

**CLIENT INSTRUCTION
FOR THE ESTABLISHMENT
OF LASTING POWER OF ATTORNEY
PROPERTY AND AFFAIRS
AND
HEALTH AND WELFARE
DOCUMENTS**

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INTRODUCTION

The Mental Capacity Act 2005 (England and Wales) changed the process for individuals to appoint an attorney to act on their behalf and this became effective on 1st October 2007.

The arrangements are significantly more far reaching and complex than the previous Enduring Power of Attorney system and are summarised in the CareAware bulletin entitled “Acting on a Person’s Behalf”.

The Mental Capacity Act introduced the new Lasting Power of Attorney (LPA) which increases the range of different decisions that individuals can authorise others to make on their behalf. There are 2 types of LPA.

A Property and Affairs LPA allows your attorney to make decisions on your behalf about your property and affairs, for example, from paying your bills and operating your bank account to collecting your benefits and selling your property, subject to any conditions or restrictions. Your Property and Affairs attorney can be appointed to manage your property and affairs whilst you have your capacity as well as when you lack capacity but cannot make decisions about your personal welfare unless they have also been appointed as a Health and Welfare attorney.

A Health and Welfare LPA allows your attorney to make decisions on your behalf about your personal welfare, for example, from deciding where you live to whether or not to give or refuse consent to medical treatment on your behalf. These decisions can only be made on your behalf when you lack the capacity to make them yourself, due to, for example, the onset of dementia or illness. A Health and Welfare attorney is not allowed to make decisions about your property and affairs unless they have also been appointed as a Property and Affairs attorney.

The Office of the Public Guardian (OPG) has been created to register Lasting Power of Attorneys and they have published the following documents which may be of assistance.

- | | |
|---|--------------|
| ○ LPA Property and Affairs – Notes for Completing | LPA PA Notes |
| ○ LPA Personal Welfare – Notes for Completing | LPA PW Notes |
| ○ Guide for People Who Want to Make a Personal Welfare LPA | LPA 102 |
| ○ Guide for People Who Want to Make a Property and Affairs LPA | LPA 103 |
| ○ Guide for Taking on the Role of a Personal Welfare Attorney | LPA 104 |
| ○ Guide for Taking on the Role of a Property and Affairs Attorney | LPA 105 |
| ○ Guide for Certificate Providers and Witnesses | LPA107 |
| ○ Guide to Registering an LPA | LPA 108 |
| ○ Guide to Fees, Exemptions and Remissions | OPG 506 |

This document deals with the establishment of a Property and Affairs and Health and Welfare LPA and provides individuals with the information they need to consider in order to make such appointments. It also includes guidance on the issues involved which include those provided by the OPG.

In order for your Lasting Power of Attorney document(s) and Registration form/s to be produced, please complete this instruction form in BLOCK CAPITALS only.

Please read the guidance notes provided before completing your answers.

I wish to establish:

A PROPERTY AND AFFAIRS LASTING POWER OF ATTORNEY ONLY

A HEALTH AND WELFARE LASTING POWER OF ATTORNEY ONLY

BOTH OF THE ABOVE

Lasting Power of Attorney – Property and Affairs and Personal Welfare

DONOR'S DETAILS (the person giving the Power)

Title:

First Name:

Middle Name(s)

Surname:

Any other names you are or have been known by in the past (eg. maiden name)

Date of Birth

Address:

Postcode:

Telephone Number

Mobile Number (if applicable)

E-mail Address (if applicable)

Has the Donor made any other Lasting Power of Attorney / Enduring Power of Attorney documents

No Yes

If yes, please provide details including registration date if applicable

ATTORNEY(S) DETAILS

Provide details of who you wish to appoint as your attorney.

You may choose to have different attorneys for your Property and Affairs to those for your Health and Welfare or alternatively you may choose the same.

You may appoint as many as you wish but you should consider the practicalities of having a large number of attorneys and in our experience up to 3 is most common.

Your attorney should be someone you know well and trust and who is happy and willing to take on the role. They may be a family member, spouse, civil partner, friend or anyone over 18. If a spouse or civil partner is appointed it should be noted that should the marriage or civil partnership be dissolved or annulled, the LPA would cease unless a specific condition is included to the contrary *or* if more than one attorney is appointed on a jointly and severally basis. A person taking on the role of Property and Affairs attorney must also not be an undischarged or interim bankrupt.

Your attorney may be an individual, in which case complete the details below. You may choose to appoint a trust corporation as your attorney or as one of your attorneys. This is typically where you wish to appoint the trust department of a bank as your attorney and you should complete the Trust Corporation section below.

Lasting Power of Attorney – Property and Affairs and Personal Welfare

Please complete the details of each of your chosen attorney(s) below and indicate on which document you wish them to act.

Attorney 1

Property and Affairs attorney only

Health and Welfare attorney only

Property and Affairs and Health and Welfare attorney

Title

First Name

Middle Name(s)

Surname

Address

Postcode

Date of Birth

Telephone Number

Mobile Number (if applicable)

E-Mail Address (if applicable)

Occupation

Relationship to Donor
 Civil partner/spouse Child Solicitor
 Other (specify)..... Other Professional (specify).....

Attorney 2

Property and Affairs attorney only

Health and Welfare attorney only

Property and Affairs and Health and Welfare attorney

Title

First Name

Middle Name(s)

Surname

Address

Postcode

Date of Birth

Telephone Number

Mobile Number (if applicable)

E-Mail Address (if applicable)

Occupation

Relationship to Donor
 Civil partner/spouse Child Solicitor
 Other (specify)..... Other Professional (specify).....

Attorney 3

Property and Affairs attorney only

Health and Welfare attorney only

Property and Affairs and Health and Welfare attorney

Title

First Name

Middle Name(s)

Surname

Address

Postcode

Date of Birth

Telephone Number

Mobile Number (if applicable)

E-Mail Address (if applicable)

Occupation

Relationship to Donor
 Civil partner/spouse Child Solicitor
 Other (specify)..... Other Professional (specify).....

Attorney 4

Property and Affairs attorney only

Health and Welfare attorney only

Property and Affairs and Health and Welfare attorney

Title

First Name

Middle Name(s)

Surname

Address

Postcode

Date of Birth

Telephone Number

Mobile Number (if applicable)

E-Mail Address (if applicable)

Occupation

Relationship to Donor
 Civil partner/spouse Child Solicitor
 Other (specify)..... Other Professional (specify).....

Lasting Power of Attorney – Property and Affairs and Personal Welfare

Trust Corporation (if applicable)

Only complete this section if you wish to appoint a Trust Corporation as your attorney, as detailed above.

In our experience this is not a common option.

Property and Affairs attorney only

Health and Welfare attorney only

Property and Affairs and Health and Welfare attorney

Company Name

Address

Postcode

Company Registration Number

Full name of Company Director

Does the Company have a Company Seal?

Yes

No

If no Company Seal, provide full name of a 2nd Company Director or the full name of the Company Secretary

NOTE

If you wish to appoint more attorneys, please complete APPENDIX 1 provided at the end of this instruction form but remember, it is not practicable to have too many.

ATTORNEY STATUS

If you have decided to appoint more than one attorney you must specify how you wish them to act. There are 4 options for each LPA document as detailed below and you must ONLY choose ONE for each LPA you wish to set up.

If you only wish to appoint one person to act as your attorney you should choose Option 4.

CHOOSE JUST ONE OPTION – FOR PROPERTY AND AFFAIRS LPA

Option 1 - Jointly

This means all attorneys must agree and act jointly on all issues. Whilst some individuals do wish to apply this strict condition, it is worth bearing mind the practicalities of this arrangement eg 1 attorney being on holiday etc.

Option 2 – Jointly and Severally

This means that your attorneys are able to take decisions and act separately *and* jointly for you. In our experience this is the more common option.

Option 3 - Both of the Above

For those who may wish to use both of the above options on different aspects of their affairs it is possible to appoint your attorneys on the basis of acting jointly in respect of some matters and jointly and severally in respect of others. If you choose this option, you should specify in the box below the items on which you require your attorneys to act jointly, eg sale of house. Any items not specified will be included under the Jointly and Severally authority.

Option 4 - Not applicable as I only wish to appoint one attorney

CHOOSE JUST ONE OPTION - FOR HEALTH AND WELFARE LPA

Option 1 – Jointly

This means all attorneys must agree and act jointly on all issues. Whilst some individuals do wish to apply this strict condition, it is worth bearing mind the practicalities of this arrangement eg 1 attorney being on holiday etc.

Option 2 – Jointly and Severally

This means that your attorneys are able to take decisions and act separately *and* jointly for you. In our experience this is the more common option.

Option 3 - Both of the Above

For those who may wish to use both of the above options on different aspects of their affairs it is possible to appoint your attorneys on the basis of acting jointly in respect of some matters and jointly and severally in respect of others. If you choose this option, you should specify in the box below the items on which you require your attorneys to act jointly. Any items not specified will be included under the Jointly and Severally authority.

Option 4 - Not applicable as I only wish to appoint one attorney

REPLACEMENT ATTORNEYS

In the event that an Attorney is no longer able, or does not wish to continue to make decisions on your behalf, you can nominate a replacement by completing details for one or more replacements below. You may have as many replacements as you wish and unless you specify otherwise, the first attorney who is no longer able to act will be replaced by the first named replacement which you have listed. If you do not wish this to be the case you will need to specify which first choice attorney is to be replaced by which replacement attorney.

When considering a replacement attorney, it is important that you choose somebody you know well and trust to make decisions in your best interests in the same way as you selected your first choice Attorney.

CHOOSE JUST ONE OPTION – FOR PROPERTY AND AFFAIRS LPA

- Option 1 - No Replacement
I do not wish to appoint a replacement Attorney
- Option 2 - One For One
This means that if one attorney is no longer available to act on your behalf, they will be replaced by your first named replacement attorney.
- Option 3 Named Replacement
This means that if one of your attorneys is no longer able to act they will be replaced by a specific named replacement attorney

CHOOSE JUST ONE OPTION – FOR HEALTH AND WELFARE LPA

- Option 1 - No Replacement
I do not wish to appoint a replacement Attorney
- Option 2 - One For One
This means that if one attorney is no longer available to act on your behalf, they will be replaced by your first named replacement attorney.
- Option 3 - Named Replacement
This means that if one of your attorneys is no longer able to act they will be replaced by a specific named replacement attorney

Lasting Power of Attorney – Property and Affairs and Personal Welfare

Please complete the details of each of your chosen replacement attorney(s) below, indicate on which document you wish them to act and if Option 3 above has been chosen, provide details of which specific attorney they are to replace.

Replacement Attorney 1

Replacement Attorney for Property and Affairs only

Replacement Attorney for Health and Welfare only

Replacement Attorney for both Property and Affairs and Health and Welfare

If this attorney is to replace a specific attorney, please provide details here of whom they are to replace

Title

First Name

Middle Name(s)

Surname

Address

Postcode

Date of Birth

Telephone Number

Mobile Number (if applicable)

E-Mail Address

Occupation

Relationship to Donor
 Civil partner/spouse Child Solicitor
 Other (specify)..... Other Professional (specify).....

Replacement Attorney 2

Replacement Attorney for Property and Affairs only

Replacement Attorney for Health and Welfare only

Replacement Attorney for both Property and Affairs and Health and Welfare

If this attorney is to replace a specific attorney, please provide details here of whom they are to replace

Title

First Name

Middle Name(s)

Surname

Address

Postcode

Date of Birth

Telephone Number

Mobile Number (if applicable)

E-Mail Address

Occupation

Relationship to Donor

Civil partner/spouse

Child

Solicitor

Other (specify).....

Other Professional (specify).....

If you wish to appoint more Replacement Attorney(s), please complete APPENDIX 2 provided at the end of this instruction form.

LIFE SUSTAINING TREATMENT

Complete this page ONLY if you are setting up a Health and Welfare LPA

Within your Health and Welfare document, you must choose if you wish to give your attorney(s) the authority to give or refuse consent to life sustaining treatment on your behalf, subject to any restrictions and conditions. This is required by Law and is to avoid any uncertainty should consent be necessary.

Before making your choice, you may wish to speak to your doctor and your attorney(s).

If you choose Option A, you are choosing to give your attorney(s) the authority to make decisions about life sustaining treatment on your behalf.

If you choose Option B, you are choosing to withhold from your attorney(s) the authority to make decisions about life sustaining treatment on your behalf.

Please indicate your choice clearly below:

Option A

I **want** to give my attorney(s) authority to give or refuse consent to life sustaining treatment on my behalf

Option B

I **do not** want to give my attorney(s) authority to give or refuse consent to life sustaining treatment on my behalf

RESTRICTIONS AND CONDITIONS

When appointing an attorney you may wish to apply conditions or restrictions on the issues they can make decisions about. If you do not, they will be able to make any decisions to which the authority relates.

If you wish to make any restrictions, you should specify them in the box below.

For example, you may choose to specify that your attorney is not to register your Property and Affairs LPA and therefore use the document until medical evidence has been obtained to confirm that you have lost capacity.

Similarly, you may wish to impose conditions about the way in which your attorney must act on your behalf, ie to continue to make charitable donations or not to make gifts to specific individuals.

One common misunderstanding relates to an attorney's entitlement to view your Will. This is not automatically available and as such may inadvertently limit their capacity to act on your behalf. To grant this authority, you should specify it as a condition below.

Any conditions or restrictions should be simple, easy to understand and capable of readily being put into practice. If this is not the case, the Court of Protection may be required to cancel that condition or restriction.

When considering restrictions and restrictions, it is important to consider the practical consequences which may arise in the future and to ensure they do not prevent your attorney from acting effectively.

CHOOSE JUST ONE OPTION - FOR PROPERTY AND AFFAIRS LPA

I do not wish to place restrictions and conditions on my attorney(s)

I do wish to place restrictions and conditions on my attorney(s)

Specify the conditions and restrictions below:

Conditions and restrictions included above will be binding on the attorney(s)

CHOOSE JUST ONE OPTION – FOR HEALTH AND WELFARE LPA

I do not wish to place restrictions and conditions on my attorney(s)

I do wish to place restrictions and conditions on my attorney(s)

Specify the conditions and restrictions below:

Conditions and restrictions included above will be binding on the attorney(s)

GUIDANCE FOR YOUR ATTORNEYS

Whereas conditions and restrictions listed above are binding, you may wish to provide your attorney(s) with broader guidance on your wishes and views on particular matters. These will not be binding but may be helpful to your attorney(s) when making decisions in your best interests.

CHOOSE JUST ONE OPTION – FOR PROPERTY AND AFFAIRS LPA

I do not wish to provide guidance to my attorney(s)

I wish my attorney(s) to consider the following guidance

Specify the guidance you wish to provide below:

CHOOSE JUST ONE OPTION – FOR HEALTH AND WELFARE LPA

I do not wish to provide guidance to my attorney(s)

I wish my attorney(s) to consider the following guidance

Specify the guidance you wish to provide below:

If you require more space, continue on separate sheet and attach to this form, clearly stating the section to which your note refers.

ATTORNEY FEES AND CHARGES

As standard, your attorney(s) will be able to claim out of pocket expenses which are in proportion to your estate and the duties they undertake ie telephone calls, postage, transport etc.

However they will not be able to make a charge for their services unless you specifically authorise this in the section below. This may be particularly relevant if you have appointed a solicitor or other professional as your attorney(s).

CHOOSE JUST ONE OPTION - PROPERTY AND AFFAIRS LPA

I do not wish to pay my attorney(s) a fee

I have agreed to pay my attorney(s) a fee for acting on my behalf

Please specify the agreed fee and any other relevant details.

CHOOSE JUST ONE OPTION – FOR HEALTH AND WELFARE LPA

I do not wish to pay my attorney(s) a fee

I have agreed to pay my attorney(s) a fee for acting on my behalf

Please specify the agreed fee and any other relevant details.

NOTIFYING OTHERS WHEN APPLYING TO REGISTER

Before your Lasting Power of Attorney document can be used it must be registered with the Office of the Public Guardian. To do this it is necessary for you to specify named individuals who you would wish to be notified when an application is being made to register your Lasting Power of Attorney.

This is one of the safeguards to ensure that registration and subsequent use of your Lasting Power of Attorney does not take place inappropriately. If for example they feel that you were pressurised to make the LPA appointment they can object to the registration. You are able to list up to 5 people that you would wish to be notified of registration. Choosing a larger number could be useful, if in the future, one or more of your named persons cannot be contacted but you may opt to only name one person.

You may choose not to list anyone to be notified, however, if this is the case, you will need to have TWO certificate providers (see later section).

You should inform the people you have chosen to be notified. Detailed guidance on how they can object is included as part of the notice sent to them by the person applying to register the Lasting Power of Attorney.

Your named persons could include family members, friends, or someone else who knows you such as a health worker.

You can choose the same named person(s) for both Property and Affairs LPA and Health and Welfare LPA.

CHOOSE JUST ONE OPTION - PROPERTY AND AFFAIRS LPA

I do not wish to provide named persons

I do wish to provide named persons as follows:

CHOOSE JUST ONE OPTION – HEALTH AND WELFARE LPA

I do not wish to provide named persons

I do wish to provide named persons as follows:

Lasting Power of Attorney – Property and Affairs and Personal Welfare

Please complete the details of each of your chosen named person(s) below and indicate on which document you wish them to be included.

Named Person 1

- Property and Affairs named person only
- Health and Welfare named person only
- Property and Affairs and Health and Welfare named person

Title

Full Name

Address

Postcode Date of Birth

Telephone Number

E-Mail Address (if applicable)

Named Person 2

- Property and Affairs named person only
- Health and Welfare named person only
- Property and Affairs and Health and Welfare named person

Title

Full Name

Address

Postcode Date of Birth

Telephone Number

E-Mail Address (if applicable)

CERTIFICATE PROVIDERS

In order to establish your Lasting Power of Attorney documents, it is necessary to have an individual who, by completing a certificate within each LPA document, will confirm that you understood the process and were not under any pressure to make the appointment.

Without a certificate, a Lasting Power of Attorney will not be valid and cannot be registered.

You can choose between two types of Certificate Provider. The first, known as a **knowledge based certificate provider**, is someone who has known you personally for at least two years.

Alternatively, you can choose a **skills based certificate provider** which is someone who has the relevant profession skills and expertise, such as a registered healthcare professional (including a GP) a registered social worker, a solicitor, a barrister or an Independent Mental Capacity Advocate (IMCA).

Individuals other than those listed above can be used but they will be required to certify their relevant professional skills.

Skills based certificate providers are entitled to charge a fee for providing the certificate.

A number of categories of individual are specifically NOT allowed to act as certificate providers and these include a member of the attorney or donor's family, a business partner or employee of the attorney or donor, an attorney appointed by the donor under this or any other Lasting Power of Attorney or Enduring Power of Attorney, the owner, director, manager or employee of a care home in which the donor or any family member of partner resides, a director or employee of a trust corporation appointed as an attorney in this LPA.

The certificate provider must be over the age of 18 and must confirm that:

- They are acting independently of the donor and attorney
- They are not excluded from providing a certificate
- They have read the prescribed information and appointment document
- They have discussed the matter with you without the attorney present
- They consider you understood the purpose and scope of the LPA
- That no fraud or undue pressure was being used
- That nothing else would prevent the LPA being created.

IMPORTANT

If anybody will be present when the certificate provider(s) discuss the LPA with you, please state below whom and why:

Whom

Why

OR

I can confirm nobody will be present

Lasting Power of Attorney – Property and Affairs and Personal Welfare

Please complete the details of your chosen certificate provider below and indicate on which document you wish them to be included.

Certificate Provider

- Property and Affairs certificate provider only
- Health and Welfare certificate provider only
- Property and Affairs and Health and Welfare certificate provider

Title	First Name
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Middle Name (s)	Surname
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Address	Postcode
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Telephone Number	Mobile Number (if applicable)
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E-Mail Address (if applicable)

Important Notes

Please indicate if this certificate provider is to be knowledge based OR skills based

- Knowledge based (known you personally for at least 2 years)

My personal knowledge of the Donor is:
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- Skills based

My profession is:
<input type="checkbox"/> a barrister, solicitor or advocate <input type="checkbox"/> a registered healthcare professional or GP
<input type="checkbox"/> a registered social worker <input type="checkbox"/> an Independent Mental Capacity Advocate
<input type="checkbox"/> other (state here).....
And my relevant skills are:

IMPORTANT - If details were not provided in the Named Persons section of this form an additional certificate provider is required. Please complete the details of your additional certificate provider below and indicate on which document you wish them to be included.

Additional Certificate Provider

- Property and Affairs certificate provider only
- Health and Welfare certificate provider only
- Property and Affairs and Health and Welfare certificate provider

Title	First Name
-------	------------

Middle Name (s)	Surname
-----------------	---------

Address
Postcode

Telephone Number	Mobile Number (if applicable)
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E-Mail Address (if applicable)

Important Notes

Please indicate if this certificate provider is to be knowledge based OR skills based

- Knowledge based (known you personally for at least 2 years)

My personal knowledge of the Donor is:
--

- Skills based

My profession is:
<input type="checkbox"/> a barrister, solicitor or advocate <input type="checkbox"/> a registered healthcare professional or GP
<input type="checkbox"/> a registered social worker <input type="checkbox"/> an Independent Mental Capacity Advocate
<input type="checkbox"/> other (state here).....
And my relevant skills are:

ADMINISTRATION AND CHECKING PROCEDURE

On receipt of this instruction form, any queries will be advised and if necessary, any required clarification to your instructions will be sought. Please note this must always be confirmed in writing.

The Lasting Power of Attorney(s) Property and Affairs and / or Health and Welfare document(s) will then be prepared and returned for completion with the Prescribed Information and Guidance Notes from the Office of the Public Guardian. For confirmation of accuracy and signatures, dating, certifying and witnessing, the document(s) should be returned to CareAware. We recommend recorded post be used for this purpose.

The checked document(s) will be returned to you with the relevant registration form/s and OPG guidance notes for the future use of your LPA document(s).

REGISTRATION PROCEDURE

It should be noted that the Office of the Public Guardian currently has a charge of £120 per LPA document for registration. This is payable by the person seeking to register and the document cannot be used until the registration is completed. Please do not send this payment to CareAware.

Do you plan to register your Lasting Power of Attorney immediately?

No, please provide blank forms for me to complete at a later date

Yes, please provide me with completed registration forms at an additional cost (see page 30 for cost details)

If yes, which document/s you will be applying to register immediately

Property and Affairs

Health and Welfare

Who will be applying to register these Lasting Power of Attorney document/s

Donor

Trust Corporation

Attorney/s (state in space below)

Important note, if Attorneys are to act 'jointly', they must all apply to register

To whom do you wish any correspondence, including the registered Lasting Power of Attorney, to be sent

Donor

Trust Corporation

Attorney as detailed below:

FEE EXEMPTIONS/REMISSIONS OR POSTPONEMENT

There are provisions for the registration fee to be waived, reduced or postponed as follows:

If the person responsible for paying the fee is in receipt of one or more of the benefits listed below, you may be eligible for a fee exemption based on permitted benefits.

Benefits: Income Support • Income-based Job-Seeker’s Allowance • State Pension Guarantee Credit • A combination of Working Tax Credit and either Child Tax Credit, Disability Element or Severe Disability Element • Housing Benefit • Council Tax Benefit

However, if the person responsible for paying the fee received a damages award of more than £16,000 which was disregarded for the purposes of determining eligibility for the benefits listed above, you are not eligible for a fee exemption but you may be eligible for fee remission.

If the gross annual income of the person responsible for paying the fee is less than £16,000, you may be eligible for a fee remission.

Gross income: Is the amount received before tax and national insurance and documentary proof of gross income must be enclosed with your claim.

Based on the above, will you be applying for a fee exemption/remission or postponement? <input type="checkbox"/> No <input type="checkbox"/> Yes – please provide me with the relevant guidance notes and application form
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In order for your LPA document(s) to be prepared, this declaration MUST be signed (or a mark made) and dated by the Donor.

DECLARATION

I confirm that the information I have provided above is accurate and that I instruct you to prepare Lasting Power of Attorney Property and Affairs and / or Health and Welfare document(s) and Registration forms as indicated and in accordance with the terms and conditions below.

I confirm that there are no restrictions to my capacity to make this appointment.

Signed (Donor)
Print Name (Donor)
Dated

Terms and Conditions

1. CareAware is not providing legal advice on the preparation of the Lasting Power of Attorney Property and Affairs / Health and Welfare document(s) and whilst every care will be taken to ensure the completed document(s) accurately reflect the instruction provided, we will not accept any legal liability in relation to it.
2. The Donor, Attorney(s), Witness(es), Named Person(s), Certificate Provider(s) should ensure they understand and are familiar with the obligations undertaken and must have regard to the Mental Capacity Act 2005 and the Code of Practice. Any questions, uncertainties or queries should be directed to CareAware or the Office of the Public Guardian before completing the Lasting Power of Attorney document.
3. Changes to or cancellation of the Lasting Power or Attorney document(s) after issue and prior to signature will be charged at £50 per document unless as a result of error on the part of CareAware.

That completes the instruction(s) required to establish the Lasting Power of Attorney (Property and Affairs and / or Health and Welfare) document(s).

Please now indicate your requirements and send your appropriate payment with this completed form to the address below. Cheque should be payable to CareAware.

<input type="checkbox"/>	Property and Affairs LPA with blank registration forms provided	£350
<input type="checkbox"/>	Property and Affairs LPA with completed registration forms provided	£450
<input type="checkbox"/>	Health and Welfare LPA with blank registration forms provided	£350
<input type="checkbox"/>	Health and Welfare LPA with completed registration forms provided	£450
<input type="checkbox"/>	Both of the above with blank registration forms provided	£700
<input type="checkbox"/>	Both of the above with completed registration forms provided	£900

Return to:

**CareAware
Lasting Power of Attorney Department
PO Box 8
Manchester
M30 9NY**

If you have any queries regarding this form, please contact us on 0161 707 1107.

Please note: the above prices exclude the registration fee levied by the Office of the Public Guardian, currently £120 per LPA document.

APPENDIX 1 - ADDITIONAL ATTORNEY(S)

Please complete ONLY if you wish to appoint additional attorneys as detailed previously:

Additional Attorney

Property and Affairs attorney only

Health and Welfare attorney only

Property and Affairs and Health and Welfare attorney

Title

First Name

Middle Name(s)

Surname

Address

Postcode

Date of Birth

Telephone Number

Mobile Number (if applicable)

E-Mail Address (if applicable)

Occupation

Relationship to Donor
 Civil partner/spouse Child Solicitor
 Other (specify)..... Other Professional (specify).....

APPENDIX 2 – REPLACEMENT ATTORNEY(S)

Please complete ONLY if you wish to appoint more replacement attorney(s) as detailed previously:

Replacement Attorney

- Replacement Attorney for Property and Affairs only
- Replacement Attorney for Health and Welfare only
- Replacement Attorney for both Property and Affairs and Health and Welfare

If this attorney is to replace a specific attorney, please provide details here of whom they are to replace

Title

First Name

Middle Name(s)

Surname

Address

Postcode

Date of Birth

Telephone Number

Mobile Number (if applicable)

E-Mail Address

Occupation

Relationship to Donor

Civil partner/spouse Child Solicitor

Other (specify)..... Other Professional (specify).....