Power of Attorney

Governed by the Powers of Attorney Act 1971 and the Mental Capacity Act 2005

Important Information

This General Power of Attorney (the "Agreement") is made in accordance with the Powers of Attorney Act 1971. This document authorises another person (your attorney) to act on your behalf in relation to financial, property, and other matters, subject to the instructions provided herein. This power of attorney is not a Lasting Power of Attorney (LPA) under the Mental Capacity Act 2005 and will be invalid if you lose mental capacity unless you create an LPA.

1. Designation of Donor and Attorney

I grant my attorney the authority to act on my behalf. Details of the Donor and appointed attorney are set out below.

I,

[Donor's Full Name]

_____

of

[Donor's Full Address, including Postcode]

_____

hereby appoint as my attorney:

Name of Attorney:

_____

Address:

_____

Telephone Number:

_____

as my attorney to act on my behalf in relation to the matters specified in this document.

2. Designation of Successor Attorney(s) (Optional)

If the attorney named above is unable or unwilling to act, I appoint:

Name of Successor Attorney:

_____

Address:

_____

Telephone Number:

_____

If the above successor attorney is unable or unwilling to act, I appoint:

Name of Second Successor Attorney:

_____

Address:

Telephone Number:

3. Grant of General Authority

I grant my attorney the authority to act on my behalf in relation to the following matters (tick the boxes for the powers you wish to grant):

- ☐ Real property transactions
- ☐ Personal property transactions
- ☐ Banking and financial matters
- ☐ Business operations
- ☐ Tax affairs
- ☐ Legal claims and litigation
- ☐ Benefits and pensions from government bodies
- ☐ Managing investments and securities
- ☐ All of the above

4. Grant of Specific Authority (Optional)

The attorney may also (tick to include specific authorities):

- ☐ Sell or transfer my property
- ☐ Manage rental properties and collect rent
- ☐ Access my bank accounts and make withdrawals
- ☐ Sign documents on my behalf
- ☐ Deal with HMRC regarding my tax affairs
- ☐ Manage my pension and benefits
- ☐ Make charitable donations on my behalf (up to £ _____ per year)

5. Restrictions and Special Instructions

The following restrictions or conditions apply to the authority granted:

6. Effective Date and Duration

This power of attorney shall become effective:

- ☐ Immediately upon signing.
- ☐ On the following date: _____
- ☐ Upon the occurrence of the following event: _____

Unless revoked earlier, this authority will:

- ☐ Continue until _____
- ☐ Remain in effect until revoked in writing.

7. Revocation

This power of attorney may be revoked by the Donor at any time by providing written notice to the attorney(s). Such revocation shall take effect upon receipt of the written notice by the attorney(s), or upon any other date specified in the revocation notice. Revocation does not affect any act lawfully done by the attorney prior to receipt of notice.

8. Governing Law

This document shall be governed by and construed in accordance with the laws of England and Wales. The Donor and attorney submit to the exclusive jurisdiction of the courts of England and Wales in respect of any dispute arising out of or in connection with this power of attorney.

9. Signatures and Witnessing

Signed by the Donor:

Name:

Signature: _____

Date (DD/MM/YYYY):

Witnessed by:

Name:

Address:

Signature: _____

Date (DD/MM/YYYY):

Note: The witness must be an independent adult aged 18 or over. The witness cannot be a relative of the Donor or the appointed attorney.

10. Acceptance by Attorney

I, the undersigned attorney, confirm my acceptance of the authority granted to me under this power of attorney and undertake to act in accordance with the instructions provided herein and within the limits set out in this document.

Name:

Signature: _____

Date (DD/MM/YYYY):