

LASTING POWER OF ATTORNEY QUESTIONNAIRE

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DETAILS

In order to complete the forms to make and register your Lasting Power of Attorney ("LPA"), we need the details of four sets of people, as follows:

1. You.
2. The person(s) you intend to appoint as your Attorney(s).
3. Your certificate provider (see below).
4. At least one person (and up to five) to be notified that you are applying to register the LPA. This person must be different from the Attorney(s) or the certificate provider.

YOU

(You do not need to give us this information if you have already supplied it in relation to your Will.)

Full Name: _____

Date of Birth: _____

Address: _____

Email: _____

Daytime telephone number: _____

YOUR ATTORNEY(S)

You can have up to four Attorneys. When we discuss the LPA with you, you can decide whether you want all your Attorneys to be required to act together, or if you are happy for them to act independently. Alternatively, you can specify someone as your preferred Attorney, and nominate someone else to replace them if your preferred Attorney is unable to act. If you choose this route, please write 'REPLACEMENT' after the name of your replacement Attorney.

FIRST ATTORNEY

Full Name: _____

Date of Birth: _____

Address: _____

Email: _____

Daytime telephone number: _____

Occupation: _____

Relationship to you: _____

DETAILS CONTINUED

SECOND ATTORNEY

Full Name: _____

Date of Birth: _____

Address: _____

Email: _____

Daytime telephone number: _____

Occupation: _____

Relationship to you: _____

THIRD ATTORNEY

Full Name: _____

Date of Birth: _____

Address: _____

Email: _____

Daytime telephone number: _____

Occupation: _____

Relationship to you: _____

FOURTH ATTORNEY

Full Name: _____

Date of Birth: _____

Address: _____

Email: _____

Daytime telephone number: _____

Occupation: _____

Relationship to you: _____

CERTIFICATE PROVIDER

This is someone who will certify that you understand what you are doing and that no-one is putting pressure on you to make the LPA. We can do this for you if you are not appointing anyone from this firm to be your Attorney. If you do not wish us to be your certificate provider then you can use your medical practitioner, although there may be a charge. Alternatively, you can choose a friend (not a relative) to give the certificate. They must have known you well for more than two years and they will need to attend our office with you.

CERTIFICATE PROVIDER'S DETAILS

Full Name: _____

Address: _____

PERSON(S) TO BE NOTIFIED

This person has the right to object to the registration of the LPA if they think you have been pressured into making it or that the Attorney(s) are unsuitable for any reason. If they are happy with the LPA then they do not need to take any action or attend our office. Please name at least one and not more than five person(s) to act in this capacity:

Full Name: _____

Address: _____

Full Name: _____

Address: _____

Full Name: _____

Address: _____

PERSON(S) TO BE NOTIFIED CONTINUED

Full Name: _____

Address: _____

Full Name: _____

Address: _____

NEIL MYERSON LLP CONTACTS:

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