A GUIDE TO SIGNING YOUR LASTING POWER OF ATTORNEY – HEALTH & WELFARE/PROPERTY & FINANCIAL AFFAIRS (England & Wales)

LEGACY WILLS

Please follow this guide carefully to ensure your LPA is signed correctly and is accepted by the Office of the Public Guardian (OPG).

Before signing, read your LPA in full to confirm all details and instructions are correct.

COMMON ERRORS TO AVOID:

- **Unclear dates:** All dates must be clear and easy to read. If any number could be mistaken for another (for example, a 1 that looks like a 7), the document may be rejected. In some cases, the entire LPA may need to be completed again.

- **Inconsistent names or signatures:** Names must appear in the same format throughout the document (for example, if a middle name is used once, it must be used everywhere). Signatures must be consistent and clearly from the same person.

- **Backdating:** Never use an earlier date. Each page must be dated with the actual date it is signed.

- **Corrections:** Do not use correction fluid. Any mistakes must be corrected as explained at the end of this guide.

- **Attachments:** Do not attach anything to the document (no staples, paperclips, or additional pages).

General Signing Rules

- All required people must be present when signatures are added.
- Pages must be **signed and dated in order**. For example, if signatures are required on **pages 6 and 10**, page 6 must not be dated later than page 10.
- Use **black ink only**, and the **same pen** throughout the entire document.
- Follow the **colour-coded stickers** in your LPA and complete the document in date order.

1. **THE DONOR.** This is you (the client).

Client
Sign & Date

You must:

- If your LPA includes a **Continuation Page**, sign and date this first. (Not all LPAs include this page – please check.)

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- Sign and date:
  - **Section 5** (Health & Welfare LPA only), and
  - **Section 9**
- Sign in the presence of your witness or witnesses (Your witness **must not** be an attorney named in this LPA).

2. **WITNESS 1**. This is your witness or witnesses.

Witness 1

Your witness must:

- Be **18 or over**
- Have mental capacity
- See you sign the LPA
- Sign using their normal signature
- Print their **full name**
- Provide their **full address including postcode**

Your witness **must not**:

- Be related to you by birth or marriage
- Be your spouse or partner
- Be named as an attorney in this LPA, or be the spouse or partner of an attorney

3. **CERTIFICATE PROVIDER**.
   This is the person who confirms you have mental capacity.

Certificate Provider Sign & Date

They must:

- Have known you for more than 2 years and be in regular contact with you
- Be over 18 years of age
- Have mental capacity
- Be a friend/neighbour/work colleague/associate – NOT a relative or partner
- NOT BE related to you by birth or marriage
- NOT BE named in your LPA or be the spouse or partner of anyone who is
- Sign your LPA using their normal signature on the relevant signature line

NOTE: The Certificate Provider page should only be completed once pages 6 & 10 have been signed, dated and witnessed.

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Attorney
Sign & Date

4. **ATTORNEY**. This is the person (or people) who you have named and trust to make decisions on your Health & Welfare and Property & Financial Affairs. This is **not** a solicitor / legal attorney

   Your Attorney(s) must:
   - Be the person/people who you want to make decisions on your behalf (this person/people) will be named at the bottom of Section 11)
   - Sign your LPA using their normal signature on the relevant signature line
   - This section cannot be witnessed by you (the donor)

NOTE: The attorney pages should ONLY be completed after the DONOR and CERTIFICATE PROVIDER sections have been completed but BEFORE the REGISTRATION PAGES have been signed, dated and witnessed.

5. **REGISTRATION SECTION (sections 12-15)**

   SECTION 12 – THE APPLICANT

- If **you (the Donor)** are registering the LPA, tick **Donor**.
- If an **Attorney** is registering on your behalf, tick **Attorney**.

NOTE: The attorney must then complete their title, their first name, their surname and their date of birth.

SECTION 13 - WHO RECEIVES THE LPAs

Tick who should receive the LPA once it has been registered
- Normally this is **you the Donor.**
- If you tick **OTHER,** please complete the full name and address of that individual and select how they would like to be contacted.

SECTION 14 - PAYMENT OF APPLICATION FEE

- Payment can be made by **card or cheque**
- If paying by card, provide a phone number and the OPG will call to take payment
- If applying for a **fee reduction or remission**, you must also complete form **LPA120**

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- If this is a repeat registration, include your existing case number

SECTION 15 – SIGNATURE SECTION

This section can only be signed once sections 9, 10 and 11 have been completed. The individual who is registering the LPA needs to sign in the signature section **and** date in the date section.

If you are unsure about any of the signing procedures:

Please visit our website to view our step-by-step signing videos or contact us for assistance BEFORE attempting to complete your document. You can call us on 0345 260 0600.

If you make an error:

- Cross through the error with **one single line**
- Write the correction clearly above or below
- The correction must be **initialled by**:
  - You (the Donor)
  - Witness 1
  - Any other witnesses, if applicable

Failure to correct mistakes properly may invalidate the document.

Need Help?

If you are unsure about any part of the signing process, please **contact us before signing.**

You can also view our step-by-step signing videos on our website or call us on **0345 260 0600**. Once completed, return your LPA to us for checking. If everything is correct, we will return it to you so you can submit it to the Office of the Public Guardian. Registration can take **up to 8 weeks**.

Office of the Public Guardian
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