

# Succession Planning Services

Including Lasting Powers of Attorney (if required)

Specialist services from the  
Tax and Estate Planning Department

## 1. Introduction

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Everyone will have their own motives for wanting to make a Will and these motives will differ from one person to another.

This should not be surprising as we are all unique individuals with our own minds, thoughts and feelings. We have hopes and fears for our own futures and for the futures of the people around us. At Whitehead Monckton we recognise this individuality by providing a bespoke Succession Plan where the documents supporting it are drafted by an experienced lawyer following a Discovery Process where we shall learn about your objectives and we might challenge conventional thinking about making Wills.

Think of the largest cheque you have ever written; a deposit for a house, a business, a holiday home, a new car, perhaps even a divorce? We doubt that never in life will you write a cheque for the total amount of your net worth but this is the very function of your Will. And so you may join us in wondering why there are some people who seek to write their Will in the cheapest way possible. After all, a Will is just a few sheets of paper bound together; where is the expense in that? The cheap approach to Will making can draw some people towards one of the thousands of Will drafting non-regulated companies or 'advisors' (usually uninsured) who are willing to give you exactly what some people are looking for 'a Will'. Recommendations have been made to the Lord Chancellor to make Will writing a regulated activity, since anyone without experience can set up shop as a Will writer under the present rules, but no action has yet been taken.

Some people look to the internet to buy a Will. Buying a cheap Will on the internet is akin to buying a cheap car from the internet. In a way, a Will and a car are similar; they both convey your most valuable assets; but would you be willing to place everything you own and that is dear to you into a car bought on-line for £25.00 from an unregulated and uninsured company with an 0800 number?

We are not a cheap Will-writing company which operates without professional insurance or regulations; we are a firm of Solicitors with a Regulator that imposes strict rules under which we must operate to maintain high professional standards for your protection.

## 2. The Discovery Process

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**IMPORTANT** Please read this notice

The terms under which we provide legal services are strictly controlled in accordance with the guidance of our Regulator, the Solicitors Regulation Authority. These regulations are in place to protect you and to help us ensure the legal services that we provide are accurate.

Frequently we are asked to have an initial meeting with potential clients to establish whether:-

- the potential client wants to instruct us, and
- we have the relevant legal expertise, and
- the level of our fees is acceptable, and
- the members of our team are compatible with the potential client.

In all cases, there must be a clear understanding of the basis on which the first meeting is held and the extent of our responsibilities, whether or not you decide to instruct us.

In accordance with our regulatory requirements, we maintain a professional indemnity insurance policy. In order that you may be assured that our advice is covered by that policy, you will need to formally retain us, regardless of whether you decide to instruct us beyond the first meeting.

On the following page you will find our Retainer which should be read in conjunction with our terms and conditions.

Thank you for your attention to this.

### 3. Retainer

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We ask that you complete this before we meet.

The cost of your Initial Meeting will be covered by us. In other words, the Initial Meeting is provided without charge or obligation. This is no trick.

We cover the cost because the meeting performs an important function of allowing you to determine whether you would like to retain us and for us to determine whether you qualify to be a client of this firm.

Therefore, whether or not we continue to act for you beyond your Initial Meeting, please read the following and sign below to acknowledge that:-

1. there is no charge to you for the Initial Meeting,
2. there is no obligation to engage Whitehead Monckton beyond the Initial Meeting,
3. if Whitehead Monckton incurs reasonable disbursements (such as Land Registry fees) during (and necessary to) the Initial Meeting you shall pay these whether or not you continue to instruct Whitehead Monckton,
4. you should not rely on the discussions in the Initial Meeting and any information you receive unless it is supported by written Legal Advice contained in a letter or other documents from Whitehead Monckton,
5. you acknowledge that you shall complete this questionnaire as fully as possible and to the best of your knowledge information and belief the information is correct,
6. for the purpose of the Initial Meeting you are engaging Whitehead Monckton as your Solicitors in accordance with the firm's Terms and Conditions that are part of this questionnaire.

Client 1 print name	Client 2 print name
Client 1 signature	Client 2 signature

## 4. Succession Planning Services

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Having reviewed our Service Selection Questions, you have identified that your personal circumstances would benefit from our Succession Planning Service. Please confirm your answers below, so we can ensure we know your particular concerns.

<b>Selecting the right Will for your circumstances</b>	<b>Yes</b>	<b>No</b>
--	------------	-----------

- |   |  |  |
|---|--|--|
| 1. Do you or your partner have children from a previous relationship, or do you have financial responsibility for any other person, apart from your own minor children? |  |  |
| 2. Are any of your intended beneficiaries disabled or vulnerable?   |  |  |
| 3. Do you have any of the following:<br>a) foreign assets or foreign domicile?<br>b) agricultural or business assets?<br>c) interests under a trust                     |  |  |
| 4) Do you wish to impose any restrictions or control over any gifts you make in your Wills other than specifying an age to inherit?                                     |  |  |
| 5) Do you require inheritance or capital gains tax advice?  |  |  |
| 6) Are you concerned about your estate being used up to pay care fees?  |  |  |

To proceed with the Succession Planning Service, we would be grateful if you would now take the time to complete this comprehensive questionnaire, to enable us to advise you on the most appropriate Succession Planning documentation.

From your review of the [case studies](#) and the questions above, please indicate which package you believe suits your circumstances:

Family Protection Package

Estate Package

Home Protection Package

We can then discuss this with you at our initial meeting, and ensure that we tailor our packages and service to you specifically.

## 5. Communicating with you

Please complete the following as comprehensively as possible.

Client 1

Can you understand spoken English?

Is someone helping you complete this form?

Do you have hearing difficulties?

What size font would you prefer for your documents?

<input type="text" value="Font 11 (standard)"/>	<input type="text" value="Font 18"/>
<input type="text" value="Font 24"/>	<input type="text" value="Font 28"/>
<input type="text" value="Font 32"/>	

Client 2

Can you understand spoken English?

Is someone helping you complete this form?

Do you have hearing difficulties?

What size font would you prefer for your documents?

<input type="text" value="Font 11 (standard)"/>	<input type="text" value="Font 18"/>
<input type="text" value="Font 24"/>	<input type="text" value="Font 28"/>
<input type="text" value="Font 32"/>	

Do you have physical or mental impairment or condition which could affect:-

- your ability to discuss your wishes with us?
- or
- our ability to understand them?

Do you have physical or mental impairment or condition which could affect:-

- your ability to discuss your wishes with us?
- or
- our ability to understand them?

If 'yes' include details here

If 'yes' include details here

## 6. Key facts ....about you

Please complete the following as comprehensively as possible.

Client 1		Client 2																	
Title	Mr/Mrs/Miss/Ms/Dr/Prof/other	Title	Mr/Mrs/Miss/Ms/Dr/Prof/other																
Surname		Surname																	
All Forenames		All Forenames																	
Maiden name or Alias		Maiden name or Alias																	
<table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid #ccc; padding: 2px;">Male</td> <td style="border: 1px solid #ccc; width: 30px;"></td> <td style="border: none; padding: 0 10px;">Age</td> <td style="border: 1px solid #ccc; width: 30px;"></td> </tr> <tr> <td style="border: 1px solid #ccc; padding: 2px;">Female</td> <td style="border: 1px solid #ccc; width: 30px;"></td> <td></td> <td></td> </tr> </table>		Male		Age		Female				<table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid #ccc; padding: 2px;">Male</td> <td style="border: 1px solid #ccc; width: 30px;"></td> <td style="border: none; padding: 0 10px;">Age</td> <td style="border: 1px solid #ccc; width: 30px;"></td> </tr> <tr> <td style="border: 1px solid #ccc; padding: 2px;">Female</td> <td style="border: 1px solid #ccc; width: 30px;"></td> <td></td> <td></td> </tr> </table>		Male		Age		Female			
Male		Age																	
Female																			
Male		Age																	
Female																			
Date of birth		Date of birth																	
Usual residential address		Usual residential address																	
Post code		Post code																	
Contact details	Home telephone	Contact details	Home telephone																
	Mobile telephone		Mobile telephone																
	Office telephone		Office telephone																
	Email address		Email address																
Occupation		Occupation																	
NI number		NI number																	
How did you hear about us?		How did you hear about us?	Same as Client 1																

## 7. Key facts....about you (continued)

Please complete the following as comprehensively as possible.

Client 1

**Marital status**

Single

Engaged

Married/CP

Separated

Divorced

Widowed

Client 2

**Marital status**

Single

Engaged

Married/CP

Separated

Divorced

Widowed

**Details of marriage or Civil Partnership**

Date of marriage/CP

Married/CP to

Client 2

**Details of marriage or Civil Partnership**

Date of marriage/CP

Married/CP to

Client 1

**Details of any separation or divorce**

None

**Details of any separation or divorce**

None

**If widowed, details of spouse who died**

Name of spouse

Date of death

**If widowed, details of spouse who died**

Name of spouse

Date of death

**If you intend to marry/CP soon, please include details below**

**If you intend to marry/CP soon, please include details below**



## 8. Key facts....about you (continued)

Please complete the following as comprehensively as possible.

Client 1

**Have you made a Will before?**

If 'yes'

Please bring to our initial meeting a copy of previous Will(s) you have made

Client 2

**Have you made a Will before?**

If 'yes'

Please bring to our initial meeting a copy of previous Will(s) you have made

**Have you made a Power of Attorney?**

If 'yes'

Please bring to our initial meeting a copy of the Power of Attorney

**Have you made a Power of Attorney?**

If 'yes'

Please bring to our initial meeting a copy of the Power of Attorney

**What is your domicile?**

If 'other'

**What is your domicile?**

If 'other'

**Do you have assets outside of the UK?**

If 'yes'

**Have you made a Will outside of the UK?**

If 'yes'

**Do you have assets outside of the UK?**

If 'yes'

**Have you made a Will outside of the UK?**

If 'yes'

## 9. Family tree

It is helpful to us if you sketch your close family tree below, indicating marriage by '=' and writing the ages of any person under the age of 18.

Client 1

**Is there anyone else financially dependant on you?**

Yes  
 No

If 'yes'

Details

Client 2

**Is there anyone else financially dependant on you?**

Yes  
 No

If 'yes'

Details

## 10. Key facts....your family

Please complete the following as comprehensively as possible.

Child 1	
Title	Mr/Mrs/Miss/Ms/Dr/Prof/other
Surname	
All Forenames	
Is this child:	
Male	Female
Natural Child	Adopted Child
Age	Step-Child
Disabled?	
Yes	No
Date of birth	
Usual residential address	
Post code	

Child 2	
Title	Mr/Mrs/Miss/Ms/Dr/Prof/other
Surname	
All Forenames	
Is this child:	
Male	Female
Natural Child	Adopted Child
Age	Step-Child
Disabled?	
Yes	No
Date of birth	
Usual residential address	
Post code	Same as Child 1

Child 3	
Title	Mr/Mrs/Miss/Ms/Dr/Prof/other
Surname	
All Forenames	
Is this child:	
Male	Female
Natural Child	Adopted Child
Age	Step-Child
Disabled?	
Yes	No
Date of birth	
Usual residential address	
Post code	Same as Child 1

Child 4	
Title	Mr/Mrs/Miss/Ms/Dr/Prof/other
Surname	
All Forenames	
Is this child:	
Male	Female
Natural Child	Adopted Child
Age	Step-Child
Disabled?	
Yes	No
Date of birth	
Usual residential address	
Post code	Same as Child 1

## 11. Executors....the people who carry out your wishes

Please complete the following as comprehensively as possible.

An Executor is someone who carries out your wishes - they 'Execute' the terms of your Will.

- With the growing number of Wills being contested, the role of an Executor is one which is not to be undertaken lightly.
- The problem is that you may be appointed to be an Executor without knowing or agreeing to it until the person dies.
- The appointment is not obligatory and an Executor may 'renounce' their title.
- An Executor CAN be a beneficiary. Please remember that an Executor must be over 18 and cannot be a bankrupt.
- You may appoint up to four Executors.
- You may include substitute Executors and so you may appoint "My wife Sue to be the Executrix or if this appointment fails then I APPOINT my brothers Joe and John to be the Executors in her place".

Please name the Executors here and include their relationship to you, their addresses and post codes.

Client 1

Client 2

List your first choice Executors here

List your first choice Executors here

List your substitute Executors here

List your substitute Executors here

**Whitehead Monckton** would be pleased to act as your Executors if you decide this would be best for your family circumstances.

If you appoint Whitehead Monckton as your professional Executors, the firm will be entitled to charge their reasonable fees for all work undertaken which is currently charged on a time basis subject to the hourly rates applicable at the time of instructions.

It would assist us if you indicated why you have appointed us as Executors, for instance: family dispute, complex family arrangements or financial assets.

## 12. Guardians....for minor children

Please complete the following as comprehensively as possible.

- A Guardian is someone who is not a parent of a child but has "Parental Responsibility" for the child.
- A child includes an adopted child.
- A mother will automatically have Parental Responsibility for a child and with it the right to appoint a Guardian by her Will.
- A father has Parental Responsibility if at the time of birth or afterwards he married the mother of the child. Or, for births after 1/12/2003, he is named on the birth certificate.
- For unmarried couples, the mother has the ability to appoint the father.
- On the second death, you should remember that the Guardians are not necessarily the people with whom the child or children will live.
- "I APPOINT my sister and my wife's sister to be the Guardians of my son" is possible but remember – all parties would have to agree on all decisions regarding the child's welfare.

Client 1

Client 2

List the Guardians here

List the Guardians here

Please name the Guardians, state their relationship to you e.g. 'sister', 'brother' 'friend' etc. and include their addresses with post code

## 13. Funeral wishes

Client 1

Client 2

### Your funeral wishes

Cremation

Burial

Other

Details

Details of any  
pre-paid funeral  
arrangements

### Your funeral wishes

Cremation

Burial

Other

Details

Details of any  
pre-paid funeral  
arrangements

## 14. Your objectives

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Some people say that in deciding to make a Will, you accept your own mortality; that's quite a thought and one with which so many people tend to struggle. The following question might help your approach to this process.

Thinking about those people who mean the most to you, in what practical and financial position would you like to leave those people immediately after your death?

Use the space below to express your objectives.

## 15. Gifts....Personal chattels

Please complete the following as comprehensively as possible.

Do you have any items (jewellery, antiques, etc.) that you would like to give by your will?

Alternatively, you may prefer to list these gifts in a letter accompanying your Will which can be altered at any time without the need to rewrite your Will. If so, please state "LIST"

Client 1

If you would like to include certain items in your Will, please give details.

Details

Client 2

If you would like to include certain items in your Will, please give details.

Details

## 16. Joint assets....houses, land and other property

There are two ways to own joint assets:-

- as Joint tenants, or
- as Tenants In Common.

**Joint tenants.**

Example:-

Sid & Bob own a house.

Sid leaves a Will giving all his estate to his wife, Beryl.

Despite the terms of Sid's Will, his share in the house passes to Bob by survivorship.

**Tenants in Common.**

Example:-

Sid & Bob own a house.

Sid leaves a Will giving all his estate to his wife, Beryl.

Sid's share in the house passes to Beryl by his Will.

Describe here the jointly owned property and how you think it may be owned. Then describe who should receive it on your death.

Client 1

Client 2

## 17. Gifts....Cash legacies

Please complete the following as comprehensively as possible.

Would you like to give some cash legacies by your Will?

If legacies are to be paid only in certain circumstances, please say so (e.g. If my wife dies before me then I give to my grandchildren alive at my death the sum of £5,000 each).

Cash legacies are normally free of tax unless you say otherwise. If Inheritance Tax is payable on your death then a person receiving a cash legacy will receive their gift free of tax, meaning that the person who receives the residue will pay the tax.

Client 1

Client 2

Full name of beneficiary      Amount £

Full name of beneficiary      Amount £

## 18. Business interests....sole trader & other structures

Please describe your business interests here, including the name of the business/company/partnership, what your interest is in the business and what you think your interest may be worth.

Client 1

Client 2

Please describe who you would like to be in control of your business interest immediately after your death and who you would like to be beneficiary of it.

Client 1

Client 2



## 19. Life Assurance....sole or joint policies

Please complete the following as comprehensively as possible.

If you maintain sole name life assurance policies, please give details below.

Client 1

Client 2

If you maintain life assurance jointly with another person, please provide details below and indicate if this pays on the first death or second death.

Joint life, first death or second death policies

Policy number	Company	Sum assured	Co-owner	1 <sup>st</sup> death or 2 <sup>nd</sup> death

## 20. Other death benefits....other sums payable

Other death benefits:

(Please indicate any death in service benefit or pension benefit from your employment payable in the event of your death)

Client 1

Client 2

## 21. The residue of your estate

Please complete the following as comprehensively as possible.

A person's 'Estate' includes their assets minus liabilities.

- 'Liabilities' includes debts, funeral expenses, tax and other payments connected with administering your estate.
- When all these payments have been made, the personal possessions you have gifted are made, then cash legacies are paid, then what is left is called the 'Residue' or 'Residuary Estate'.
- Describe here who should receive it and when.

For example:-

"All the residue to my wife but if she dies before me then to my three children equally"  
or  
"All the residue to be divided 50% for Charity and 50% to my son and daughter"

Client 1

Name the primary beneficiary

Describe the substitute gifts

Use fractions or percentages

Client 2

Name the primary beneficiary

Describe the substitute gifts

Use fractions or percentages

Please name the beneficiaries, state their relationship to you e.g. husband, wife, son, daughter, 'sister', 'brother' 'friend' etc. and (if not already given) include their addresses with post code

## 22. Disputes.....where there's a Will

Please complete the following as comprehensively as possible.

A growing number of Wills are being contested but why?

The reason may be found when we examine the growth in personal wealth for the average family in the last three generations. As one client recently stated "My grandfather inherited nothing from his father and my father inherited nothing from my grandfather....but father.....well, he has a swimming pool..".

In the last few years, a number of cases have been brought to the attention of the Court which reveals that the Court is likely to intervene when a disappointed beneficiary puts up a big enough fight.

To us, your Testamentary Freedom is as important as your freedom of speech.

If you pay maintenance to anyone, make regular payments or gifts to a person or have promised that someone will benefit when you die, please include details here.

If you suspect someone is going to be disappointed with the terms of your Will, please also include details here.

Client 1

Client 2

Details

Details

Please remember that information you give us is treated in complete confidence in accordance with our professional ethics, the rules imposed by our regulator and the Data Protection Act 2018.

## 23. Schedule....assets

Please complete the following as comprehensively as possible.

<b>Assets (estimated)</b>			
	Client 1	Client 2	Joint
Main home	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Other property	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Foreign property	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Cars	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Personal chattels	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Other valuables	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Sub-total	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
	Client 1	Client 2	Joint
Bank current a/c	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Bank savings a/c	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Cash ISAs	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Other ISAs	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Investment Bonds	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Premium Bonds	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Other NS&I	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Unit Trusts	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Stocks and shares	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Business Interests	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Other	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Other	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Other	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Sub-total	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Total Estate	<input type="text"/>		

## 24. Schedule....digital assets

Please complete the following as comprehensively as possible.

Please indicate whether you have any of the following digital assets:

	Client 1	Client 2
Social Media accounts (e.g. Facebook)	<input type="text"/>	<input type="text"/>
Mobile phone	<input type="text"/>	<input type="text"/>
Tablet (e.g. iPad)	<input type="text"/>	<input type="text"/>
Computer/Laptop	<input type="text"/>	<input type="text"/>
Online banking	<input type="text"/>	<input type="text"/>
Online store subscriptions (e.g. Amazon Prime)	<input type="text"/>	<input type="text"/>
PayPal account	<input type="text"/>	<input type="text"/>
Online investment services (stock exchange etc)	<input type="text"/>	<input type="text"/>
Online gambling services	<input type="text"/>	<input type="text"/>
Online gaming subscriptions (e.g. Xbox Live)	<input type="text"/>	<input type="text"/>
Online entertainment (e.g. Netflix)	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>

Please use this space to list any useful information that your Executors will need in order to deal with your digital assets:

You may wish to consider the Digital Legacy Association's website when completing this page, which can be accessed at <https://digitallegacyassociation.org/for-the-public/>

## 25. Schedule....liabilities

Please complete the following as comprehensively as possible.

	Client 1	Client 2	Joint
Mortgage - Main home	£	£	£
Mortgage - other	£	£	£
Secured loans	£	£	£
Personal loans	£	£	£
Hire purchase	£	£	£
Credit cards	£	£	£
Finance	£	£	£
Guarantees	£	£	£
Other	£	£	£
Other	£	£	£
Other	£	£	£
<b>Total</b>	£	£	£

## 26. Schedule....gifts

If you have made any gifts in excess of your £3,000 annual allowance in the last seven years, please include details below

Date	Beneficiary	£	£
Date	Beneficiary	£	£
Date	Beneficiary	£	£
Date	Beneficiary	£	£
Date	Beneficiary	£	£
Date	Beneficiary	£	£
Date	Beneficiary	£	£
Date	Beneficiary	£	£
Date	Beneficiary	£	£

## 27. Schedule....other information

Please complete the following as comprehensively as possible.

If you are a beneficiary under a trust, please include details below.

Client 1

Client 2

If you have a power of appointment under a trust, please include details below.

Client 1

Client 2

If you know or suspect that you could one day benefit from another person (e.g. parent, aunt, uncle, friend, etc.) please include details below.

Client 1

Client 2

## Lasting Powers of Attorney

Please see accompanying factsheet for more information

If you also wish to make Lasting Powers of Attorney please indicate which type below and then turn over and complete Sections 28 – 34.

Client 1

Property & Financial Affairs

Health & Welfare

Both

Client 2

Property & Financial Affairs

Health & Welfare

Both

## 28. Attorney(s) . . . complete these pages to make Lasting Powers of Attorney

Please complete the following as comprehensively as possible.

Attorney 1	
<input style="width: 100%; height: 20px;" type="text" value="Each other"/>	
Title	Mr/Mrs/Miss/Ms/Dr/Prof/other
Surname	
Forenames	
Date of birth	
Relationship to you	
Usual residential address	
	Postcode
Contact details	Home telephone
	Mobile telephone
	Office telephone
Email address	

Attorney 2	
Details already provided	<input type="checkbox"/>
Full Name	<input style="width: 90%;" type="text"/>
Title	Mr/Mrs/Miss/Ms/Dr/Prof/other
Surname	
Forenames	
Date of birth	
Relationship to you	
Usual residential address	
	Postcode
Contact details	Home telephone
	Mobile telephone
	Office telephone
Email address	

Appointment: (please only choose <b>one</b> option)	<input style="width: 80%;" type="text" value="Joint"/>	<input style="width: 80%;" type="text" value="Joint &amp; several"/>
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## 29. Attorney(s)....continuation

Please complete the following as comprehensively as possible.

Attorney 3			
<input type="checkbox"/> Details already provided			
Full Name <input style="width: 80%;" type="text"/>			
Title	Mr/Mrs/Miss/Ms/Dr/Prof/other		
Surname	<input style="width: 95%;" type="text"/>		
Forenames	<input style="width: 95%;" type="text"/>		
Date of birth	<input style="width: 95%;" type="text"/>		
Relationship to you	<input style="width: 95%;" type="text"/>		
Usual residential address	<input style="width: 95%;" type="text"/>		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center;">Postcode</td> <td style="width: 85%;"><input style="width: 95%;" type="text"/></td> </tr> </table>	Postcode	<input style="width: 95%;" type="text"/>
Postcode	<input style="width: 95%;" type="text"/>		
Contact details	Home telephone <input style="width: 95%;" type="text"/>		
	Mobile telephone <input style="width: 95%;" type="text"/>		
	Office telephone <input style="width: 95%;" type="text"/>		
Email address <input style="width: 95%;" type="text"/>			

Attorney 4			
<input type="checkbox"/> Details already provided			
Full Name <input style="width: 80%;" type="text"/>			
Title	Mr/Mrs/Miss/Ms/Dr/Prof/other		
Surname	<input style="width: 95%;" type="text"/>		
Forenames	<input style="width: 95%;" type="text"/>		
Date of birth	<input style="width: 95%;" type="text"/>		
Relationship to you	<input style="width: 95%;" type="text"/>		
Usual residential address	<input style="width: 95%;" type="text"/>		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center;">Postcode</td> <td style="width: 85%;"><input style="width: 95%;" type="text"/></td> </tr> </table>	Postcode	<input style="width: 95%;" type="text"/>
Postcode	<input style="width: 95%;" type="text"/>		
Contact details	Home telephone <input style="width: 95%;" type="text"/>		
	Mobile telephone <input style="width: 95%;" type="text"/>		
	Office telephone <input style="width: 95%;" type="text"/>		
Email address <input style="width: 95%;" type="text"/>			

### 30. Replacement Attorney(s)

Please complete the following as comprehensively as possible.

Replacement Attorney 1	
Details already provided	
Full Name	
Title	Mr/Mrs/Miss/Ms/Dr/Prof/other
Surname	
Forenames	
Date of birth	
Relationship to you	
Usual residential address	
	Postcode
Contact details	Home telephone
	Mobile telephone
	Office telephone
Email address	

Replacement Attorney 2	
Details already provided	
Full Name	
Title	Mr/Mrs/Miss/Ms/Dr/Prof/other
Surname	
Forenames	
Date of birth	
Relationship to you	
Usual residential address	
	Postcode
Contact details	Home telephone
	Mobile telephone
	Office telephone
Email address	

Appointment: (please only choose <b>one</b> option)	<input type="checkbox"/> Joint	<input type="checkbox"/> Joint & several
--	--------------------------------	--

## 31. Replacement Attorney(s)

Please complete the following as comprehensively as possible.

Replacement Attorney 3	
Details already provided	<input type="checkbox"/>
Full Name	
Title	Mr/Mrs/Miss/Ms/Dr/Prof/other
Surname	
Forenames	
Date of birth	
Relationship to you	
Usual residential address	
	Postcode
Contact details	Home telephone
	Mobile telephone
	Office telephone
Email address	

Replacement Attorney 4	
Details already provided	<input type="checkbox"/>
Full Name	
Title	Mr/Mrs/Miss/Ms/Dr/Prof/other
Surname	
Forenames	
Date of birth	
Relationship to you	
Usual residential address	
	Postcode
Contact details	Home telephone
	Mobile telephone
	Office telephone
Email address	

## 32. Preferences and Instructions

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If you would like to offer your Attorney(s) any guidance in carrying out their role please note this here. Please take note of our advice at section 4 of our Factsheet.

Preferences

Instructions

## 33. Life Sustaining Treatment

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### Health & Welfare LPAs ONLY:

At the time of executing the Health and Welfare LPA you will be asked to confirm whether you wish your Attorney(s) to have the authority to accept or refuse life sustaining treatment on your behalf.

Please indicate your intended authority:

I/we DO wish to give my/our Attorney(s) authority to accept or refuse life sustaining treatment on my/our behalf

I/we DO NOT wish to give my/our Attorney(s) authority to accept or refuse life sustaining treatment on my/our behalf

### 34. Registration...The Office of the Public Guardian

Your Lasting Powers of Attorney cannot be used by your Attorney(s) until they are registered at the Office of the Public Guardian. In most circumstances we recommend you register the document(s) immediately to avoid delay at the time they are required, however you should discuss this with us for tailored advice to suit your circumstances. Please take note of the information at section 7 of our Factsheet.

#### Registration – when to register the documents

I do wish to register the documents now

I do not wish to register the documents now

#### Registration – when do you want your Attorney(s) to act under your LPA for finances?

As soon as the Lasting Power of Attorney is registered

Only when I do not have mental capacity

(Your attorneys under an LPA for Health & Welfare can only act when you have lost mental capacity).

As part of the registration process you can serve notice on up to five people of your choice. This is optional but if you would like to notify anybody please provide their details here:

Full name(s) & addresses

Relationship

Date of Birth

## Canary Wharf

2 Beatty House  
Admirals Way  
Canary Wharf, Docklands  
Solicitors  
E14 9UF  
t. 020 7531 2990  
f. 020 7531 2992

## Canterbury

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32-33 Watling Street  
Canterbury  
Kent  
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Sittingbourne Road  
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Authorised by the Financial Conduct Authority

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We balance our practice between our business and personal clients. This ensures that every single client will receive the very best advice, support and quality of work, no matter what their background, tailored to their specific needs.