

**About You:**

Please enter the following details about you

Title: Mr/Mrs/Ms/Ms/Other	Full Postal Address:
Surname:	
Full Forenames:	Telephone No:
Date of Birth:	Email Address:

**What type of Power of Attorney do you require?**

<input type="checkbox"/>	<b>Continuing POA</b>	This allows you to appoint someone to look after your property and financial affairs and could include the powers to manage bank accounts or sell a house. If you want to authorise someone to act on your behalf whilst you are still mentally capable, this is only to assist you – your decisions still lie with you.
<input type="checkbox"/>	<b>Welfare POA</b>	This enables the Attorney to make decisions about your health and welfare but only if you are unable to do this yourself. No-one can make decisions about your welfare whilst you have the ability to do this for yourself.
<input type="checkbox"/>	<b>General POA (non-continuing)</b>	This is usually created for a set amount of time or for a specific issue. It does not continue in use if you lose mental capacity

**About your Attorney(s)**

Please remember that your Attorney should be someone that you trust and who is willing to act as your Attorney. You can (a) appoint as many Attorneys as you like, (b) have different people being responsible for financial/welfare decisions, or appoint the same person/people for all decisions, and (c) appoint someone to act in the event that your preferred Attorney cannot act (this is called a substitute Attorney). We would be happy to act as Attorneys in any regard.

If you wish to appoint more than one Attorney who have the same decision making ability as each other, how do you wish for these Attorneys to act:

Jointly (Attorneys need to act together and collectively make any decisions).

Please note that any joint appointment will cease if one of the appointed Attorneys resigns or is unable to act as an Attorney and you should always consider appointing a substitute Attorney to act in those circumstances (the consent of one Attorney is not enough to make decisions)

Separately (the consent of one Attorney is enough to make decisions)

Please enter the following details about your Attorney (s) that you wish to appoint (if you need more space, please write details overleaf):

Title: Mr/Mrs/Ms/Ms/Other	Full Postal Address:
Surname:	
Full Forenames:	Telephone No:
Date of Birth:	Email Address:
What decisions do you want Attorney make: Welfare <input type="checkbox"/> Continuing <input type="checkbox"/> Both <input type="checkbox"/>	Do you want this person to be your principal or substitute Attorney: Principal <input type="checkbox"/> Substitute <input type="checkbox"/>

Title: Mr/Mrs/Ms/Ms/Other	Full Postal Address:
Surname:	
Full Forenames:	Telephone No:
Date of Birth:	Email Address:
What decisions do you want Attorney make: Welfare <input type="checkbox"/> Continuing <input type="checkbox"/> Both <input type="checkbox"/>	Do you want this person to be your principal or substitute Attorney: Principal <input type="checkbox"/> Substitute <input type="checkbox"/>

Title: Mr/Mrs/Ms/Ms/Other	Full Postal Address:
Surname:	
Full Forenames:	Telephone No:
Date of Birth:	Email Address:
<p>What decisions do you want Attorney make:</p> <p>Welfare <input type="checkbox"/></p> <p>Continuing <input type="checkbox"/></p> <p>Both <input type="checkbox"/></p>	<p>Do you want this person to be your principal or substitute Attorney:</p> <p>Principal <input type="checkbox"/></p> <p>Substitute <input type="checkbox"/></p>

Title: Mr/Mrs/Ms/Ms/Other	Full Postal Address:
Surname:	
Full Forenames:	Telephone No:
Date of Birth:	Email Address:
<p>What decisions do you want Attorney make:</p> <p>Welfare <input type="checkbox"/></p> <p>Continuing <input type="checkbox"/></p> <p>Both <input type="checkbox"/></p>	<p>Do you want this person to be your principal or substitute Attorney:</p> <p>Principal <input type="checkbox"/></p> <p>Substitute <input type="checkbox"/></p>

If you wish to appoint a substitute Attorney (s), at what point do you wish for them to begin acting as your Attorney: by reason of, the principal Attorneys:

Divorce       Death       Incapacity       Resignation

All of the above       Other (please specify) \_\_\_\_\_

Do you wish to include direction for your Attorneys to follow should any disagreement arise between them at a future date.

Yes       No

Do you wish to include direction for your Attorneys to consult with any specific persons in the exercise of some or all of their powers?

Yes       No

If yes, please specify, name, address, telephone number and email address of individuals:

---

---

---

---

---

Is there any specific powers you think your Attorney should have?

---

---

---

---

---

If your Power of Attorney includes financial powers, do you want it to become operative straight away (ie on registration) or at a later date (ie on incapacity).

On registration

On incapacity

**How is your lack of capacity to be determined in relation to personal welfare decisions:**

- When one or more of my Attorneys consider me incapable of dealing with my own affairs
- When the majority of my Attorneys consider me incapable of dealing with my own affairs
- When all my Attorneys consider me incapable of dealing with my own affairs
- When in the opinion of at least one General Medical Practitioner I am incapable of dealing with my own affairs
- Other: (please specify below)

**Additional Information**

If you have any additional information that you feel will be helpful to writing your Power of Attorney, please use the box below.

**Would you be interested in any of the following services?**

- Will writing  Inheritance Tax Planning
- Advance medical Directive  Pre-paid Funeral Plan
- Nursing Home Fees Planning
- Other: (please specify below)