

Lasting Power of Attorney (LPA) Form 1 (2020)

Important Information you must read

Thank you for taking the time to make your LPA. If you are making the LPA, you are the “donor”. The person(s) who you appoint to make decisions and act on your behalf should you lose mental capacity will be the “donee(s)”.

As the donor, you are required to complete this entire form and **sign every page**.

Please have your donee(s)’ particulars ready. It should take you approximately 30 minutes to complete the form.

Your donee(s) are required to sign pages 8 to 10.

After completing these, you will need to visit an LPA Certificate Issuer (CI). The CI’s role is to certify that you understand the purpose of making an LPA, including your intention to appoint donees, the powers to be given to donees, and that you are not forced or deceived into making an LPA. You can find a list of CIs at www.msf.gov.sg/opg.

Your donee(s) will be given powers (i.e. Personal Welfare and/or Property and Affairs) to make decisions on your behalf when you lack mental capacity, or when they have reason to believe¹ you lack such capacity. **Please choose wisely and appoint donee(s) you know well and whom you can trust.**

Examples of powers that your donee(s) will have in relation to your Personal Welfare and/or Property and Affairs are:

Personal Welfare	Property and Affairs
<ul style="list-style-type: none">• Where you should live• Day to day care decisions (what to wear and eat)• Handling your letters / mail• Who you may have contact with• Healthcare and medical treatment decisions	<ul style="list-style-type: none">• Buying, selling, renting and mortgaging your property• Operating your bank accounts• Managing your CPF monies• Paying household expenses• Purchasing any equipment you may need

A replacement donee may replace your existing donee if any of these events occur:

- your donee gives notice to the Office of the Public Guardian (OPG) that he disclaims his appointment when he does not wish to be a donee anymore;
- your donee passes on;
- your donee becomes bankrupt (this will only terminate his power in relation to your Property and Affairs);
- you and your donee divorce or have your marriage annulled; or
- your donee loses mental capacity.

Your donee(s) must exercise their powers in accordance with the Mental Capacity Act Code of Practice, which ensures they are acting in your **best interests**. This can be found on our website at www.msf.gov.sg/opg.

After completing this LPA Form 1 and visiting the CI, please send this form and a photocopy of your donee(s)’ and your NRIC/FIN/Passport (for foreigners) to the following address:

**20 Lengkok Bahru #04-02
Family@Enabling Village
Singapore 159053**

(Operating Hours: 8:30am-5:30pm Weekdays, excluding Public Holidays)

You may cancel the LPA at any time as long as you have the mental capacity to do so. For more information, please refer to the Revocation form at: www.msf.gov.sg/opg/Pages/Forms.aspx.

¹ It is recommended that your donee, before acting on your behalf, first obtains a medical report establishing that you lack mental capacity in relation to your Personal Welfare and/or Property and Affairs.

FOR OFFICIAL USE

LPA Ref / Reg No.

Page 1 of 12

Signature of Donor [Please sign on every page]

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Lasting Power of Attorney (LPA) Form 1 (2020)

SECTION 1: PARTICULARS OF DONOR (to be filled by Donor, the person making the LPA)

Your Full Name as in NRIC/FIN/Passport

*NRIC/FIN/Passport No. (*Delete as appropriate)

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Your Date of Birth

D	D	M	M	Y	Y	Y	Y
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Your Email Address

Your Contact No.

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Local Mailing Address

Street Name:

Floor No.:

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Unit No.:

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Postal Code:

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Lasting Power of Attorney (LPA) Form 1 (2020)

SECTION 2.1: PARTICULARS OF DONEE 1 (to be filled by Donor)

Full Name as in NRIC/FIN/Passport

*NRIC/FIN/Passport No. (*Delete as appropriate)

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Date of Birth

D	D	M	M	Y	Y	Y	Y
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Email Address

Contact No.

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Relationship to Donor

Local Mailing Address

Street Name:

Floor No.:

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Unit No.:

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Postal Code:

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Powers Granted by Donor to Donee 1:

In the event that I lose my mental capacity, I authorise Donee 1 to make decisions about: **[Tick 1 box only]**

- Personal Welfare only (e.g. decide where I should live, handle my letters / mail)
- Property and Affairs only (e.g. buy, sell, rent and mortgage my property, operate bank accounts)
- both Personal Welfare and Property and Affairs

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Signature of Donor **[Please sign on every page]**

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SECTION 2.2: PARTICULARS OF DONEE 2 (to be filled by Donor)

Please complete this section only if you would like to appoint a second donee.

Full Name as in NRIC/FIN/Passport

*NRIC/FIN/Passport No. (*Delete as appropriate)

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Date of Birth

D	D	M	M	Y	Y	Y	Y
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Email Address

Contact No.

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Relationship to Donor

Local Mailing Address

Street Name:

Floor No.:

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Unit No.:

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Postal Code:

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Powers Granted by Donor to Donee 2:

In the event that I lose my mental capacity, I authorise Donee 2 to make decisions about: **[Tick 1 box only]**

- Personal Welfare only (e.g. decide where I should live, handle my letters / mail)
- Property and Affairs only (e.g. buy, sell, rent and mortgage my property, operate bank accounts)
- both Personal Welfare and Property and Affairs

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Signature of Donor **[Please sign on every page]**

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SECTION 3.1: PARTICULARS OF REPLACEMENT DONEE (to be filled by Donor)

Please complete this section only if you would like to appoint a replacement donee.

A replacement donee may replace an existing donee if the donee notifies OPG that he does not wish to continue his appointment, has passed on or lost his mental capacity, has become a bankrupt when given Property and Affairs powers, or has divorced the donor (or annulled his marriage with the donor).

Full Name as in NRIC/FIN/Passport

*NRIC/FIN/Passport No. (*Delete as appropriate)

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Date of Birth

D	D	M	M	Y	Y	Y	Y
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Email Address

Contact No.

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Relationship to Donor

Local Mailing Address

Street Name:

Floor No.:

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Unit No.:

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Postal Code:

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Powers Granted by Donor to Replacement Donee:

In the event that a donee is unable to act, I authorise my replacement donee to replace: **[Tick 1 box only]**

- any donee who is unable to act
- any donee with Personal Welfare powers who needs replacing
- any donee with Property and Affairs powers who needs replacing
- Donee 1 only
- Donee 2 only

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Signature of Donor **[Please sign on every page]**

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SECTION 4: POWERS GRANTED TO DONEE(S) (to be filled by Donor)

Personal Welfare

- a. Do you allow your donee(s) to give or refuse consent to start or continue your treatments, including clinical trials? Clinical trials involve the testing of new health substances such as medication or medical devices. **[Tick 1 box only]**

Yes No

- b. If you have appointed more than one donee with Personal Welfare powers, please select how they should act for you: **[Tick 1 box only]**

Jointly and severally (Any one of your donees can make decisions for you.)

Jointly (All decisions must be agreed by both donees. If they are unable to agree on a particular issue, then both donees cannot act on your behalf for that issue.)

Property and Affairs

- a. Do you require your donee(s) to seek the court's approval to sell, transfer, mortgage, or otherwise deal with and affect your interest in your residential property? **[Tick 1 box only]**

No, the donee(s) does/do not need to seek the court's approval.

Yes, for the property at this address:

- b. Do you allow your donee(s) to sell your non-residential property and make gifts on your behalf? **[Tick 1 box only]**

No.

Yes, and I do not wish to specify the value of the gift(s) that can be made. However, the remaining cash must be sufficient to cater for my financial support.

Yes, but the total value of gift(s) shall not exceed \$ _____ within one calendar year.

- c. If you have appointed more than one donee with Property and Affairs powers, please select how they should act for you: **[Tick 1 box only]**

Jointly and severally (Any one of your donees can make decisions for you.)

Jointly (All decisions must be agreed by both donees. If they are unable to agree on a particular issue, then both donees cannot act on your behalf for that issue.)

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Signature of Donor **[Please sign on every page]**

SECTION 4: POWERS GRANTED TO DONEE(S)

Others

My donee shall have the power to do anything necessary or practical to carry out the decisions made, as long as they are consistent with the Personal Welfare and/or Property and Affairs powers granted. This includes the following:

- a. Sign by deed, which is an instrument in writing between parties that is signed, sealed and delivered; or otherwise all notices, applications, agreements, documents and forms;
- b. Claim and receive money payable to me and to acknowledge that money has been received;
- c. Attend and vote at meetings and represent me in proceedings in any court or tribunal, any negotiation or mediation, engage a lawyer for matters in relation to this LPA, and accept service of court papers or any other notice or document;
- d. Obtain information about me and/or my accounts from third parties, which includes (but is not limited to) the Central Provident Fund (CPF) Board, banks and financial institutions, insurance companies, healthcare institutions and workers; and
- e. Release the information obtained in (d) to any third parties.

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Signature of Donor **[Please sign on every page]**

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SECTION 5.1: STATEMENT AND SIGNATURE BY DONEE 1

1. I have read the **Important Information** stated on Page 1 or it has been read to me.
2. I am 21 years of age or older and am not an undischarged bankrupt (where I have been given powers to make Property and Affairs decisions for the donor).
3. I understand the duties* of a donee, which include the duty to assume that the donor has mental capacity, until it is assessed by a registered medical practitioner that he/she does not, and the duty to act in his/her best interests when the donor lacks mental capacity.
4. I will inform the Public Guardian within 14 days if any of the following events occur, where my appointment as donee would be cancelled:
 - a. I do not wish to be appointed anymore;
 - b. I am made a bankrupt (where I have been granted Property and Affairs powers by the donor);
 - c. The donor and I have divorced or our marriage has been annulled; or
 - d. *[Not applicable if I am appointed to act 'jointly and severally' with Donee 2]* I am no longer able to act because Donee 2 has passed on or lost mental capacity.
5. By signing, I consent to be appointed as a donee.

*A list of duties of a donee and additional information on these duties can be found in chapters 3, 6, and 8.5 of the Code of Practice at www.msf.gov.sg/opg

Signed as a deed by Donee 1							
D	D	M	M	Y	Y	Y	Y

Affix seal here

[Date here must be earlier or the same as that on page 12.]

Signature of Witness

[Witness must be at least 21 years old and cannot be the donor, donee and/or any replacement donee.]

Witness' Full Name as in NRIC/FIN/Passport

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Witness' *NRIC/FIN/Passport No. (*Delete as appropriate)

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My witness translated this form in (if applicable):

Mandarin Malay Tamil Others (please specify): _____

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Signature of Donor [Please sign on every page]

Lasting Power of Attorney (LPA) Form 1 (2020)

SECTION 5.2: STATEMENT AND SIGNATURE BY DONEE 2

1. I have read the **Important Information** stated on Page 1 or it has been read to me.
2. I am 21 years of age or older and am not an undischarged bankrupt (where I have been given powers to make Property and Affairs decisions for the donor).
3. I understand the duties* of a donee, which include the duty to assume that the donor has mental capacity, until it is assessed by a registered medical practitioner that he/she does not, and the duty to act in his/her best interests when the donor lacks mental capacity.
4. I will inform the Public Guardian within 14 days if any of the following events occur, where my appointment as donee would be cancelled:
 - a. I do not wish to be appointed anymore;
 - b. I am made a bankrupt (where I have been granted Property and Affairs powers by the donor);
 - c. The donor and I have divorced or our marriage has been annulled; or
 - d. *[Not applicable if I am appointed to act 'jointly and severally' with Donee 1]* I am no longer able to act because Donee 1 has passed on or lost mental capacity.
5. By signing, I consent to be appointed as a donee.

*A list of duties of a donee and additional information on these duties can be found in chapters 3, 6, and 8.5 of the Code of Practice at www.msf.gov.sg/opg

Signed as a deed by Donee 2							
D	D	M	M	Y	Y	Y	Y



[Date here must be earlier or the same as that on page 12.]

Signature of Witness

Witness' Full Name as in NRIC/FIN/Passport

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Witness' *NRIC/FIN/Passport No. (*Delete as appropriate)

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[Witness must be at least 21 years old and cannot be the donor, donee and/or any replacement donee.]

My witness translated this form in (if applicable):

- Mandarin Malay Tamil Others (please specify): _____

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Signature of Donor [Please sign on every page]

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SECTION 6.1: STATEMENT AND SIGNATURE BY REPLACEMENT DONEE

1. I have read the **Important Information** stated on Page 1 or it has been read to me.
2. I am 21 years of age or older and am not an undischarged bankrupt (where I have been given powers to make Property and Affairs decisions).
3. I understand the duties* of a donee, which include the duty to assume that the donor has mental capacity, until it is assessed by a registered medical practitioner that he/she does not, and the duty to act in his/her best interests when the donor lacks mental capacity.
4. I will inform the Public Guardian within 14 days if any of the following events occur, where my appointment as donee would be cancelled:
 - a. I do not wish to be appointed anymore;
 - b. I am made a bankrupt (where I have been granted Property and Affairs powers by the donor); or
 - c. The donor and I have divorced or our marriage has been annulled.
5. I will replace an original donee that I am appointed to replace.
6. By signing, I consent to be appointed as a replacement donee.

*A list of duties of a donee and additional information on these duties can be found in chapters 3, 6, and 8.5 of the Code of Practice at www.msf.gov.sg/opg

Signed as a deed by Replacement Donee							
D	D	M	M	Y	Y	Y	Y



[Date here must be earlier or the same as that on page 12.]

Signature of Witness

[Witness must be at least 21 years old and cannot be the donor, donee and/or any replacement donee.]

Witness' Full Name as in NRIC/FIN/Passport

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Witness' *NRIC/FIN/Passport No. (*Delete as appropriate)

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My witness translated this form in (if applicable):

Mandarin Malay Tamil Others (please specify): _____

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Signature of Donor [Please sign on every page]
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Lasting Power of Attorney (LPA) Form 1 (2020)

SECTION 7.1: STATEMENT AND SIGNATURE BY DONOR

1. I have read the **Important Information** stated on Page 1 or it has been read to me and I confirm that all the particulars in this form are correct.
2. I appoint the person(s) named as donee(s) and/or replacement donee to have authority to make decisions and act for me in the matters as specified in Pages 3 – 5, in circumstances where I lack mental capacity or where my donee has reason to believe² I lack mental capacity.
3. I am 21 years of age or older and am not an undischarged bankrupt (where my donee has powers to make Property and Affairs decisions for me).
4. I intend that my replacement donee (if applicable) shall replace my appointed donee in the manner as described on Page 5.
5. I revoke my previous LPA (if any), with effect from the date that this LPA Form 1 is registered by the Public Guardian.

Signed as a deed by Donor

D	D	M	M	Y	Y	Y	Y
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Signature of Certificate Issuer as witness

[Date here must be earlier or the same as that on page 12. The complete form must be submitted for registration within 6 months from this date.]

Signature of Translator

Translator's Full Name as in NRIC/FIN/Passport

Translator's *NRIC/FIN/Passport No. (*Delete as appropriate)

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[Translator must be at least 21 years old and cannot be your donee and/or any replacement donee.]

My translator translated this form in (if applicable):

Mandarin Malay Tamil Others (please specify): _____

² It is recommended that your donee, before acting on your behalf, first obtains a medical report establishing that you lack mental capacity in relation to your Personal Welfare and/or Property and Affairs.

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LPA Ref No.

Signature of Donor **[Please sign on every page]**

Lasting Power of Attorney (LPA) Form 1 (2020)

SECTION 8: LPA CERTIFICATE (to be filled by Certificate Issuer)

This section is for the Certificate Issuer (CI) to certify that the donor understands the purpose of making an LPA, including his intention to appoint the persons named as donees on Pages 3-5, the powers that will be given to these donees as set out in Pages 3-7, and that the donor is not forced or deceived into making an LPA. The CI must not be the donor, donee, replacement donee, or related to, or an employee, or a business partner of any of them. He/She must not act under a conflict of interest.

Particulars of Certificate Issuer

Full Name as in NRIC/FIN/Passport

MCR/NRIC/FIN No.

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Name of Clinic/Legal Practice

Statement by Certificate Issuer

1. I am: **[Tick 1 box only]**

- a medical practitioner who is accredited by the Public Guardian to issue LPA certificates.
- a medical practitioner who is registered as a specialist in psychiatry under the Medical Registration Act.
- an advocate and solicitor of the Supreme Court who has in force a valid practising certificate under the Legal Profession Act.

2. I have read the **Important Information** and understand my role and responsibilities as a CI, am acting independently of the donor, donee(s) and replacement donee, and am not disqualified from giving this LPA certificate under regulation 7(2) of the Mental Capacity Regulations 2010.

3. I certify that at the time of signing this LPA Form 1,

- the donor understands the purpose of this LPA Form 1, including his intention to appoint the persons named as donees on Pages 3-5 and the powers to be given to these donees as set out in Pages 3-7;
- no fraud or undue pressure is being used to induce the donor to create an LPA; and
- there is nothing else that will prevent an LPA from being created by this LPA Form 1.

Signature of Certificate Issuer

Professional Stamp

D	D	M	M	Y	Y	Y	Y
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[Date here must be later or the same as that on page 11.]

FOR OFFICIAL USE

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LPA Ref No.

Signature of Donor **[Please sign on every page]**

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Applicant of LPA Form 1

As the donor, you are the default applicant. You do not need to complete the fields below in order to apply for an LPA.

If your donee wishes to be the applicant, he has to complete the fields below. If you have appointed 2 donees to act jointly, both must complete the fields below.

Upon acceptance of your LPA, OPG will notify you. There will be a 3 week mandatory waiting period (beginning from the last date the Public Guardian notifies you/your donee(s) that the LPA application has been accepted for registration) and if no valid objections are received during this time, your LPA will be registered. You can withdraw the LPA application any time before it is registered.

If payment is required, the notice of payment will be sent to the applicant's email once the LPA has been processed. Please ensure that the applicant's email field is indicated in the LPA form. OPG does not accept cheques as a mode of payment.

Please note that this page would not be registered with the LPA Form 1.

Full Name of Applicant as in NRIC/FIN/Passport

Signature of Applicant

Signature of Applicant							
D	D	M	M	Y	Y	Y	Y

Full Name of Applicant as in NRIC/FIN/Passport

Signature of Applicant

Signature of Applicant							
D	D	M	M	Y	Y	Y	Y