

Completed for	<input type="text"/>
Date	<input type="text"/>
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Reference	<input type="text"/>
Partner Fee Paid	<input type="radio"/> Y <input type="radio"/> N

Lasting Power of Attorney

(Health & Welfare) Questionnaire
Private and Confidential

 01904 234 840

 www.pavilionrow.com

 info@pavilionrow.com

Thank you for choosing Pavilion Row to create your Lasting Power of Attorney (LPA)

Our aim is to make the process simple and easy for you to follow. However, there is a certain amount of information that we need to collate in order to provide the appropriate advice and ensure that your LPA is correct and meets your requirements.

We ask that you fill in as much as possible as this will ensure the correct information and spelling is used when drafting your LPA.

If you have any questions or would like more information about something please contact us.

Note: the form can be completed electronically if you prefer. Please contact us at wills@pavilionrow.com if you require an electronic copy of the form sent to you.

Filling in the Form

It is extremely important that you provide us with correct addresses and FULL NAMES (including middle names) and that the spelling is correct. Any errors in your LPA could invalidate it.

Do not worry if you are unsure about anything in this form. Your adviser will discuss it with you when they contact you.

What Happens Next

Once complete please send the form to:

Wills Administration
Pavilion Row Ltd
1a Heslington Lane
York
YO10 4HN

or email to wills@pavilionrow.com and ensure that the declaration on page 11 is signed and dated.

The information in the form will be reviewed by a qualified adviser prior to contacting you to discuss whether any further advice or planning is required.

Following this the document(s) will be drafted according to your instructions and sent to you to check and approve. If you wish to make changes you must request them at this stage as we may charge for changes made after final document(s) have been sent.

Please note your LPA is not valid until registered with the Office of the Public Guardian (OPG) – your adviser will be able to provide more information regarding this.

In line with the Society of Trust and Estate Practitioners (STEP) Code we are obliged to take steps to confirm your identity in order to protect you from fraud. To enable us to undertake these checks we require details from either a valid passport, or a valid UK driving licence.

Please see the diagrams below for confirmation of the details we require. If inputting the Passport Number please include both lines, however we do not require the chevrons e.g. **PGBRMARTINRONALDTEST15335243764G-BR546445N54543308**.

[illegible]

Applicant/Partner 1

Form of ID:

Passport

Driving Licence

Electricity Bill

ID - Passport, Driving Licence or Account Number

Applicant/Partner 2

Form of ID:

Passport

Driving Licence

Electricity Bill

ID - Passport, Driving Licence or Account Number

Section 1: About You

Applicant/Partner 1

Title

First Name

Middle Names

Last Name

Date of Birth

Any other names you are known by in financial documents or accounts

Address including Postcode

Phone and Email

Home

Mobile

Email

Applicant/Partner 2

Title

First Name

Middle Names

Last Name

Date of Birth

Any other names you are known by in financial documents or accounts

Address including Postcode

Phone and Email

Home

Mobile

Email

Section 2: About the Attorneys you are Appointing

You can appoint more than one attorney if you want to. You do not have to appoint more than one attorney. Each attorney must be aged 18 or over. Choose people you know and trust to make decisions for you. You are recommended to read the separate guidance for people who want to make a Lasting Power Of Attorney For Health and Welfare.

Attorney 1

Full name and Title

Address including Postcode

Date of Birth

Phone

Home

Mobile

Relationship to You

Attorney 1

Full name and Title

Address including Postcode

Date of Birth

Phone

Home

Mobile

Relationship to You

Continued ►

Section 2: About the Attorneys you are Appointing

Attorney 2

Applicant/Partner 1

Full name and Title

Address including Postcode

Date of Birth

Phone

Home	<input type="text"/>
------	----------------------

Mobile

Mobile	<input type="text"/>
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Relationship to You

Attorney 2

Applicant/Partner 2

Full name and Title

Address including Postcode

Date of Birth

Phone

Home	<input type="text"/>
------	----------------------

Mobile

Mobile	<input type="text"/>
--------	----------------------

Relationship to You

Attorney 3

Full name and Title

Address including Postcode

Date of Birth

Phone

Home	<input type="text"/>
------	----------------------

Mobile

Mobile	<input type="text"/>
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Relationship to You

Attorney 3

Full name and Title

Address including Postcode

Date of Birth

Phone

Home	<input type="text"/>
------	----------------------

Mobile

Mobile	<input type="text"/>
--------	----------------------

Relationship to You

Attorney 4

Full name and Title

Address including Postcode

Date of Birth

Phone

Home	<input type="text"/>
------	----------------------

Mobile

Mobile	<input type="text"/>
--------	----------------------

Relationship to You

Attorney 4

Full name and Title

Address including Postcode

Date of Birth

Phone

Home	<input type="text"/>
------	----------------------

Mobile

Mobile	<input type="text"/>
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Relationship to You

Section 3: How You Want Your Attorneys To Make Decisions

If you have only listed one main attorney below, this section does not apply. It is possible to appoint your attorneys **jointly** in respect of some matters and **jointly and severally** in respect of others, however we would not recommend you select this option.

Applicant/Partner 1

Jointly?

(all your attorneys must make all decisions together)

☐ Y ☐ N

Jointly and Severally?

(your attorneys can make decisions together and separately)

☐ Y ☐ N

Applicant/Partner 2

Jointly?

(all your attorneys must make all decisions together)

☐ Y ☐ N

Jointly and Severally?

(your attorneys can make decisions together and separately)

☐ Y ☐ N

Section 4: About Appointing Replacements If An Attorney Can No Longer Act

Replacement attorneys will only act once your main attorney(s) can no longer act for you. You can appoint replacements to replace an attorney who does not want to act for you or who is permanently no longer able to act because they are dead, have disclaimed, lack mental capacity or if they were married to you or were your civil partner and have now had the marriage or civil partnership annulled or dissolved. You do not have to appoint any replacements. If you appoint only one attorney and no replacements, this Lasting Power will end when your attorney can no longer act.

Replacement 1

Full name and Title

Address including Postcode

Date of Birth

Phone

Home	<input type="text"/>
------	----------------------

Mobile	<input type="text"/>
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Relationship to You

Replacement 1

Full name and Title

Address including Postcode

Date of Birth

Phone

Home	<input type="text"/>
------	----------------------

Mobile	<input type="text"/>
--------	----------------------

Relationship to You

Replacement 2

Full name and Title

Address including Postcode

Date of Birth

Phone

Home	<input type="text"/>
------	----------------------

Mobile	<input type="text"/>
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Relationship to You

Replacement 2

Full name and Title

Address including Postcode

Date of Birth

Phone

Home	<input type="text"/>
------	----------------------

Mobile	<input type="text"/>
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Relationship to You

Section 5: How You Want Your Replacement Attorneys To Make Decisions

If you have only listed one replacement attorney, this section does not apply. It is possible to appoint your replacement attorneys **jointly** in respect of some matters and **jointly and severally** in respect of others, however we would not recommend you select this option.

Applicant/Partner 1

Jointly?

(all your replacement attorneys must make all decisions together)

☐ Y ☐ N

Jointly and Severally?

(your replacement attorneys can make decisions together and separately)

☐ Y ☐ N

Applicant/Partner 2

Jointly?

(all your replacement attorneys must make all decisions together)

☐ Y ☐ N

Jointly and Severally?

(your replacement attorneys can make decisions together and separately)

☐ Y ☐ N

Section 6: About-Life Sustaining Treatment

You **MUST** complete this section. Life-sustaining treatment means any treatment that a doctor considers necessary to keep you alive. Whether or not a treatment is life-sustaining will depend on the specific situation. Some treatments will be life-sustaining in some situations but not in others. The decisions you authorise your attorneys to make for you in this LPA take the place of any advance decision you have already made on the same subject. You must be clear whether or not you want to give your attorneys this authority. This is very important so please be clear about the choice you are making. You might want to discuss this first with your attorneys or doctors and health professionals.

I want to give my attorneys authority to give or refuse consent to life-sustaining treatment on my behalf

☐ Y ☐ N

I want to give my attorneys authority to give or refuse consent to life-sustaining treatment on my behalf

☐ Y ☐ N

Section 7: Any Instructions

Your attorneys **must** follow any instructions you put in place. But it may not be possible to register or use this Lasting Power of Attorney if an instruction is not workable. **Either:** give any instructions about your health and welfare here **or:** if you would like your attorneys to make decisions with no instructions, you should cross through the box.

Instructions about health and welfare

Instructions about health and welfare

Section 8: Any Preferences

You can tell your attorneys how you'd prefer them to make decisions. Your attorneys do not have to follow your preferences but they should keep them in mind. **Either:** give any preferences about your health and welfare here **or:** if you have no preferences to add, please cross through the box.

Preferences about health and welfare

Preferences about health and welfare

Section 9: About Paying Your Attorneys

Professional attorneys, such as solicitors and accountants, charge for their services. You can also choose to pay a non-professional person for their services. You should discuss payment with your attorneys and record any agreement made here to avoid any confusion later. You can choose to pay non-professionals for their services, but if you do not record any agreement here they will only be able to recover reasonable out-of-pocket expenses.

Applicant/Partner 1

Charges for services

Applicant/Partner 2

Charges for services

Section 10:

About People to be Told When the Application to Register this Lasting Power of Attorney is Made

For your protection you can choose up to five people to be told when your Lasting Power of Attorney is being registered. This gives people who know you well an opportunity to raise any concerns or objections before this Lasting Power of Attorney is registered and can be used. You do not have to choose anyone. The people to be told cannot be your attorney(s) or replacement attorney(s).

Person 1

Full name and Title

Address including Postcode

Phone

Email Address

Relationship to You

Person 1

Full name and Title

Address including Postcode

Phone

Email Address

Relationship to You

Person 2

Full name and Title

Address including Postcode

Phone

Email Address

Relationship to You

Person 2

Full name and Title

Address including Postcode

Phone

Email Address

Relationship to You

Person 3**Applicant/Partner 1**

Full name and Title

Address including Postcode

Phone

Email Address

Relationship to You

Person 3**Applicant/Partner 2**

Full name and Title

Address including Postcode

Phone

Email Address

Relationship to You

Person 4

Full name and Title

Address including Postcode

Phone

Email Address

Relationship to You

Person 4

Full name and Title

Address including Postcode

Phone

Email Address

Relationship to You

Person 5

Full name and Title

Address including Postcode

Phone

Email Address

Relationship to You

Person 5

Full name and Title

Address including Postcode

Phone

Email Address

Relationship to You

An independent person must confirm that you understand the implications of your LPA and the powers you are giving to your attorneys. This person is known as a Certificate Provider. Someone independent who has known you well for at least two years e.g. a neighbour, friend can be a Certificate Provider or alternatively you can ask a professional to do this assessment e.g. doctor.

Person 1	Applicant/Partner 1	Person 2	Applicant/Partner 2
Full name and Title <input type="text"/>		Full name and Title <input type="text"/>	
Address including Postcode <input type="text"/>		Address including Postcode <input type="text"/>	
How long have they known you? <input type="text"/>		How long have they known you? <input type="text"/>	
How do they know you e.g. friend, neighbour? <input type="text"/>		How do they know you e.g. friend, neighbour? <input type="text"/>	

Section 12: **Registration**

Your LPA can't be used until it is registered with the Office of Public Guardian (OPG). Your Pavilion Row adviser will be able to provide more information regarding when is a good time to register the document and the costs involved. The costs maybe reduced if your income is less than £12k or if you are in receipt of certain benefits.

Person 1	Person 2
Once signed would you like to register the LPA with the OPG? <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> Don't know	Once signed would you like to register the LPA with the OPG? <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> Don't know
Would you like Pavilion Row to arrange the registration? <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> Don't know	Would you like Pavilion Row to arrange the registration? <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> Don't know
Is your income less than £12k or are you in receipt of any benefits? <input type="radio"/> Y <input type="radio"/> N	Is your income less than £12k or are you in receipt of any benefits? <input type="radio"/> Y <input type="radio"/> N

Declaration

This declaration must be signed and completed before your application can be processed.

I/We confirm that we understand a representative from Pavilion Row will contact us to confirm details and/or seek further clarification & offer further advice, where appropriate, in relation to my/our specific circumstances. I/we understand that this advice may involve additional requirements that may incur further fees in line with the fee schedule contained within our Terms of Engagement.

I/We confirm that I/we am/are over the age of eighteen years and am/are of sound mind. The information given on this form is complete and correct and is to be used as a basis for preparing my/our Lasting Power of Attorney.

I/We confirm that I/we have been sent a copy of Pavilion Row's Terms of Engagement and agree to be bound by them. Within those Terms I/we understand I/we have a right to cancel this Agreement, in writing, within fourteen days from the date of this Agreement.

Where business has been introduced to us the introducer of that business may wish to be kept informed of progress in order to monitor our services and assist you in the process. If you **do not** consent to us keeping your introducer informed please initial the box. ☐

Client 1

Client 2

Date