneys step in and act LPA section 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | For help with this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Preferences LPA section 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | section, see the<br>Guide, parts A3,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Instructions LPA section 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | A4 and A7.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| something something                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Donor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ou must sign here before you sign section 9 of the LPA, or on the same                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | dav.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| full name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ,,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| John Test                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0 2 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

## **Additional information**



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



| What additional information are you providing?                                                                                             | 9                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Jse a fresh copy of this page for each type of additional informatio                                                                       | Help?                               |
| Decisions attorneys should make jointly LPA section 3                                                                                      | •                                   |
| How replacement attorneys step in and act LPA section 4                                                                                    | For help with this section, see the |
| Preferences LPA section 7                                                                                                                  | Guide, parts A3,                    |
| Instructions LPA section 7                                                                                                                 | A4 and A7.                          |
| Something                                                                                                                                  |                                     |
|                                                                                                                                            |                                     |
|                                                                                                                                            |                                     |
|                                                                                                                                            |                                     |
|                                                                                                                                            |                                     |
|                                                                                                                                            |                                     |
|                                                                                                                                            |                                     |
|                                                                                                                                            |                                     |
|                                                                                                                                            |                                     |
|                                                                                                                                            |                                     |
|                                                                                                                                            |                                     |
|                                                                                                                                            |                                     |
|                                                                                                                                            |                                     |
|                                                                                                                                            |                                     |
|                                                                                                                                            |                                     |
|                                                                                                                                            |                                     |
|                                                                                                                                            |                                     |
| ou must sign here before you sign section 9 of the LPA, or on the                                                                          | same day.                           |
| ou must sign here before you sign section 9 of the LPA, or on the ull name                                                                 | same day.                           |
| ou must sign here before you sign section 9 of the LPA, or on the full name                                                                | same day.                           |
| <b>Donor</b> You must sign here before you sign section 9 of the LPA, or on the Full name  John Test  Signature or mark  Date signed or ma |                                     |
| ou must sign here before you sign section 9 of the LPA, or on the full name John Test                                                      |                                     |

### **Additional information**



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



| What additional information are you providing?                                                                 | $\checkmark$        | $\mathbf{c}$                        |  |
|----------------------------------------------------------------------------------------------------------------|---------------------|-------------------------------------|--|
| Use a fresh copy of this page for each type of additional information                                          |                     | Help?                               |  |
| Decisions attorneys should make jointly LPA section 3  How replacement attorneys step in and act LPA section 4 |                     | 7 Herbi                             |  |
|                                                                                                                |                     | For help with this section, see the |  |
| Preferences LPA section 7                                                                                      |                     | Guide, parts A3,                    |  |
| Instructions LPA section 7                                                                                     | Α4                  | and A7.                             |  |
| something                                                                                                      |                     |                                     |  |
|                                                                                                                |                     |                                     |  |
| ·                                                                                                              |                     |                                     |  |
|                                                                                                                |                     |                                     |  |
|                                                                                                                |                     |                                     |  |
|                                                                                                                |                     |                                     |  |
|                                                                                                                |                     |                                     |  |
|                                                                                                                |                     |                                     |  |
|                                                                                                                |                     |                                     |  |
|                                                                                                                |                     |                                     |  |
|                                                                                                                |                     |                                     |  |
| ·                                                                                                              |                     |                                     |  |
|                                                                                                                |                     |                                     |  |
|                                                                                                                |                     |                                     |  |
| Donor                                                                                                          |                     |                                     |  |
| You must sign here before you sign section 9 of the LPA $$                                                     | or on the same day. |                                     |  |
| Full name                                                                                                      |                     | 1                                   |  |
| John Test                                                                                                      |                     |                                     |  |
| Signature or mark Date sig                                                                                     | ned or marked       |                                     |  |
| 2 3                                                                                                            | 0 3 2 0 2 5         |                                     |  |
| Day                                                                                                            | Month Year          |                                     |  |

## **Additional information**



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



| and the company of the property of the property of the company of | , L. A.                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| What additional information are you providing?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | $\checkmark$                        |
| Use a fresh copy of this page for each type of additional information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ( Help?                             |
| Decisions attorneys should make jointly LPA section 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | •                                   |
| How replacement attorneys step in and act LPA section 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | For help with this section, see the |
| Preferences LPA section 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Guide, parts A3,                    |
| Instructions LPA section 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | A4 and A7.                          |
| Something something                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ,                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |
| ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |
| Donor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |
| You must sign here before you sign section 9 of the LPA, or on the same da                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | y.                                  |
| Full name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |
| John Test                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |
| Signature or mark Date signed or marked                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2 5                                 |
| Day Month Year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |

### **Additional information**



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



| and the second of the second o | with the second second              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| What additional information are you providing?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 9                                   |
| Use a fresh copy of this page for each type of additional information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Help?                               |
| Decisions attorneys should make jointly LPA section 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | •                                   |
| How replacement attorneys step in and act LPA section 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | For help with this section, see the |
| Preferences LPA section 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Guide, parts A3,                    |
| Instructions LPA section 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | A4 and A7.                          |
| something something                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |
| <b>Donor</b><br>You must sign here before you sign section 9 of the LPA, or on the same day<br>Full name<br>John Test                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |
| Signature or mark  Date signed or marked  2 3 0 3 2 0 2  Day Month Year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 2 5                                 |

## **Additional information**



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



| What additional information are you providi    | ng?                            | $\sim$                               |
|------------------------------------------------|--------------------------------|--------------------------------------|
| Use a fresh copy of this page for each type of | additional information         | Help?                                |
| Decisions attorneys should make jointly        | LPA section 3                  | •                                    |
| How replacement attorneys step in and          | act LPA section 4              | For help with this                   |
| Preferences LPA section 7                      |                                | section, see the<br>Guide, parts A3, |
| Instructions LPA section 7                     |                                | A4 and A7.                           |
| something something                            |                                |                                      |
| <u>:</u>                                       |                                |                                      |
| ·                                              |                                |                                      |
|                                                |                                |                                      |
| ·                                              |                                |                                      |
|                                                |                                |                                      |
|                                                |                                |                                      |
|                                                |                                |                                      |
|                                                |                                |                                      |
|                                                |                                |                                      |
|                                                |                                |                                      |
|                                                |                                |                                      |
|                                                |                                |                                      |
| Donor                                          |                                |                                      |
| You must sign here before you sign section 9   | of the LPA, or on the same day | y.                                   |
| Full name                                      |                                |                                      |
| SOHW TESTER                                    |                                |                                      |
| Signature or mark                              | Date signed or marked          |                                      |
|                                                | 2303209                        | 25                                   |
|                                                | Day Month Year                 |                                      |
|                                                |                                |                                      |

## **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.

| What additional information are you providi             | ng?                           |                                     |
|---------------------------------------------------------|-------------------------------|-------------------------------------|
| Jse a fresh copy of this page for each type of          | additional information        | Help?                               |
| Decisions attorneys should make jointly LPA section 3   |                               | For help with this section, see the |
| How replacement attorneys step in and act LPA section 4 |                               |                                     |
| Preferences LPA section 7                               |                               | Guide, parts A3,                    |
| Instructions LPA section 7                              |                               | A4 and A7.                          |
| something something                                     |                               |                                     |
|                                                         |                               |                                     |
| •                                                       |                               |                                     |
|                                                         |                               |                                     |
|                                                         |                               |                                     |
|                                                         |                               |                                     |
|                                                         |                               |                                     |
|                                                         |                               |                                     |
|                                                         |                               |                                     |
|                                                         |                               |                                     |
|                                                         | •                             |                                     |
|                                                         |                               |                                     |
|                                                         |                               |                                     |
|                                                         |                               |                                     |
| onor                                                    |                               |                                     |
| /aaak aina bana bafanaa aina aaakian O                  | of the LPA, or on the same da | y.                                  |
| ou must sign here before you sign section 9             | ·                             |                                     |
|                                                         | ·                             |                                     |
|                                                         |                               |                                     |
| ull name                                                | Date signed or marked         |                                     |
| TUHN TESTER                                             | Date signed or marked         | 25                                  |

Only valid with the official stamp here.

Continuation sheet 2 (07.15)