**Lasting Power of Attorney Instruction Form**

**How to Complete:**

# PLEASE READ CAREFULLY BEFORE COMPLETING.

(This includes all accompanying notes for each section.)

1. You must complete this form fully.
2. **DO NOT** use abbreviations.
3. Identify **ALL** people by their **FULL NAMES**, surnames last.
4. Many questions can be answered with a YES or NO.
5. Please delete/leave any sections that do not apply to you
6. Additional legacies can be listed on a supplementary sheet. You must clearly state which section of this form will include additional information.
7. Please use continuation sheets if necessary.
8. Italics mark descriptions.

 9.Lastly, please do not worry if you do not have the information on the sheet. We understand you may need advice based on some section. We kindly ask for this to be emailed across to us at contact@futurelegal.co.uk to help us and yourself on your appointment.

# SECTION 1 DONOR DETAILS

# A Donor is the person(s) making the Lasting Power of Attorney.

**First Donor Details (T1)**

|  |  |
| --- | --- |
| Title |  Dr/Mr/Miss/Mrs/Ms |
| Full Name |  |
| Gender |  |
| Home Address |  |
| Post Code |  |
| Contact Number |  |
| Email Address |  |
| Date of Birth |  / / |
| Marital Status |  |
| Occupation |  |
| Intention to Marry? | YES/NO |

**SECTION 2: Attorneys**

Please name all attorneys to act if the first instance:

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** | **Full name** | **Address** | **DOB** |
| Mr/Mrs/Miss |  |  |  |
| Mr/Mrs/Miss |  |  |  |
| Mr/Mrs/Miss |  |  |  |
| Mr/Mrs/Miss |  |  |  |
| Mr/Mrs/Miss |  |  |  |
| Mr/Mrs/Miss |  |  |  |
| Mr/Mrs/Miss |  |  |  |
| Mr/Mrs/Miss |  |  |  |
| Notes |  |

**SECTION 3: Replacement Attorneys:**

Please name Replacement Attorneys, if you wish, to act if all of above are unable to act.

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** | **Full name** | **Address** | **DOB** |
| Mr/Mrs/Miss |  |  |  |
| Mr/Mrs/Miss |  |  |  |
| Mr/Mrs/Miss |  |  |  |
| Mr/Mrs/Miss |  |  |  |
| Mr/Mrs/Miss |  |  |  |
| Mr/Mrs/Miss |  |  |  |
| Mr/Mrs/Miss |  |  |  |
| Mr/Mrs/Miss |  |  |  |
| Notes |  |  |

Please find on the next page a box of which you can complete with any questions or additional information you may find useful.

**SECTION 4: Certificate Provider**

You are required to name a Certificate Provider, who has to sign the document, to state the donor has mental capacity. This is important as they are confirming they are consenting; the preparation of the document is safe.

There are two types of Certificate Provider. **A knowledge-based provider, which is someone who has known the Donor personally for over two years or a skills-based provider who has the relevant professional skills and expertise to enable them to make a judgement about mental capacity.**

You cannot be a certificate provider if:
• You are a member of the Donor’s or one of the Attorney’s families
• You are a business partner or employed in the same firm as the Donor or an Attorney
• An Attorney in any LPA or old Enduring Power of Attorney made by the same Donor
• The owner, director, manager, or an employee of a care home in which the donor or a family member lives.

Your certificate provider will be required to sign your document to clarity that you have the mental capacity to prepare these documents.

The most popular option, you can choose to name your friend of over two years for this.

**Certificate Providers details**

|  |  |
| --- | --- |
| Title |  Dr/Mr/Miss/Mrs/Ms |
| Full Name |  |
| Home AddressIf same as T1, enter T1 |  |
| Post Code |  |

**ADDITIONAL INFORMATION:** Use this section to detail any information you consider helpful in the drafting and completion of your Lasting Power of Attorney and other documents.