

ABOUT YOU Confidential

Title		
Full name (including maiden name and any former names)		
Date of Birth		
Social Security Number		
Address		
	Post Code	
Telephone	Email address	
Are you currently in receipt of benefits, including Long Term Care benefits? Yes No		

YOUR ATTORNEY(S)

You can appoint one or more individuals as your attorney. Your attorney can be a friend, family member or a professional such as Voisin (via its corporate entity). A professional will usually charge fees for this service.

Attorney 1 Name		
Date of Birth	Social Security Number	
Address		
	Post Code	
Telephone	Email address	
Relationship to you		
Authority to transact in respect of your immovable (real) property? Yes	No	
If your marriage / civil partnership ends would you like Attorney 1 to continue to act? Yes No		
Attorney 2 Name		
Date of Birth	Social Security Number	
Address	Post Code	
Telephone	Email address	
Relationship to you		
Authority to transact in respect of your immovable (real) property? Yes No		
If your marriage / civil partnership ends would you like Attorney 2 to continue to act?		

If you would like to appoint more than two attorneys please complete additional copies of this page.

HOW SHOULD YOUR ATTORNEYS MAKE DECISIONS?	
Jointly (always together) OR Jointly and severally (the	y can act together but can also act separately).
If you are appointing more than one attorney, please detail any specific (i.e. decisions on investment of assets may need agreement of all attor	
WHEN DO YOU WANT YOUR ATTORNEY(S) TO HAVE AUTHORITY Immediately OR When you lose capacity REPLACEMENT ATTORNEY	TO ACT ON YOUR BEHALF?
Replacement attorneys will act as your attorney in the event that one o	f your above nominated attorneys is unable to act.
If you wish to appoint a replacement attorney please complete their de	
Replacement Attorney 1 Name	
Date of Birth	Social Security Number
Address	
	Post Code
Telephone	Email address
Relationship to you	
Authority to transact in respect of your immovable (real) property? Yes	No No
If your marriage / civil partnership ends would you like Replacement Atto	orney 1 to continue to act? Yes No
Replacement Attorney 2 Name	
Date of Birth	Social Security Number
Address	
	Post Code
Telephone	Email address
Relationship to you	
Authority to transact in respect of your immovable (real) property? Yes	No No
If your marriage / civil partnership ends would you like Replacement Atto	orney 2 to continue to act?
If you would like to appoint more than two replacement attorneys please	complete additional copies of this page.
YOUR ATTORNEY(S) POWERS	
INSTRUCTIONS	
These are things that your attorney(s) must or must not do when maki If you leave this section blank then your attorneys will be free to make do	
Please outline any instructions in the box below:	

PREFERENCES

These are tl	hings you would li	ke vour attornevs to	consider when i	making decisions	for you (e	a vour wishes	heliefs and values)

Please outline any preferences in the box below:			

NOTIFICATION RECIPIENTS

You can choose up to 5 people who the Judicial Greffe will inform when you apply to register your LPA. These people could be family members or close friends, who will be able to raise concerns (if they have any) when your LPA is registered.

Person 1 to be notified		
Name		
Address		
	Post Code	
Telephone number	Email address	
Relationship to you		
Person 2 to be notified		
Name		
Address		
	Post Code	
Telephone number	Email address	
Relationship to you		

If you would like more than two people to be notified please complete additional copies of this page.

Please complete this form and return to probate@voisinlaw.com



37 Esplanade, St. Helier, Jersey JE1 1AW Tel: +44 (0)1534 500300 Email: mail@voisinlaw.com



INSTRUCTIONS

These are things that your attorney(s) must or must not do when making decisions for you.

If you leave this section blank then your attorneys will be free to make decisions they think are right and in your best interests. Instructions will use words such as "must", "will" and "have to".

Examples of Instructions:

House:

• My attorney(s) must not sell my home, unless, in my doctor's opinion, I can no longer live alone without a lot of extra help.

Gifts & Donations*:

- My attorney(s) must continue to make donations to charities that I already support. If I have set up standing order payments
 to charities, these should continue.
- My attorney(s) must not make any gifts.
- My attorney(s) must pay maintenance of £500 to my son every month.

Administration:

- My attorney(s) must send annual accounts to my brothers and sisters.
- My attorney(s) must instruct a tax accountant to prepare my annual tax return.
- My attorney(s) shall have the power to delegate investment decisions to a properly qualified, professional investment manager.

PREFERENCES

These are things you would like your attorneys **to consider** when making decisions for you, (e.g. your wishes, beliefs and values). These are words such as "prefer" or "would like".

Examples of Preferences:

Investments:

- I would like to maintain a balance of £1,000 in my current account.
- I prefer to invest in ethical funds.
- I would like my attorney(s) to ask my doctor if they believe I may not have capacity to make decisions about my house.

Gifts & Donations*:

• I would like to donate £100 each year to Cancer Research.

Your Will(s):

• I would like my attorney(s) to be provided with a copy of my Will(s).

*Gifts & Donations

The Law enables gifts to be made by an attorney; however only in certain circumstances.

Your attorney may make payment to certain members of your family for their maintenance or other benefit and also gifts on 'customary occasions' (birthdays, Christmas etc.) However these payments or gifts must not be unreasonable having regard to all the circumstances and in particular to the size of your estate. If you would like your attorney(s) to make such gifts you should state this as an instruction or a preference.



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www.voisinlaw.com