

# Signing and registering your property and finance LPA



Office of the  
Public Guardian

Your complete LPA and registration section follows this cover sheet. It will look different from the digital service but it includes all the information you entered online. It's now ready for you to sign and send to OPG.

**Your LPA isn't legally valid yet and your attorneys can't use it.** To make it valid, you need to sign it and register it with OPG. What you need to do:

## O Print and read the LPA

You can print the LPA single or 2-sided. If you print single-sided, there are blank pages between the main LPA document and any continuation sheets.

- Everyone must read section 8 before signing.**
- Don't staple or bind your LPA. Send it to us as loose pages.**

## O Sign the LPA in the right order

The LPA must be signed in the right order - if not, OPG cannot register the LPA and you may have to pay the application fee again.

Log into your online LPA account to check your signing dates and reprint if you've made a mistake.

## O How to sign and date your LPA

People can sign on the same day or different days but must sign in the right order. Witnesses must give their full name and address. Please write in capital letters using a black pen.

- 1 Donor** signs and dates any continuation sheets. **Donor** signs and dates **section 9**, followed by the **donor's witness**
- 2 Certificate provider** signs and dates **section 10**
- 3 Attorneys** and any **replacement attorneys** sign and date **section 11**, followed by their **witnesses**
- 4 The applicant** signs and dates **section 15**. Don't forget to send the notification letters if you have 'people to notify'

## ○ Who can be a witness in the LPA?

- anyone aged 18 or over, apart from the donor, can be a witness in an LPA
- the certificate provider and any ‘people to notify’ can be a witness
- attorneys or replacement attorneys can witness each other’s signature but not the donor’s

## ○ Post the LPA to OPG

You **must** send:

- **all** the pages of the LPA document (sections 1 to 15)
- any continuation sheets you’ve used

If applying for a **fee reduction**, you must also send:

- your signed, completed application for exemption or remission (LPA120); if you applied for a fee reduction, there’ll be a link to download the form where you downloaded this document
- supporting evidence; make sure you read the guidance on the LPA120 about acceptable evidence or it may delay registration

If **paying by cheque**, you must also send:

- cheque for £92 or the reduced fee amount, made payable to ‘Office of the Public Guardian’; write the donor’s name on the back of the cheque

If you’ve **paid online**, OPG must receive the LPA within 40 days or your payment will be refunded. You can still send the LPA to OPG after 40 days but you will be contacted to pay again if you’ve been refunded.

Send everything to:  
**Office of the Public Guardian**  
**PO Box 16185**  
**Birmingham B2 2WH**

## ○ What happens once OPG receives the LPA?

If there are no problems with the LPA, we’ll register it and send it to the correspondent. If we cannot register the LPA, we’ll write to the correspondent to let them know.



# Lasting power of attorney for property and financial affairs

## Section 1 The donor

You are appointing other people to make decisions on your behalf.  
You are 'the donor'.

**Restrictions** – you must be at least 18 years old and be able to understand and make decisions for yourself (called 'mental capacity').

Title      First names

Mrs      Nancy

Last name

Garrison

Any other names you're known by (optional – eg your married name)

Date of birth

1 1    0 1    1 9 4 8

Day      Month      Year

Address

Bank End Farm House

Undercliff Drive

Ventnor, Isle of Wight

Postcode      P038 1UL

Email address (optional)

opglpademo+LouiseJames@gmail.com

If you are filling this in for a friend or relative and they can no longer make decisions independently, they can't make an LPA. See the Guide 'Before you start' for more information.

### For OPG office use only

LPA registration date

Day      Month      Year

OPG reference number

Only valid with the official stamp here.

LP1F Property and financial  
affairs (07.15)

## Section 2

### The attorneys

Helpline  
0300 456 0300



The people you choose to make decisions for you are called your ‘attorneys’. Your attorneys don’t need special legal knowledge or training. They should be people you trust and know well. Common choices include your husband, wife or partner, son or daughter, or your best friend.



#### You need at least one attorney, but you can have more.

You’ll also be able to choose ‘replacement attorneys’ in section 4. They can step in if one of the attorneys you appoint here can no longer act for you.

To appoint a trust corporation, fill in the first attorney space and tick the box in that section. They must sign Continuation sheet 4. For more about trust corporations, see the Guide, part A2.

**Restrictions** – Attorneys must be at least 18 years old and must have mental capacity to make decisions. They must not be bankrupt or subject to a debt relief order.



For help with this section, see the Guide, part A2.

Title	First names	
<input type="text"/>	<input type="text"/>	
Last name (or trust corporation name)		
Standard Trust		
Date of birth		
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Day	Month	Year
Address		
1 Laburnum Place		
Sketty		
Swansea, Abertawe		
Postcode	SA2 8HT	<input type="text"/>
Email address (optional)		
opglpademo+trustcorp@gmail.com		
<input checked="" type="checkbox"/> This attorney is a trust corporation.		

Title	First names	
Mrs	Amy	
Last name		
Wheeler		
Date of birth		
1 0	0 5	1 9 7 5
Day	Month	Year
Address		
Brickhill Cottage		
Birch Cross		
Marchington, Uttoxeter, Staffordshire		
Postcode	ST14 8NX	<input type="text"/>
Email address (optional)		
opglpademo+AmyWheeler@gmail.com		

## Section 2 – continued

Helpline  
0300 456 0300



Title	First names		
Mr	David		
Last name			
Wheeler			
Date of birth			
1 2	0 3	1 9	7 2
Day	Month	Year	
Address			
Brickhill Cottage			
Birch Cross			
Marchington, Uttoxeter, Staffordshire			
Postcode	ST14 8NX		
Email address (optional)			
opglpademo+DavidWheeler@gmail.com			

Title	First names		
Dr	Wellington		
Last name			
Gastri			
Date of birth			
0 2	0 9	1 9	8 2
Day	Month	Year	
Address			
Severington Lane			
Kingston			
Burlington, Hertfordshire			
Postcode	PL1 9NE		
Email address (optional)			
opglpademo+WellingtonGastri@gmail.com			

**More attorneys** – I want to appoint more than 4 attorneys. Use Continuation sheet 1.

## Section 3

# How should your attorneys make decisions?

Helpline  
0300 456 0300



You need to choose whether your attorneys can make decisions on their own or must agree some or all decisions unanimously.

Whatever you choose, they must always act in your best interests.

**I only appointed one attorney** (turn to section 4)

**How do you want your attorneys to work together? (tick one only)**

**Jointly and severally**

Attorneys can make decisions on their own or together. Most people choose this option because it's the most practical. Attorneys can get together to make important decisions if they wish, but can make simple or urgent decisions on their own. It's up to the attorneys to choose when they act together or alone. It also means that if one of the attorneys dies or can no longer act, your LPA will still work.

If one attorney makes a decision, it has the same effect as if all the attorneys made that decision.

**Jointly**

Attorneys must agree unanimously on every decision, however big or small. Remember, some simple decisions could be delayed because it takes time to get the attorneys together. If your attorneys can't agree a decision, then they can only make that decision by going to court.

**Be careful** – if one attorney dies or can no longer act, all your attorneys become unable to act. This is because the law says a group appointed 'jointly' is a single unit. Your LPA will stop working unless you appoint at least one replacement attorney (in section 4).

**Jointly for some decisions, jointly and severally for other decisions**

Attorneys must agree unanimously on some decisions, but can make others on their own. If you choose this option, you must list the decisions your attorneys should make jointly and agree unanimously on Continuation sheet 2. The wording you use is important. There are examples in the Guide, part A3.

**Be careful** – if one attorney dies or can no longer act, none of your attorneys will be able to make any of the decisions you've said should be made jointly. Your LPA will stop working for those decisions unless you appoint at least one replacement attorney (in section 4). Your original attorneys will still be able to make any of the other decisions alongside your replacement attorneys.



For help with this section, see the Guide, part A3.



If you choose 'jointly for some decisions...', you may want to take legal advice, particularly if the examples in part A3 of the the Guide, don't match your needs.

# Section 4

## Replacement attorneys

Helpline  
0300 456 0300



This section is optional, but we recommend you consider it



Replacement attorneys are a backup in case one of your original attorneys can't make decisions for you any more.

To appoint a trust corporation, fill in the first attorney space below and tick the box in that section. They must sign Continuation sheet 4.

**Reasons replacement attorneys step in** – if one of your original attorneys dies, loses capacity, no longer wants to be your attorney, becomes bankrupt or subject to a debt relief order or is no longer legally your husband, wife or civil partner.

**Restrictions** – replacement attorneys must be at least 18 years old and have mental capacity to make decisions. They must not be bankrupt or subject to a debt relief order.



For help with this section, see the Guide, part A4.

Title First names

Ms	Isobel
----	--------

Last name (or trust corporation name)

Ward
------

Date of birth

0 1	0 2	1 9	3	7
-----	-----	-----	---	---

Day Month Year

Address

2 Westview
Staplehay
Trull, Taunton, Somerset

Postcode	TA3 7HF
----------	---------

This attorney is a trust corporation.

Title First names

Mr	Ewan
----	------

Last name

Adams
-------

Date of birth

1 2	0 3	1 9	7	2
-----	-----	-----	---	---

Day Month Year

Address

2 Westview
Staplehay
Trull, Taunton, Somerset

Postcode	TA3 7HF
----------	---------

**More replacements** – I want to appoint more than two replacements. Use Continuation sheet 1.

### When and how your replacement attorneys can act

Replacement attorneys usually step in when one of your **original** attorneys stops acting for you. If there's more than one **replacement** attorney, they will all step in at once. If they **fully** replace your original attorney(s) at once, they will usually act jointly. You can change some aspects of this, but most people don't. See the Guide, part A4.



You should consider taking legal advice if you want to change when or how your replacement attorneys act.

I want to change when or how my attorneys can act (optional). Use Continuation sheet 2.

Only valid with the official stamp here.

LP1F Property and financial affairs (07.15)

## Section 5

# When can your attorneys make decisions?

Helpline  
0300 456 0300



You can allow your attorneys to make decisions:

- as soon as the LPA has been registered by the Office of the Public Guardian
- only when you don't have mental capacity



While you have mental capacity you will be in control of all decisions affecting you. If you choose the first option, your attorneys can only make decisions on your behalf if you allow them to. They are responsible to you for any decisions you let them make.

Your attorneys must always act in your best interests.

### When do you want your attorneys to be able to make decisions?

(mark one only)

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

Most people choose this option because it is the most practical.

While you still have mental capacity, your attorneys can only act **with your consent**. If you later lose capacity, they can continue to act on your behalf for all decisions covered by this LPA.

This option is useful if you are able to make your own decisions but there's another reason you want your attorneys to help you – for example, if you're away on holiday, or if you have a physical condition that makes it difficult to visit the bank, talk on the phone or sign documents.

**Only when I don't have mental capacity**

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



For help with this section, see the Guide, part A5.

# Section 6

## People to notify when the LPA is registered

Helpline  
0300 456 0300



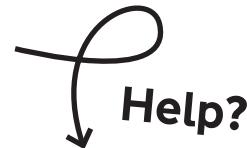
### This section is optional

You can let people know that you're going to register your LPA. They can raise any concerns they have about the LPA – for example, if there was any pressure or fraud in making it.

When the LPA is registered, the person applying to register (you or one of your attorneys) must send a notice to each 'person to notify'.

**You can't put your attorneys or replacement attorneys here.**

People to notify can object to the LPA, but only for certain reasons (listed in the notification form LP3). After that, they are no longer involved in the LPA. Choose people who care about your best interests and who would be willing to speak up if they were concerned.



For help with this section, see the Guide, part A6.

Title	First names
Mr	Anthony
Last name	Webb
Address	Brickhill Cottage
	Birch Cross
	Marchington, Uttoxeter, Staffordshire
Postcode	BS18 6PL

Title	First names
Miss	Louie
Last name	Wade
Address	33 Lincoln Green Lane
	Cholderton, Oxfordshire
Postcode	SP4 4DY

Title	First names
Mr	Stern
Last name	Hamlet
Address	33 Junction road
	Brighton
	Sussex
Postcode	JL7 8AK

Title	First names
Mr	Jayden
Last name	Rodriguez
Address	42 York Road
	Canterbury
	Kent
Postcode	YL4 5DL

I want to appoint another person to notify (maximum is 5) – use Continuation sheet 1.

## Section 7

# Preferences and instructions

Helpline  
0300 456 0300



### This section is optional

You can tell your attorneys how you'd **prefer** them to make decisions, or give them specific **instructions** which they must follow when making decisions.

Most people leave this page blank – you can just talk to your attorneys so they understand how you want them to make decisions for you.



### Preferences

Your attorneys don't have to follow your preferences but they should keep them in mind. For examples of preferences, see the Guide, part A7.

For help with this section, see the Guide, part A7.

#### Preferences – use words like 'prefer' and 'would like'

*Lorem ipsum dolor sit amet, consectetur adipiscing elit.*

I need more space – use Continuation sheet 2.

### Instructions

Your attorneys will have to follow your instructions exactly. For examples of instructions, see the Guide, part A7.



If you want to give instructions, you may want to take legal advice.

**Be careful** – if you give instructions that are not legally correct they would have to be removed before your LPA could be registered.

#### Instructions – use words like 'must' and 'have to'

*Maecenas posuere augue sed purus malesuada dapibus.*

I need more space – use Continuation sheet 2.

# Section 8

## Your legal rights and responsibilities

Helpline  
0300 456 0300



### ! Everyone signing the LPA must read this information

In sections 9 to 11, you, the certificate provider, all your attorneys and your replacement attorneys must sign this lasting power of attorney to form a legal agreement between you (a deed).

**By signing this lasting power of attorney, you (the donor) are appointing people (attorneys) to make decisions for you.**

**LPAs are governed by the Mental Capacity Act 2005 (MCA)**, regulations made under it and the MCA Code of Practice. Attorneys must have regard to these documents. The Code of Practice is available from [www.gov.uk/opg/mca-code](http://www.gov.uk/opg/mca-code) or from The Stationery Office.

**Your attorneys must follow the principles of the Mental Capacity Act:**

1. Your attorneys must assume that you can make your own decisions unless it is established that you cannot do so.
2. Your attorneys must help you to make as many of your own decisions as you can. They must take all practical steps to help you to make a decision. They can only treat you as unable to make a decision if they have not succeeded in helping you make a decision through those steps.
3. Your attorneys must not treat you as unable to make a decision simply because you make an unwise decision.
4. Your attorneys must act and make decisions in your best interests when you are unable to make a decision.
5. Before your attorneys make a decision or act for you, they must consider whether they can make the decision or act in a way that is less restrictive of your rights and freedom but still achieves the purpose.

**Your attorneys must always act in your best interests.** This is explained in the Application guide, part A8, and defined in the MCA Code of Practice.

**Before this LPA can be used:**

- it must be registered by the Office of the Public Guardian (OPG)
- it may be limited to when you don't have mental capacity, according to your choice in section 5

**Cancelling your LPA:** You can cancel this LPA at any time, as long as you have mental capacity to do so. It doesn't matter if the LPA has been registered or not. For more information, see the Guide, part D.

**Your will and your LPA:** Your attorneys cannot use this LPA to change your will. This LPA will expire when you die. Your attorneys must then send the registered LPA, any certified copies and a copy of your death certificate to the Office of the Public Guardian.

**Data protection:** For information about how OPG uses your personal data, see the Guide, part D.



For help with this section, see the Guide, part A8.

# Section 9

## Signature: donor

Helpline  
0300 456 0300



By signing on this page I confirm all of the following:

- I have read this lasting power of attorney (LPA) including section 8 ‘Your legal rights and responsibilities’, or I have had it read to me
- I appoint and give my attorneys authority to make decisions about my property and financial affairs, including when I cannot act for myself because I lack mental capacity, subject to the terms of this LPA and to the provisions of the Mental Capacity Act 2005
- I have either appointed people to notify (in section 6) or I have chosen not to notify anyone when the LPA is registered
- I agree to the information I’ve provided being used by the Office of the Public Guardian in carrying out its duties



### Be careful

Sign this page (and any continuation sheets) before anyone signs sections 10 and 11.

#### Donor

Signed (or marked) by the person giving this lasting power of attorney and delivered as a deed.

#### Signature or mark

see continuation sheet 3

#### Date signed or marked

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

Day      Month      Year

If you have used Continuation sheets 1 or 2 you must sign and date each continuation sheet at the same time as you sign this page.

If you can't sign this LPA you can make a mark instead. If you can't sign or make a mark you can instruct someone else to sign for you, using Continuation sheet 3.

#### Witness

The witness must not be an attorney or replacement attorney appointed under this LPA, and must be aged 18 or over.

#### Signature or mark

see continuation sheet 3

#### Full name of witness

#### Address

Postcode



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

# Section 10

## Signature: certificate provider

Helpline  
0300 456 0300



! Only sign this section after the donor has signed section 9



The ‘certificate provider’ signs to confirm they’ve discussed the lasting power of attorney (LPA) with the donor, that the donor understands what they’re doing and that nobody is forcing them to do it. The ‘certificate provider’ should be either:

- someone who has known the donor personally for at least 2 years, such as a friend, neighbour, colleague or former colleague
- someone with relevant professional skills, such as the donor’s GP, a healthcare professional or a solicitor

A certificate provider **can’t** be one of the attorneys.



For help with this section, see the Guide, part A10.

### Certificate provider’s statement

I certify that, as far as I’m aware, at the time of signing section 9:

- the donor understood the purpose of this LPA and the scope of the authority conferred under it
- no fraud or undue pressure is being used to induce the donor to create this LPA
- there is nothing else which would prevent this LPA from being created by the completion of this instrument

By signing this section I confirm that:

- I am aged 18 or over
- I have read this LPA, including section 8 ‘Your legal rights and responsibilities’
- there is no restriction on my acting as a certificate provider
- the donor has chosen me as someone who has known them personally for at least 2 years **OR**
- the donor has chosen me as a person with relevant professional skills and expertise

**Restrictions** – the certificate provider must not be:

- an attorney or replacement attorney named in this LPA or any other LPA or enduring power of attorney for the donor
- a member of the donor’s family or of one of the attorneys’ families, including husbands, wives, civil partners, in-laws and step-relatives
- an unmarried partner, boyfriend or girlfriend of either the donor or one of the attorneys (whether or not they live at the same address)
- the donor’s or an attorney’s business partner
- the donor’s or an attorney’s employee
- an owner, manager, director or employee of a care home where the donor lives

### Certificate provider

Title      First names

Mr

Reece

Last name

Richards

Address

11 Brookside

Cholsey

Wallingford, Oxfordshire

Postcode      OX10 9NN

Signature or mark

Date signed or marked

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

Day

Month

Year

# Section 11

## Signature: attorney or replacement

Helpline  
0300 456 0300



! Only sign this section after the certificate provider has signed section 10



All the attorneys and replacement attorneys need to sign.

There are 4 copies of this page – make more copies if you need to.



By signing this section I understand and confirm all of the following:

- I am aged 18 or over
- I have read this lasting power of attorney (LPA) including section 8 'Your legal rights and responsibilities', or I have had it read to me
- I have a duty to act based on the principles of the Mental Capacity Act 2005 and to have regard to the Mental Capacity Act Code of Practice
- I must make decisions and act in the best interests of the donor
- I must take into account any instructions or preferences set out in this LPA
- I can make decisions and act only when this LPA has been registered and at the time indicated in section 5 of this LPA

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

**Further statement by a replacement attorney:** I understand that I have the authority to act under this LPA only after an original attorney's appointment is terminated. I must notify the Public Guardian if this happens.

### Attorney or replacement attorney

Signed (or marked) by the attorney or replacement attorney and delivered as a deed.

Signature or mark

Date signed or marked

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

Day      Month      Year

Title      First names

Mrs	Amy
-----	-----

Last name

 Wheeler

### Witness

The witness must not be the donor of this LPA, and must be aged 18 or over.

Signature or mark

Full names of witness

Address

Postcode

# Section 11

## Signature: attorney or replacement

Helpline  
0300 456 0300



! Only sign this section after the certificate provider has signed section 10



All the attorneys and replacement attorneys need to sign.

There are 4 copies of this page – make more copies if you need to.



By signing this section I understand and confirm all of the following:

- I am aged 18 or over
- I have read this lasting power of attorney (LPA) including section 8 'Your legal rights and responsibilities', or I have had it read to me
- I have a duty to act based on the principles of the Mental Capacity Act 2005 and to have regard to the Mental Capacity Act Code of Practice
- I must make decisions and act in the best interests of the donor
- I must take into account any instructions or preferences set out in this LPA
- I can make decisions and act only when this LPA has been registered and at the time indicated in section 5 of this LPA

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

**Further statement by a replacement attorney:** I understand that I have the authority to act under this LPA only after an original attorney's appointment is terminated. I must notify the Public Guardian if this happens.

### Attorney or replacement attorney

Signed (or marked) by the attorney or replacement attorney and delivered as a deed.

Signature or mark

Date signed or marked

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

Day      Month      Year

Title      First names

Mr	David
----	-------

Last name

 Wheeler

### Witness

The witness must not be the donor of this LPA, and must be aged 18 or over.

Signature or mark

Full names of witness

Address

Postcode

# Section 11

## Signature: attorney or replacement

Helpline  
0300 456 0300



! Only sign this section after the certificate provider has signed section 10



All the attorneys and replacement attorneys need to sign.

There are 4 copies of this page – make more copies if you need to.



Help?

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

By signing this section I understand and confirm all of the following:

- I am aged 18 or over
- I have read this lasting power of attorney (LPA) including section 8 'Your legal rights and responsibilities', or I have had it read to me
- I have a duty to act based on the principles of the Mental Capacity Act 2005 and to have regard to the Mental Capacity Act Code of Practice
- I must make decisions and act in the best interests of the donor
- I must take into account any instructions or preferences set out in this LPA
- I can make decisions and act only when this LPA has been registered and at the time indicated in section 5 of this LPA

**Further statement by a replacement attorney:** I understand that I have the authority to act under this LPA only after an original attorney's appointment is terminated. I must notify the Public Guardian if this happens.

### Attorney or replacement attorney

Signed (or marked) by the attorney or replacement attorney and delivered as a deed.

Signature or mark

Date signed or marked

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

Day      Month      Year

Title      First names

<input type="text"/> Dr	<input type="text"/> Wellington
-------------------------	---------------------------------

Last name

 Gastri

### Witness

The witness must not be the donor of this LPA, and must be aged 18 or over.

Signature or mark

Full names of witness

Address

Postcode

# Section 11

## Signature: attorney or replacement

Helpline  
0300 456 0300



! Only sign this section after the certificate provider has signed section 10



All the attorneys and replacement attorneys need to sign.

There are 4 copies of this page – make more copies if you need to.



By signing this section I understand and confirm all of the following:

- I am aged 18 or over
- I have read this lasting power of attorney (LPA) including section 8 'Your legal rights and responsibilities', or I have had it read to me
- I have a duty to act based on the principles of the Mental Capacity Act 2005 and to have regard to the Mental Capacity Act Code of Practice
- I must make decisions and act in the best interests of the donor
- I must take into account any instructions or preferences set out in this LPA
- I can make decisions and act only when this LPA has been registered and at the time indicated in section 5 of this LPA

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

**Further statement by a replacement attorney:** I understand that I have the authority to act under this LPA only after an original attorney's appointment is terminated. I must notify the Public Guardian if this happens.

### Attorney or replacement attorney

Signed (or marked) by the attorney or replacement attorney and delivered as a deed.

Signature or mark

Date signed or marked

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

Day      Month      Year

Title      First names

Dr	Henry
----	-------

Last name

 Taylor

### Witness

The witness must not be the donor of this LPA, and must be aged 18 or over.

Signature or mark

Full names of witness

Address

Postcode

# Section 11

## Signature: attorney or replacement

Helpline  
0300 456 0300



! Only sign this section after the certificate provider has signed section 10



All the attorneys and replacement attorneys need to sign.

There are 4 copies of this page – make more copies if you need to.

Help?

By signing this section I understand and confirm all of the following:

- I am aged 18 or over
- I have read this lasting power of attorney (LPA) including section 8 ‘Your legal rights and responsibilities’, or I have had it read to me
- I have a duty to act based on the principles of the Mental Capacity Act 2005 and to have regard to the Mental Capacity Act Code of Practice
- I must make decisions and act in the best interests of the donor
- I must take into account any instructions or preferences set out in this LPA
- I can make decisions and act only when this LPA has been registered and at the time indicated in section 5 of this LPA

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

**Further statement by a replacement attorney:** I understand that I have the authority to act under this LPA only after an original attorney’s appointment is terminated. I must notify the Public Guardian if this happens.

### Attorney or replacement attorney

Signed (or marked) by the attorney or replacement attorney and delivered as a deed.

Signature or mark

Date signed or marked

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

Day      Month      Year

Title      First names

Mr	Elliot
----	--------

Last name

 Sanders

### Witness

The witness must not be the donor of this LPA, and must be aged 18 or over.

Signature or mark

Full names of witness

Address

Postcode

# Section 11

## Signature: attorney or replacement

Helpline  
0300 456 0300



! Only sign this section after the certificate provider has signed section 10



All the attorneys and replacement attorneys need to sign.

There are 4 copies of this page – make more copies if you need to.

Help?

By signing this section I understand and confirm all of the following:

- I am aged 18 or over
- I have read this lasting power of attorney (LPA) including section 8 ‘Your legal rights and responsibilities’, or I have had it read to me
- I have a duty to act based on the principles of the Mental Capacity Act 2005 and to have regard to the Mental Capacity Act Code of Practice
- I must make decisions and act in the best interests of the donor
- I must take into account any instructions or preferences set out in this LPA
- I can make decisions and act only when this LPA has been registered and at the time indicated in section 5 of this LPA

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

**Further statement by a replacement attorney:** I understand that I have the authority to act under this LPA only after an original attorney’s appointment is terminated. I must notify the Public Guardian if this happens.

### Attorney or replacement attorney

Signed (or marked) by the attorney or replacement attorney and delivered as a deed.

Signature or mark

Date signed or marked

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

Day      Month      Year

Title      First names

Ms	Isobel
----	--------

Last name

Ward

### Witness

The witness must not be the donor of this LPA, and must be aged 18 or over.

Signature or mark

Full names of witness

Address

Postcode

# Section 11

## Signature: attorney or replacement

Helpline  
0300 456 0300



! Only sign this section after the certificate provider has signed section 10



All the attorneys and replacement attorneys need to sign.

There are 4 copies of this page – make more copies if you need to.

Help?

By signing this section I understand and confirm all of the following:

- I am aged 18 or over
- I have read this lasting power of attorney (LPA) including section 8 ‘Your legal rights and responsibilities’, or I have had it read to me
- I have a duty to act based on the principles of the Mental Capacity Act 2005 and to have regard to the Mental Capacity Act Code of Practice
- I must make decisions and act in the best interests of the donor
- I must take into account any instructions or preferences set out in this LPA
- I can make decisions and act only when this LPA has been registered and at the time indicated in section 5 of this LPA

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

**Further statement by a replacement attorney:** I understand that I have the authority to act under this LPA only after an original attorney’s appointment is terminated. I must notify the Public Guardian if this happens.

### Attorney or replacement attorney

Signed (or marked) by the attorney or replacement attorney and delivered as a deed.

Signature or mark

Date signed or marked

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

Day      Month      Year

Title      First names

Mr	Ewan
----	------

Last name

 Adams

### Witness

The witness must not be the donor of this LPA, and must be aged 18 or over.

Signature or mark

Full names of witness

Address

Postcode

# Section 11

## Signature: attorney or replacement

Helpline  
0300 456 0300



! Only sign this section after the certificate provider has signed section 10



All the attorneys and replacement attorneys need to sign.

There are 4 copies of this page – make more copies if you need to.

Help?

By signing this section I understand and confirm all of the following:

- I am aged 18 or over
- I have read this lasting power of attorney (LPA) including section 8 ‘Your legal rights and responsibilities’, or I have had it read to me
- I have a duty to act based on the principles of the Mental Capacity Act 2005 and to have regard to the Mental Capacity Act Code of Practice
- I must make decisions and act in the best interests of the donor
- I must take into account any instructions or preferences set out in this LPA
- I can make decisions and act only when this LPA has been registered and at the time indicated in section 5 of this LPA

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

**Further statement by a replacement attorney:** I understand that I have the authority to act under this LPA only after an original attorney’s appointment is terminated. I must notify the Public Guardian if this happens.

### Attorney or replacement attorney

Signed (or marked) by the attorney or replacement attorney and delivered as a deed.

Signature or mark

Date signed or marked

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

Day      Month      Year

Title      First names

Ms	Erica
----	-------

Last name

 Schmidt

### Witness

The witness must not be the donor of this LPA, and must be aged 18 or over.

Signature or mark

Full names of witness

Address

Postcode



# Continuation sheet 1

## Additional people

Helpline  
0300 456 0300



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

**Replacement attorney** LPA section 4

**Person to notify** LPA section 6

Title First names

Dr Henry

Last name

Taylor

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

1 0      0 9      1 9 7 3

Day Month Year

Address

Lark Meadow Drive

Solihull

Birmingham

Postcode B37 6NA

Email address (optional)

opglpademo+HenryTaylor@gmail.com

**Attorney** LPA section 2

**Replacement attorney** LPA section 4

**Person to notify** LPA section 6

Title First names

Mr Elliot

Last name

Sanders

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

1 0      1 0      1 9 8 7

Day Month Year

Address

12 Church Lane

Brierfield

Lancashire

Postcode L21 4WL

Email address (optional)

opglpademo+ElliotSanders@gmail.com

### Donor

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

Full name

Mrs Nancy Garrison

Signature or mark

[Large empty box for signature]

Date signed or marked

[Four small boxes for date: Day, Month, Year]

Day Month Year



# Continuation sheet 1

## Additional people

Helpline  
0300 456 0300



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

**Replacement attorney** LPA section 4

**Person to notify** LPA section 6

Title First names

Ms Erica

Last name

Schmidt

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

1 1    0 4    1 9 7 2

Day Month Year

Address

3 Westway

Stapleton, Taunton

Postcode TA2 9HP

Email address (optional)

**Attorney** LPA section 2

**Replacement attorney** LPA section 4

**Person to notify** LPA section 6

Title First names

Mrs Liyana

Last name

Gonzalez

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

      |      |      |      |      |

Day Month Year

Address

33 New Street

Mossley

Greater Manchester

Postcode MK47 9WD

Email address (optional)

### Donor

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

Full name

Mrs Nancy Garrison

Signature or mark

Date signed or marked

      |      |      |      |      |

Day Month Year



# Continuation sheet 2

## Additional information

Helpline  
0300 456 0300



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 providing?

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

- Decisions attorneys should make jointly** LPA section 3
- How replacement attorneys step in and act** LPA section 4
- Preferences** LPA section 7
- Instructions** LPA section 7



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

Replacement attorneys to step in only when none of the original attorneys can act  
Replacement attorneys are to act joint for some decisions, joint and several for other decisions, as below:

test test

### Donor

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

Full name

Mrs Nancy Garrison

Signature or mark

Date signed or marked

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

Day      Month      Year



# Continuation sheet 3

## If the donor cannot sign or mark

Helpline  
0300 456 0300



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



### Donor

Full name

Mrs Nancy Garrison

### Signatory

You must:

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

If the LPA is for health and care decisions:

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

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

Signature or mark

Full name of person signing

Date signed or marked

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

Day      Month      Year

### Witnesses

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

Signature or mark of first witness

Full name of first witness

Address of first witness

Postcode

Signature or mark of second witness

Full name of second witness

Address of second witness

Postcode

Help?

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



# Continuation sheet 4

## Trust corporation appointed as an attorney

Helpline  
0300 456 0300



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



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

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

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

**Help?**

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

Company registration number

678437685

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

**Signed as a deed and delivered by:**

Signature of first authorised person

Full name of first authorised person

Date signed or marked

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

Day      Month      Year

Signature of second authorised person (if required)

Full name of second authorised person (if required)

Date signed or marked (if required)

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

Day      Month      Year





## Now register your LPA

Before the LPA can be used, it **must** be registered by the Office of the Public Guardian (OPG). Continue filling in this form to register the LPA. See part B of the Guide.

### People to notify

If there are any ‘people to notify’ listed in section 6, you must notify them that you are registering the LPA now. See part C of the Guide.

Fill in and send each of them a copy of the form to notify people – LP3.

When you sign section 15 of this form, you are confirming that you’ve sent forms to the ‘people to notify’.

### Register now

You do not have to register immediately, but it’s a good idea in case you’ve made any mistakes. If you delay until after the donor loses mental capacity, it will be impossible to fix any errors. This could make the whole LPA invalid and it will not be possible to register or use it.

# Register your lasting power of attorney

Helpline  
0300 456 0300



## Section 12 The applicant

You can only apply to register if you are either the donor or attorney(s) for this LPA. The donor and attorney(s) should not apply together.

### Who is applying to register the LPA? (tick one only)

- Donor** – the donor needs to sign section 15
- Attorney(s)** – If the attorneys were appointed jointly (in section 3) then they **all** need to sign section 15. Otherwise, only one of the attorneys needs to sign



For help with this section, see the Guide, part B2.

Write the name and date of birth for each attorney that is applying to register the LPA. Don't include any attorneys who are not applying.

Title	First names						
Mrs	Amy						
Last name							
Wheeler							
Date of birth							
1	0	0	5	1	9	7	5
Day	Month	Year					

Title	First names						
Mr	David						
Last name							
Wheeler							
Date of birth							
1	2	0	3	1	9	7	2
Day	Month	Year					

Title	First names						
Dr	Wellington						
Last name							
Gastri							
Date of birth							
0	2	0	9	1	9	8	2
Day	Month	Year					

Title	First names						
Dr	Henry						
Last name							
Taylor							
Date of birth							
1	0	0	9	1	9	7	3
Day	Month	Year					

# Register your lasting power of attorney

Helpline  
0300 456 0300



## Section 12 The applicant

You can only apply to register if you are either the donor or attorney(s) for this LPA. The donor and attorney(s) should not apply together.

### Who is applying to register the LPA? (tick one only)

- Donor** – the donor needs to sign section 15
- Attorney(s)** – If the attorneys were appointed jointly (in section 3) then they **all** need to sign section 15. Otherwise, only one of the attorneys needs to sign



For help with this section, see the Guide, part B2.

Write the name and date of birth for each attorney that is applying to register the LPA. Don't include any attorneys who are not applying.

Title	First names	
<input type="text"/>	<input type="text"/>	
Last name		
<input type="text"/> Standard Trust		
Date of birth		
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Day	Month	Year

Title	First names						
<input type="text"/> Mr	<input type="text"/> Elliot						
Last name							
<input type="text"/> Sanders							
Date of birth							
<input type="text"/> 1	<input type="text"/> 0	<input type="text"/> 1	<input type="text"/> 0	<input type="text"/> 1	<input type="text"/> 9	<input type="text"/> 8	<input type="text"/> 7
Day	Month	Year					

Title	First names	
<input type="text"/>	<input type="text"/>	
Last name		
<input type="text"/>		
Date of birth		
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Day	Month	Year

Title	First names	
<input type="text"/>	<input type="text"/>	
Last name		
<input type="text"/>		
Date of birth		
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Day	Month	Year

## Section 13

### Who do you want to receive the LPA?

Helpline  
0300 456 0300



We need to know who to send the LPA to once it is registered. We might also need to contact someone with questions about the application.

We already have the addresses of the donor and attorneys, so you don't have to repeat any of those here, unless they have changed.



#### Who would you like to receive the LPA and any correspondence?

- The donor**  
 **An attorney** (write name below)  
 **Other** (write name and address below)

Title      First names

Last name

Company (optional)

Address


For help with this section, see the Guide, part B3.

#### How would the person above prefer to be contacted?

You can choose more than one.

- Post**  
 **Phone**

0	1	2	3	4	1	2	3	4	5	6			
---	---	---	---	---	---	---	---	---	---	---	--	--	--

  
 **Email**   
 **Welsh** (we will write to the person in Welsh)

# Section 14

## Application fee

Helpline  
0300 456 0300



There's a fee for registering a lasting power of attorney – the amount is shown on the cover sheet of this form or on form LPA120.

The fee changes from time to time. You can check you are paying the correct amount at [www.gov.uk/power-of-attorney/how-much-it-costs](http://www.gov.uk/power-of-attorney/how-much-it-costs) or call 0300 456 0300. The Office of the Public Guardian can't register your LPA until you have paid the fee.



### How would you like to pay?

**Card** For security, **don't** write your credit or debit card details here. We'll contact you to process the payment.

#### Your phone number

N	O	T	R	E	Q	U	I	R	E	D	.
---	---	---	---	---	---	---	---	---	---	---	---

**Cheque** Enclose a cheque with your application.



For help with this section, see the Guide, part B4.

### Reduced application fee

If the donor has a low income, you may not have to pay the full amount. See the Guide, part B4 for details.

**I want to apply to pay a reduced fee**

You'll need to fill in form LPA120 and include it with your application.

You'll also **need to send proof** that the donor is eligible to pay a reduced fee.

### Are you making a repeat application?

If you've already applied to register an LPA and the Office of the Public Guardian said that it was not possible to register it, you can apply again within 3 months and pay half the fee.

**I'm making a repeat application**

#### Case number

1	2	3	4	5	6	7	8				
---	---	---	---	---	---	---	---	--	--	--	--

### For OPG office use only

Payment reference **made online**

ABCD - 1234

Payment date                          Amount

2	6	0	7	2	0	1	7
---	---	---	---	---	---	---	---

£0.00

Day            Month            Year



# Section 15

## Signature

Helpline  
0300 456 0300



! **Do not sign this section until after sections 9, 10 and 11 have been signed.**



The person applying to register the LPA (see section 12) must sign and date this section. This is either the donor or attorney(s) but not both together.

If the **attorneys** are applying to register the LPA and they were appointed to act **jointly** (in section 3), they must all sign.

### By signing this section I confirm the following:

- I apply to register the LPA that accompanies this application
- I have informed ‘people to notify’ named in section 6 of the LPA (if any) of my intention to register the LPA
- I certify that the information in this form is correct to the best of my knowledge and belief



For help with this section, see the Guide, part B5.

Signature or mark

Date signed

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

Day      Month      Year

Signature or mark

Date signed

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

Day      Month      Year

Signature or mark

Date signed

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

Day      Month      Year

Signature or mark

Date signed

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

Day      Month      Year

If more than 4 attorneys need to sign, make copies of this page.

# Section 15

## Signature

Helpline  
0300 456 0300



! Do not sign this section until after sections 9, 10 and 11 have been signed.



The person applying to register the LPA (see section 12) must sign and date this section. This is either the donor or attorney(s) but not both together.

If the **attorneys** are applying to register the LPA and they were appointed to act **jointly** (in section 3), they must all sign.

### By signing this section I confirm the following:

- I apply to register the LPA that accompanies this application
- I have informed ‘people to notify’ named in section 6 of the LPA (if any) of my intention to register the LPA
- I certify that the information in this form is correct to the best of my knowledge and belief



For help with this section, see the Guide, part B5.

Signature or mark

Date signed

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

Day      Month      Year

Signature or mark

Date signed

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

Day      Month      Year

If more than 4 attorneys need to sign, make copies of this page.