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LASTING POWER OF ATTORNEY

[PROPERTY AND FINANCIAL AFFAIRS / HEALTH AND WELFARE]

THIS LASTING POWER OF ATTORNEY is made on the **[DAY]** day of **[MONTH YEAR]**

BY **[DONOR FULL NAME]** of **[DONOR FULL ADDRESS]** (the "Donor")

1. APPOINTMENT OF ATTORNEYS

1.1 I appoint the following person(s) to be my attorney(s):

Attorney 1:

Name: **[ATTORNEY 1 FULL NAME]**

Address: **[ATTORNEY 1 FULL ADDRESS]**

Date of Birth: **[ATTORNEY 1 DOB]**

Attorney 2 (if applicable):

Name: **[ATTORNEY 2 FULL NAME]**

Address: **[ATTORNEY 2 FULL ADDRESS]**

Date of Birth: **[ATTORNEY 2 DOB]**

1.2 If I have appointed more than one attorney, I want them to act:

[JOINTLY / JOINTLY AND SEVERALLY / JOINTLY FOR SOME DECISIONS AND JOINTLY AND SEVERALLY FOR OTHER DECISIONS]

1.3 If I have specified that my attorneys are to act jointly for some decisions and jointly and severally for other decisions, I specify the decisions to be made jointly as follows:

[LIST DECISIONS TO BE MADE JOINTLY OR WRITE 'NOT APPLICABLE']

2. REPLACEMENT ATTORNEYS

2.1 I appoint the following person(s) to replace any attorney who is unable to act:

Replacement Attorney 1:

Name: **[REPLACEMENT ATTORNEY 1 FULL NAME]**

Address: **[REPLACEMENT ATTORNEY 1 FULL ADDRESS]**

Date of Birth: **[REPLACEMENT ATTORNEY 1 DOB]**

2.2 I want my replacement attorney(s) to act:

[IN THE SAME WAY AS MY ORIGINAL ATTORNEYS / SPECIFY DIFFERENT ARRANGEMENTS]

3. WHEN THE POWER OF ATTORNEY CAN BE USED

3.1 This lasting power of attorney is to be used:

[OPTION 1: 'only when I lack capacity to make decisions about my property and financial affairs.']

[OPTION 2: 'as soon as it is registered and also when I lack capacity to make decisions about my property and financial affairs.']

[OPTION 3 (FOR HEALTH AND WELFARE LPA ONLY): 'only when I lack capacity to make decisions about my health and welfare.']

4. POWERS GRANTED

4.1 For a Property and Financial Affairs LPA:

I give my attorney(s) authority to make decisions about my property and financial affairs, including:

(a) Buying and selling property;

(b) Opening, closing, and operating bank accounts;

(c) Claiming, receiving, and using benefits, pensions, allowances, and rebates;

(d) Making investments;

(e) Paying my mortgage, rent, and household expenses;

(f) Dealing with my tax affairs;

(g) Paying for repairs and improvements to my property;

(h) Insuring, maintaining, and repairing my property;

(i) Dealing with my business affairs; and

(j) Using my money to pay for care and living costs.

4.2 For a Health and Welfare LPA:

I give my attorney(s) authority to make decisions about my health and welfare, including:

(a) Where I should live and who I should live with;

(b) My day-to-day care, including diet and dress;

(c) Who I may have contact with;

(d) Consenting to or refusing medical examination and treatment on my behalf;

(e) Arrangements needed for me to be given medical, dental, or optical treatment;

(f) Assessments for and provision of community care services;

(g) Whether I should take part in social activities, leisure activities, education or training;

(h) My personal correspondence and papers; and

(i) Complaints about my care or treatment.

5. LIFE-SUSTAINING TREATMENT (HEALTH AND WELFARE LPA ONLY)

5.1 In relation to decisions about life-sustaining treatment, I:

[OPTION A: 'give my attorneys authority to give or refuse consent to life-sustaining treatment on my behalf.']

[OPTION B: 'do not give my attorneys authority to give or refuse consent to life-sustaining treatment on my behalf.']

6. RESTRICTIONS AND CONDITIONS

6.1 I impose the following restrictions and conditions on my attorney(s)' authority:

[LIST ANY RESTRICTIONS OR CONDITIONS OR WRITE 'None']

7. GUIDANCE FOR ATTORNEYS

7.1 I would like my attorney(s) to take into account the following guidance when making decisions on my behalf:

[PROVIDE ANY GUIDANCE FOR YOUR ATTORNEYS OR WRITE 'I trust my attorneys to make decisions they think are in my best interests.']

8. PEOPLE TO NOTIFY

8.1 I would like the following people to be notified when an application is made to register this lasting power of attorney:

Person to Notify 1:

Name: **[PERSON 1 FULL NAME]**

Address: **[PERSON 1 FULL ADDRESS]**

Person to Notify 2:

Name: **[PERSON 2 FULL NAME]**

Address: **[PERSON 2 FULL ADDRESS]**

9. CERTIFICATE PROVIDER

9.1 The certificate provider who confirms that I understand the purpose of this lasting power of attorney and that I have not been put under pressure to make it is:

Certificate Provider:

Name: **[CERTIFICATE PROVIDER FULL NAME]**

Address: **[CERTIFICATE PROVIDER FULL ADDRESS]**

Qualification: **[KNOWLEDGE BASIS OR PROFESSIONAL QUALIFICATION]**

10. DONOR'S STATEMENT AND SIGNATURE

10.1 I have read or had read to me the contents of this lasting power of attorney and I confirm that:

(a) I intend this lasting power of attorney to be used to make decisions on my behalf when I lack capacity to make them myself;

(b) I have read and understood the information in sections 1 to 9 of this lasting power of attorney;

(c) I have appointed my attorney(s) and any replacement attorney(s) in section 1 and 2;

(d) I have chosen when my attorney(s) can act in section 3;

(e) I have only included restrictions and conditions that my attorney(s) can reasonably comply with;

(f) I understand that my attorney(s) must act in my best interests and must follow the principles of the Mental Capacity Act 2005;

(g) I understand that my attorney(s) must apply certain standards of care and skill when making decisions; and

(h) I understand that this lasting power of attorney will need to be registered with the Office of the Public Guardian before it can be used.

Signed by the Donor as a deed and delivered:

Signature: _____

Date: **[DATE]**

In the presence of:

Witness Signature: _____

Name: **[WITNESS FULL NAME]**

Address: **[WITNESS FULL ADDRESS]**

11. ATTORNEY'S STATEMENT AND SIGNATURE

11.1 I understand that 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.

11.2 I understand that I must act in the Donor's best interests.

11.3 I understand that I can only use this lasting power of attorney when it has been registered by the Office of the Public Guardian and in accordance with the conditions in section 3.

Signed by Attorney 1 as a deed and delivered:

Signature: _____

Date: **[DATE]**

In the presence of:

Witness Signature: _____

Name: **[WITNESS FULL NAME]**

Address: **[WITNESS FULL ADDRESS]**

Signed by Attorney 2 (if applicable) as a deed and delivered:

Signature: _____

Date: **[DATE]**

In the presence of:

Witness Signature: _____

Name: **[WITNESS FULL NAME]**

Address: **[WITNESS FULL ADDRESS]**