

LASTING POWER OF ATTORNEY QUESTIONNAIRE

PROPERTY AND FINANCIAL AFFAIRS

A lasting power of attorney (LPA) lets you choose the people who you would most like to take control of your affairs if you are unable to manage them yourself. To apply for an LPA, please enter your information below

Personal details

Title	
Forename (s)	
Surname	
Address	
Date of Birth	
Nationality	
Occupation	
Earnings	
Home telephone	
Work telephone	
Mobile telephone	
e-mail	

Are happy for documentation to be sent via e-mail	YES	NO
Would you like to speak to a financial advisor	YES	NO

Previous LPAs or enduring power of attorney

Have you already signed an LPA or EPA?	YES	NO
If yes, please provide a copy.		

Please provide a brief reason for your request to have an LPA.

Information provided:

Do you give the information in this questionnaire freely and voluntarily?	YES	NO
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Attorneys

Please provide the details of the individual you want to appoint as your attorney. You can choose more than one attorney; however, he/she must be over the age of 18 years and must not be bankrupt or insolvent.

Title	Full name	Date of birth
Telephone number	Email address	
Address		
Relationship to you		

Title	Full name	Date of birth
Telephone number	Email address	
Address		
Relationship to you		

Title	Full name	Date of birth
Telephone number	Email address	
Address		
Relationship to you		

Title	Full name	Date of birth
Telephone number	Email address	
Address		
Relationship to you		

Replacement attorneys

Replacement attorneys will only act in the event that your attorney can no longer act for you.

Title	Full name	Date of birth
Telephone number		Email address
Address		
Relationship to you		

Title	Full name	Date of birth
Telephone number		Email address
Address		
Relationship to you		

Title	Full name	Date of birth
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Address		
Relationship to you		

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Relationship to you		

How do you want your attorney to make decisions?

JOINTLY
JOINTLY & SEVERALLY
JOINTLY FOR SOME DECISIONS, AND JOINTLY AND SEVERALLY FOR OTHER DECISIONS

Are there any restrictions and conditions you want imposed concerning your property and financial affairs? If so, what are they?

What instructions do you want your attorney to follow when dealing with your property and financial affairs?

What agreement have you made with your attorney regarding their charges?

Who is to be notified when you apply to register the LPA?

You can choose up to five people to be notified when your LPA is being registered. You are not obligated to choose anyone; however, if you do not choose anyone, you will need two certificate providers.

Title	Full name	Date of birth
Telephone number		Email address
Address		
Relationship to you		

Title	Full name	Date of birth
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Address		
Relationship to you		

Title	Full name	Date of birth
Telephone number		Email address
Address		
Relationship to you		

Title	Full name	Date of birth
Telephone number		Email address
Address		
Relationship to you		

Title	Full name	Date of birth
Telephone number	Email address	
Address		
Relationship to you		

Please supply any further information below that may be relevant to your circumstances.

Full Name(s)	
Signed	
Date	

If you have any questions, please contact Sable Wills on **+44 (0)20 7759 5531** or email **wills@sable-group.com**