

**POWER OF ATTORNEY FACT FIND**

We are pleased to be able to offer you advice about Powers of Attorney.

The information obtained through the completion of this form will help us to prepare a Power of Attorney for you that meets your needs and wishes. We also appreciate that your wishes may be more complex and in such circumstances we will use it as a guide only and will discuss the matter further with you. If you have not already read our Factsheets on Powers of Attorney please ask for these.

Before it can be brought into operation, your Power of Attorney will require to be registered with the Office of the Public Guardian (OPG). Some of the information requested in this form is necessary for us to draft the Power of Attorney, while other information is required by the OPG for their records.

PLEASE COMPLETE USING BLOCK CAPITALS  
SHOULD YOU REQUIRE MORE ROOM FOR ANY QUESTION PLEASE CONTINUE ON THE BACK OF THE FORM

**Date:**     /     /

**Reference:**.....  
*To be completed by Miller Hendry*

**1.     PERSONAL DETAILS**

*Please enter your name in full including forename, any middle names and your surname, and your date of birth.*

*Your address should also be entered in full including house name, if you have one, and postcode. The telephone, e-mail and other details are requested by the OPG, but are also helpful for our contact purposes. Please feel free to advise us on the best means of contacting you.*

Name (in full): .....

Date of Birth: .....

Address: ..... Tel No. Home.....

..... Work.....

..... Fax.....

Postcode: ..... E-mail .....

Ethnic Origin: .....

## 2. RESIDENCE

*Powers of Attorney should only be granted in Scotland and registered with the OPG if you are habitually resident in Scotland. If your normal residence is elsewhere, or if you are unsure, please contact us and we will be happy to discuss the matter further.*

*If you own substantial assets abroad with which you would like your Attorney(s) to have powers to deal, please contact us to discuss further. It may be that your Power of Attorney is not recognised in the country in which you hold assets, but this will be governed by various conventions of international law.*

Is Scotland the country in which you have been habitually resident, and in which you intend to remain?

Yes

No

## 3. TYPE OF POWER OF ATTORNEY

*Generally, Powers of Attorney fall into two types:-*

**Continuing Power of Attorney** – *This is an authority to deal with particular aspects of your financial and business affairs. It can be brought into operation at any time the granter finds convenient before the onset of incapacity and remains effective even after the granter of the Power has lost capacity to make his or her own decisions.*

**Welfare Power of Attorney** – *This empowers a third party to deal with particular aspects of your welfare, care provisions and medical treatment, but only becomes effective after capacity has been lost.*

Which type of Power of Attorney would you like to grant?

Continuing

Welfare

Both

**THE ATTORNEY(S)**

*A Welfare Power is usually granted in favour of a close family member. A Continuing Power is often granted in favour of a relative or friend, but some granters also choose to appoint their solicitor or other business advisor as it involves dealing with financial and business affairs.*

*You can appoint as many Attorneys as you wish. If you appoint more than one, you will require to consider how decisions are to be made by the attorneys. You may wish to appoint a sole Attorney but to have a substitute in place in case your first choice is unable to act. If this is the case, please tick next to the word 'substitute' for any substitute Attorneys.*

*Before appointing an Attorney, you must check that he or she is willing to act.*

*Where a Power of Attorney is to be registered with the OPG, each Attorney will have to sign the registration form.*

Please list your proposed Attorneys below:

**Attorney 1**

Title:.....

Full Name  
(including all middle names): .....

Address: .....  
.....Postcode: .....

Tel: ..... E-mail:.....

Relationship to you (if any):.....

Type of Attorney (tick as appropriate):

Continuing  Welfare

Has he or she agreed to act as your Attorney? Yes

**Attorney 2**

Title:.....

Full Name  
(including all middle names): .....

Address: .....  
.....

Postcode: .....

Tel: ..... E-mail:.....

Relationship to you (if any):.....

Type of Attorney (tick as appropriate):

Continuing  Welfare

Has he or she agreed to act as your Attorney? Yes



**Attorney 3**

Title:.....

Full Name  
(including all middle names): .....

Address: .....  
.....

Postcode: .....

Tel: ..... E-mail:.....

Relationship to you (if any):.....

Type of Attorney (tick as appropriate):

Continuing                       Welfare

Has he or she agreed to act as your Attorney?      Yes

*If you would like to appoint more than three Attorneys, please write the details of any further Attorneys on the back of this form.*

**Decision Making**

*Listed below are various options you may want to consider in order for decisions to be made if you have appointed more than one attorney. If none of these options suits your specific requirements, please feel free to outline your preferred method of decision making at the bottom of this page or on the reverse.*

*Please tick one box:-*

- Each Attorney shall have the power to act alone. *(This is the option usually preferred)*
- All decisions must be agreed unanimously by my Attorneys.
- The wishes of ..... shall always prevail.
- Decisions should always, where possible, be made by a majority vote. In the event of a split vote, the wishes of ..... shall prevail.
- Other. *Please specify below or on reverse.*

#### 4. THE DURATION OF THE POWER OF ATTORNEY

##### **Commencement**

*(Continuing Powers of Attorney only)*

*While a Continuing Power of Attorney can become operative at any time you wish by being registered with the OPG, you may wish to declare that you do not want it to be registered until a doctor has confirmed that you have become incapable of acting yourself.*

*Please tick one box:-*

- I wish my Continuing Power of Attorney to be registered immediately. *(This is the option usually preferred)*
- I wish my Continuing Power of Attorney to be registered at some point in the future and will instruct **Miller Hendry** to do so at that time.
- I do not wish my Continuing Power of Attorney to be registered until a doctor has certified that I am incapable to any extent.

##### **Termination**

*(All Powers of Attorney)*

*Powers of Attorney can be granted for a limited duration, or for the remainder of the Granter's life. In either situation, the Granter is entitled to revoke it at any time.*

Would you like to place a time limit on your Power of Attorney?

Yes                       No

If yes, what should the duration be?.....

**5. THE POWERS OF THE ATTORNEY(S)**

*When we draft your Power of Attorney, we will include all the basic powers that we believe every Attorney should be given. These cover most circumstances which may arise in administering a person's estate, but we will be happy to discuss these with you once we have completed the first draft. If you have any specific requirements, we shall, of course, tailor your Power of Attorney to meet these. If there are any powers you would wish to grant which may be unique to your circumstances, please feel free to list them in the 'Additional Information' section at the foot of this page.*

*If you are to grant a Continuing Power of Attorney, you may wish to grant some of the following powers to your Attorney(s). This is not an exhaustive list, and you should feel free to amend any of the questions to suit your own circumstances.*

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| (a) Would you like your Attorney(s) to have the power to grant guarantees on your behalf in order to secure the debts or obligations of third parties?       | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Would you like your Attorney(s) to have the power to borrow or lend money on your behalf?  | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Would you like your Attorney(s) to be able to carry out tax planning for the benefit of your estate and to make gifts of your property for that purpose? | <input type="checkbox"/> | <input type="checkbox"/> |

**6. ADDITIONAL INFORMATION**

**Signature**..... **Date**.....