



**West Cumbria Carers Proforma
Lasting Power Of Attorney
Financial Decisions**

Please give as many details as possible. If you have any queries or would like help, please contact our office on 01900 821976

This is a West Cumbria Carers form, not the official Lasting Power of Attorney form.

| | |
|---|----------------------------|
| Who do you want us to use as the contact for this application? | Name Telephone email |
| How did you find out about our LPA service? | |

About You (the Donor – the person giving the power)

| | | | |
|--|--|---|--|
| Title | | Address Including postcode | |
| First Name | | | |
| Middle Names | | | |
| Last Name | | | |
| Date of Birth | | | |
| Other names known by | | E-Mail | |
| Are you bankrupt or subject to a debt relief order? | | Yes / No | |
| Do you own, run or have a share in a business? | | Yes / No | |

About Your Attorney(s):

You need to appoint at least one person as an Attorney, but you can choose to appoint more than one. An Attorney can be a family member, a trusted friend or a professional advisor subject to the four conditions listed in the table below.

Your Attorney(s) appointment will be ended if:

- they refuse to act, they die, become bankrupt or lack capacity to act
- If they have a marriage or civil partnership with you that is dissolved or annulled

Attorney 1

| | | | |
|---|--|---|--|
| Title | | Address Including postcode | |
| First Name | | | |
| Middle Names | | | |
| Last Name | | | |
| Date of Birth | | | |
| Relationship to you | | Email | |
| This person has agreed to be my Attorney | | (Tick) <input type="checkbox"/> | |
| This person has mental capacity and understands the Attorney role and responsibilities | | (Tick) <input type="checkbox"/> | |
| This person IS NOT subject to a debt relief order | | (Tick) <input type="checkbox"/> | |
| This person has never been bankrupt (Tick) <input type="checkbox"/> | | If they have been bankrupt, please discuss with us | |

Attorney 2 - if you want to have more than one Attorney

| | | | |
|---|--|---|---|
| Title | | Address Including postcode | |
| First Name | | | |
| Middle Names | | | |
| Last Name | | | |
| Date of Birth | | | |
| Relationship to you | | Email | |
| This person has agreed to be my Attorney | | | (Tick) <input type="checkbox"/> |
| This person has mental capacity and understands the Attorney role and responsibilities | | | (Tick) <input type="checkbox"/> |
| This person IS NOT subject to a debt relief order | | | (Tick) <input type="checkbox"/> |
| This person has never been bankrupt (Tick) <input type="checkbox"/> | | | If they have been bankrupt, please discuss with us |

Attorney 3 - if you want to have more than two Attorneys

| | | | |
|---|--|---|---|
| Title | | Address Including postcode | |
| First Name | | | |
| Middle Names | | | |
| Last Name | | | |
| Date of Birth | | | |
| Relationship to you | | Email | |
| This person has agreed to be my Attorney | | | (Tick) <input type="checkbox"/> |
| This person has mental capacity and understands the Attorney role and responsibilities | | | (Tick) <input type="checkbox"/> |
| This person IS NOT subject to a debt relief order | | | (Tick) <input type="checkbox"/> |
| This person has never been bankrupt (Tick) <input type="checkbox"/> | | | If they have been bankrupt, please discuss with us |

Use a separate sheet if you want to appoint more than three Attorneys

Replacement Attorney

You can choose to appoint someone as a Replacement Attorney. They will stand in if an Attorney is **PERMANENTLY** no longer able to act on your behalf. If there is no Replacement Attorney and your Attorney(s) are no longer able to act, the LPA will no longer be valid.

A Replacement Attorney is subject to the same conditions as your original choices.

| | | | |
|---|--|---|---|
| Title | | Address Including postcode | |
| First Name | | | |
| Middle Names | | | |
| Last Name | | | |
| Date of Birth | | | |
| Relationship to you | | Email | |
| This person has agreed to be my Attorney | | | (Tick) <input type="checkbox"/> |
| This person has mental capacity and understands the Attorney role and responsibilities | | | (Tick) <input type="checkbox"/> |
| This person IS NOT subject to a debt relief order | | | (Tick) <input type="checkbox"/> |
| This person has never been bankrupt (Tick) <input type="checkbox"/> | | | If they have been bankrupt, please discuss with us |

Use a separate sheet if you want to appoint more than one Replacement Attorney

Notifying others – this is optional

If you want, you can choose up to five people to be informed when the LPA is registered. These people can raise concerns on your behalf and may be members of your own family or close friends. They simply need to agree that when your LPA is registered they are happy to be notified. They are under no obligation to do anything unless they want to object to the registration.

| | | | |
|---|--|---|---------------------------------|
| Title | | Address including postcode | |
| First Name | | | |
| Middle Names | | | |
| Last Name | | | |
| This person IS NOT an Attorney or someone who lives with an Attorney | | | (Tick) <input type="checkbox"/> |

Use a separate sheet if you want to appoint more than one person to be notified

Certificate Provider Details

This person signs to say that you, the Donor, understand what the LPA is, understand the authority you are giving your Attorney(s) and that you are not being pressurised into making the LPA.

For this reason it is important you choose your Certificate Provider carefully to meet the criteria:

- They must have known you well for at least two years (that is, more than an acquaintance) and not be related to you or the Attorney(s) (cannot be a family member of the Donor or the Attorneys)
Or
- They must have relevant professional skills to make the assessment of you, for example, your GP, health professional or solicitor

| | | | |
|---|--|---|--|
| Title | | Address including postcode | |
| First Name | | | |
| Middle Names | | | |
| Last Name | | | |
| How do you, the Donor, know this person? | | | |

Restrictions and Conditions

| | |
|---|--|
| <i>Optional</i> - If you want to include any legally binding instructions to limit or restrict what your Attorney(s) do, please tell us here. Use words like 'must' or 'have to'. | |
| <i>Optional</i> - If you have preferences that are not legally binding but give your Attorney(s) guidance, please tell us here. Use words like 'prefer' or 'would like'. | |

Additional Information

| | |
|--|----------|
| Do you already have a previous LPA? | Yes / No |
| Do you already have a previous Enduring Power of Attorney? Please tell us if it has been registered with the Office of the Public Guardian | Yes / No |
| Do you have any assets outside England and Wales? | Yes / No |
| Do you have stock market investments, particularly 'PIMS' or 'Discretionary Investment Management Agreements'? | Yes / No |
| Are you physically able to sign? | Yes / No |
| Would you like your Attorney(s) to be paid? Note: Professional Attorneys will expect to be paid for their services. Family and friends may not expect to be paid but would normally be repaid for any expenses they incur. | Yes / No |
| Please tell us any additional information you feel is relevant to this application. | |

| | |
|--|--|
| <p>Donor's Declaration</p> <ul style="list-style-type: none"> I confirm that I am over the age of 18 years and am of sound mind I certify that the information given in this form is true and complete and correctly represents my wishes and is to be used as a basis for preparing my LPA I understand that on registration there may be a fee payable to the Office of the Public Guardian dependent upon my financial circumstances (£82 maximum as at 1st April 2017 – subject to changes by the OPG) I understand there is a fee payable to West Cumbria Carers to cover the preparation and registration of each LPA and associated administration costs: Silver service £165, Gold service £200. We reserve the right to charge half of this fee should you decide not to proceed after we have prepared the LPA I understand West Cumbria Carers will contact me, or those I have nominated as my attorneys, to confirm my instructions and clarify any further information required. Please refer to the statement (right) about how we store your details before signing this form. <p>Donor Signature</p> <p>Donor Name</p> <p>Contact Signature if Donor cannot sign</p> <p>Date</p> | <p>LPA Confidentiality and Consent Agreement</p> <p>In accordance with the General Data Protection Regulations, West Cumbria Carers will record & store the information you have given us in order to complete Lasting Power of Attorney registration documents. We take seriously our responsibilities regarding safe, effective & appropriate use of what is disclosed or discussed by you.</p> <p>We will use this information to keep in touch with you during the completion of the service you have requested. Once this service is completed the information will be retained & stored for a maximum of 14 months, except invoices required for longer for accounting purposes.</p> <p>As part of the service delivery, the information you have given will be shared with the Office of the Public Guardian.</p> <p>We will never share your information with any other third party without further consent from you.</p> |
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Please return this completed Proforma to:

West Cumbria Carers LPA, Suite 7f Lakeland Business Park, Lamplugh Road, Cockermouth, CA13 0QT