

Cover Letter for Hardcopy Lasting Power of Attorney (LPA) Forms

If you fall under any of the exceptional situations below and wish to make a Lasting Power of Attorney (LPA) application using the hardcopy form i.e. not using the Office of the Public Guardian Online (OPGO) system, please complete this cover letter and submit it together with your hardcopy LPA application to the Office of the Public Guardian.

A. To be completed by the Donor

To the Public Guardian,

I, (Name) _____, (last 4 characters of NRIC/FIN/Passport No.*) _____, am unable to use OPGO to make an LPA due to the following reason(s): *(Please tick the reason box below)*

- ☐ The Donor/Donee/Replacement Donee* is unable to use OPGO due to his/her physical disability or other circumstances as follows *(please provide details and medical report as proof of physical disability or supporting documents)*:

- ☐ OPGO is unavailable on _____ *(date/time)*
☐ The Donor does not have an electronic device to receive messages via SMS to create and access his Singpass account/National Digital Identity (NDI)
☐ The Donor/Donee/Replacement Donee* is not eligible for a Singpass account/NDI

**Delete as appropriate*

Note: Please include photocopies of relevant supporting documents. OPG may contact you for further clarifications.

Other remarks (if any): _____

B. Statement and Signature by Donor

I understand that my request is subject to the Public Guardian's approval. I declare that all statements, documents, and information given above are true and correct.

Signature (or marking) of Donor

Date

C. Statement and Signature by Certificate Issuer

Full name of Certificate Issuer: _____ MCR/AAS no.: _____

I confirm to the best of my information and knowledge, that this LPA falls under the exceptional situation(s) indicated in paragraph A above.

Signature of Certificate Issuer

Date and Professional Stamp

Lasting Power of Attorney (LPA) Form 2 (2022)

Important Information you must read

You may submit a hardcopy application form if any of the following scenarios apply:

- a. The Donor/Donee/Replacement Donee is unable to use OPGO due to his/her physical disability or other circumstance;
- b. OPGO is unavailable;
- c. The Donor does not have an electronic device to receive messages via SMS to create and access his Singpass account/National Digital Identity (NDI); or
- d. The Donor/Donee/Replacement Donee is not eligible for a Singpass account/NDI.

Please include a cover letter stating the reason(s) for making a hardcopy LPA application and include relevant supporting documents (if any). The acceptance of the hardcopy application form is subject to the Public Guardian's approval.

Thank you for taking the time to make your LPA. You are the Donor and the default applicant of this LPA.

LPA Form 2 is for Donors who wish to appoint either more than 2 Donees, more than 1 Replacement Donee, or grant specific and customised powers to Donees which cannot be addressed in LPA Form 1. LPA Form 2 must be drafted by a lawyer¹.

Your Donee(s) must be aged 21 and above. You may grant your Donee(s) the authority to make personal welfare and/or property and affairs powers to make decisions on your behalf when you lack mental capacity, or when they have reason(s) to believe² you lack such capacity. Your Donee(s) may be an individual or a Licensed Trust Company (for property and affairs only). **Please choose your Donee(s) wisely and appoint Donee(s) you know well and whom you can trust.**

Your Donee(s) must exercise their powers in accordance with the Mental Capacity Act Code of Practice, which requires that they act in your **best interests**.

You may appoint Replacement Donee(s) to replace your existing Donee(s) 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 appointed anymore;
- your Donee is made bankrupt (this will only terminate his power in relation to your property and affairs);
- you and your Donee divorce or your marriage has been annulled; or
- your Donee has passed on or lost mental capacity.

After this form has been drafted by your lawyer, you will need to visit an LPA Certificate Issuer (CI). The CI may also be your lawyer. The CI's role is to certify that you understand the purpose of making an LPA, including your intention to appoint the Donee(s), the powers to be granted to the Donee(s), and that you are not forced or deceived into making an LPA. You can find a list of CIs at OPG's website: www.msf.gov.sg/opg.

After 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:

**3 Bishan Place #03-00
CPF Bishan Building
Singapore 579838**

Please note that **no refund** will be given once the LPA application is submitted to OPG regardless of the application outcome, including rejection.

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.

¹ This excludes lawyers registered under section 36E of the Legal Profession Act 1966.

² Before acting on your behalf, your Donee is required to obtain a medical report from a registered medical practitioner, certifying that you lack mental capacity to make personal welfare and/or property and affairs decisions.

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LPA Ref / Reg No.

LPA-F2-2022-01

Page 1 of 23

Signature of Donor [Please sign on every page]

Hotline: 1800-111-2222 | www.msf.gov.sg/opg

Lasting Power of Attorney (LPA) Form 2 (2022)

SECTION 1: PARTICULARS OF DONOR

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

Your Email Address

Your Contact No.

--	--	--	--	--	--	--	--

Local Mailing Address

Street Name:

Floor No.:

--	--

Unit No.:

--	--	--	--

Postal Code:

--	--	--	--	--	--

Total number of Licensed Trust Companies as Donees

: _____

Total number of individuals as Donees

: _____

Total number of Licensed Trust Companies as Replacement Donees

: _____

Total number of individuals as Replacement Donees

: _____

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LPA Ref No.

Page 2 of 23

Signature of Donor [Please sign on every page]

Lasting Power of Attorney (LPA) Form 2 (2022)

SECTION 2.1: PARTICULARS OF LICENSED TRUST COMPANY AS DONEE

Please complete this section only if you would like to appoint a Licensed Trust Company as a Donee to manage your property and affairs.

Name of Company

Registration No.

--	--	--	--	--	--	--	--	--	--

Place of Registration

Full Name of Authorised Representative

NRIC/FIN/Passport No. of Authorised Representative

--	--	--	--	--	--	--	--	--	--

Email Address

Office No.

--	--	--	--	--	--	--	--

Office Address

Street Name:

Floor No.:

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Unit No.:

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Postal Code:

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Please use Continuation Sheet A if you wish to appoint more than 1 Licensed Trust Company as Donee.

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LPA Ref No.

LPA-F2-2022-01

Page 3 of 23

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

Hotline: 1800-111-2222 | www.msf.gov.sg/opg

Lasting Power of Attorney (LPA) Form 2 (2022)

SECTION 2.2: PARTICULARS OF INDIVIDUAL DONEE 1

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
---	---	---	---	---	---	---	---

Email Address

Contact No.

--	--	--	--	--	--	--	--

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 Individual Donee 1:

In the event that I lose my mental capacity, I authorise Donee 1 to make decisions on my: [Tick where applicable]

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

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LPA Ref No.

Page 4 of 23

Signature of Donor [Please sign on every page]

Lasting Power of Attorney (LPA) Form 2 (2022)

SECTION 2.3: PARTICULARS OF INDIVIDUAL DONEE 2

Please complete this section only if you would like to appoint a second Donee (individual).

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
---	---	---	---	---	---	---	---

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 Individual Donee 2:

In the event that I lose my mental capacity, I authorise Donee 2 to make decisions on my: [Tick where applicable]

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

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LPA Ref No.

Page 5 of 23

Signature of Donor [Please sign on every page]

Lasting Power of Attorney (LPA) Form 2 (2022)

SECTION 2.4: PARTICULARS OF INDIVIDUAL DONEE 3

Please complete this section only if you would like to appoint a third Donee (individual).

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
---	---	---	---	---	---	---	---

Email Address

Contact No.

--	--	--	--	--	--	--	--

Relationship to Donor

Local Mailing Address

Street Name:

Floor No.:

--	--

Unit No.:

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Postal Code:

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Powers Granted by Donor to Individual Donee 3:

In the event that I lose my mental capacity, I authorise Donee 3 to make decisions on my: [Tick where applicable]

☐

Personal Welfare (e.g. decide where I should live, handle my letters / mail)

☐

Property and Affairs (e.g. buy, sell, rent and mortgage my property, operate bank accounts)

Please use Continuation Sheet B if you wish to appoint more than 3 individuals as Donees.

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LPA Ref No.

LPA-F2-2022-01

Page 6 of 23

Signature of Donor [Please sign on every page]

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Lasting Power of Attorney (LPA) Form 2 (2022)

SECTION 3.1: PARTICULARS OF LICENSED TRUST COMPANY AS REPLACEMENT DONEE

Please complete this section only if you would like to appoint a Licensed Trust Company as a Replacement Donee to manage your Property and Affairs.

Name of Company

Registration No.

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Place of Registration

Full Name of Authorised Representative

NRIC/FIN/Passport No. of Authorised Representative

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Email Address

Office No.

--	--	--	--	--	--	--	--

Office Address

Street Name:

Floor No.:

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Unit No.:

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Postal Code:

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Please use Continuation Sheet C if you wish to appoint more than 1 Licensed Trust Company as Replacement Donee.

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LPA Ref No.

LPA-F2-2022-01

Page 7 of 23

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

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Lasting Power of Attorney (LPA) Form 2 (2022)

SECTION 3.2: PARTICULARS OF INDIVIDUAL REPLACEMENT DONEE 1

Please complete this section only if you would like to appoint a Replacement Donee (individual).

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

Email Address

Contact No.

--	--	--	--	--	--	--	--

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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LPA Ref No.

Page 8 of 23

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

Lasting Power of Attorney (LPA) Form 2 (2022)

SECTION 3.3: PARTICULARS OF INDIVIDUAL REPLACEMENT DONEE 2

Please complete this section only if you would like to appoint a second Replacement Donee (individual).

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
---	---	---	---	---	---	---	---

Email Address

Contact No.

--	--	--	--	--	--	--	--

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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Please use Continuation Sheet D if you wish to appoint more than 2 individuals as Replacement Donees.

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LPA Ref No.

Page 9 of 23

Signature of Donor [Please sign on every page]

Lasting Power of Attorney (LPA) **Form 2 (2022)**

SECTION 4: POWERS GRANTED TO DONEE(S)

This section must be drafted by an advocate and solicitor of the Supreme Court with a practising certificate³ in force, who must sign the certificate in the Annex of this section.

The term “Donee” includes all Donees (if more than one is appointed for that particular power) and Replacement Donees.

Particulars of Advocate and Solicitor

Full Name as in NRIC/FIN/Passport

AAS No.

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Name of Legal Practice

Contact No.

--	--	--	--	--	--	--	--

Office Address

Street Name:

Floor No.:

--	--

Unit No.:

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Postal Code:

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Powers of the Donee

The Donee(s) shall have the authority to make decisions and act for the Donor in accordance with the provisions contained in the Annex to Section 4 attached.

This is the end of Section 4.

³ This excludes lawyers registered under section 36E of the Legal Profession Act 1966.

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LPA Ref No.

Page 10 of 23

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

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ANNEX TO SECTION 4: CLAUSES RELATING TO DONEE(S)/ REPLACEMENT DONEE(S)

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LPA Ref No.

Page 11 of 23

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

Lasting Power of Attorney (LPA) Form 2 (2022)

ANNEX TO SECTION 4: CLAUSES RELATING TO DONEE(S)/ REPLACEMENT DONEE(S)

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LPA Ref No.

Page 12 of 23

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

ANNEX TO SECTION 4: CLAUSES RELATING TO DONEE(S)/ REPLACEMENT DONEE(S)

FOR OFFICIAL USE

LPA Ref No.

Page 13 of 23

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

Lasting Power of Attorney (LPA) Form 2 (2022)

ANNEX TO SECTION 4: CLAUSES RELATING TO DONEE(S)/ REPLACEMENT DONEE(S)

Please use Continuation Sheet E if you require more pages for the Annex.

Total number of additional pages: _____

Certificate of the Donor's Advocate and Solicitor

I am an advocate and solicitor with a practising certificate⁴ in force, and I certify that I drafted the powers in the Annex to Section 4 of this instrument on the instructions, and in accordance with the wishes, of the Donor.

Signature of advocate and solicitor as
stated in Section 4

D	D	M	M	Y	Y	Y	Y
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⁴ This excludes lawyers registered under section 36E of the Legal Profession Act 1966.

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LPA Ref No.

LPA-F2-2022-01

Page 14 of 23

Signature of Donor [Please sign on every page]

Hotline: 1800-111-2222 | www.msf.gov.sg/opg

Lasting Power of Attorney (LPA) Form 2 (2022)

SECTION 5.1: STATEMENT AND SIGNATURE BY AUTHORISED REPRESENTATIVE FOR LICENSED TRUST COMPANY TO BE DONEE

1. I am an authorised representative of the Licensed Trust Company. I have read the **Important Information** stated on Page 1 or it has been read to me and I have understood the purpose and effect of this LPA.
2. 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.
3. I will inform the Public Guardian within 14 days of the occurrence of the following events, which cancels the Licensed Trust Company's appointment as a Donee:
 - (a) The Licensed Trust Company does not wish to be appointed anymore;
 - (b) The Licensed Trust Company's trust business license lapses, or is revoked or suspended; or
 - (c) The Licensed Trust Company is liquidated, wound-up, dissolved or placed under judicial management.
4. By signing, I consent to the appointment of the Licensed Trust Company 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 (or marked) by Authorised Representative
for Licensed Trust Company to be a Donee

D D M M Y Y Y Y

[Date here must be earlier or the same as that on page 23.]

Signature of Witness

Witness' Full Name as in NRIC/FIN/Passport

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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LPA Ref No.

LPA-F2-2022-01

Page 15 of 23

Signature of Donor [Please sign on every page]

Hotline: 1800-111-2222 | www.msf.gov.sg/opg

Lasting Power of Attorney (LPA) Form 2 (2022)

SECTION 5.2: STATEMENT AND SIGNATURE BY INDIVIDUAL DONEE 1

1. I have read the **Important Information** stated on Page 1 or it has been read to me and I have understood the purpose and effect of this LPA.
2. I am 21 years of age or older and am not an undischarged bankrupt (where I have been granted powers to make decisions on the Donor's property and affairs).
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 of the occurrence of the following events, which cancels my appointment as a Donee:
 - (a) I do not wish to be appointed anymore;
 - (b) I am made a bankrupt (where I have been granted powers to make decisions on the Donor's property and affairs);
 - (c) Unless otherwise provided in the terms of this LPA, the Donor and I have divorced or our marriage has been annulled; or
 - (d) *[Only applicable if I have been appointed to act jointly with other Donee(s)]* I am no longer able to act because of the occurrence of event(s) as listed in 4 (a) – (c) above which cancel any joint Donee's appointment, or because any joint Donee 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, 8.5 of the Code of Practice at www.msf.gov.sg/opg

Signed (or marked) by Donee 1									
D	D	M	M	Y	Y	Y	Y	Y	Y

[Date here must be earlier or the same as that on page 23.]

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): _____

FOR OFFICIAL USE

LPA Ref No.

LPA-F2-2022-01

Page 16 of 23

Signature of Donor [Please sign on every page]

Hotline: 1800-111-2222 | www.msf.gov.sg/opg

Lasting Power of Attorney (LPA) Form 2 (2022)

SECTION 5.3: STATEMENT AND SIGNATURE BY INDIVIDUAL DONEE 2

1. I have read the **Important Information** stated on Page 1 or it has been read to me and I have understood the purpose and effect of this LPA.
2. I am 21 years of age or older and am not an undischarged bankrupt (where I have been granted powers to make decisions on the Donor's property and affairs).
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 of the occurrence of the following events, which cancels my appointment as a Donee:
 - (a) I do not wish to be appointed anymore;
 - (b) I am made a bankrupt (where I have been granted powers to make decisions on the Donor's property and affairs);
 - (c) Unless otherwise provided in the terms of this LPA, the Donor and I have divorced or our marriage has been annulled; or
 - (d) *[Only applicable if I have been appointed to act jointly with other Donees]* I am no longer able to act because of the occurrence of event(s) as listed in 4 (a) – (c) above which cancel any joint Donee's appointment, or because any joint Donee 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 (or marked) by Donee 2									
D	D	M	M	Y	Y	Y	Y	Y	Y

[Date here must be earlier or the same as that on page 23.]

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): _____

FOR OFFICIAL USE

LPA Ref No.

LPA-F2-2022-01

Page 17 of 23

Signature of Donor [Please sign on every page]

Hotline: 1800-111-2222 | www.msf.gov.sg/opg

Lasting Power of Attorney (LPA) Form 2 (2022)

SECTION 5.4: STATEMENT AND SIGNATURE BY INDIVIDUAL DONEE 3

1. I have read the **Important Information** stated on Page 1 or it has been read to me and I have understood the purpose and effect of this LPA.
2. I am 21 years of age or older and am not an undischarged bankrupt (where I have been granted powers to make decisions on the Donor's property and affairs).
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 of the occurrence of the following events, which cancels my appointment as a Donee:
 - (a) I do not wish to be appointed anymore;
 - (b) I am made a bankrupt (where I have been granted powers to make decisions on the Donor's property and affairs);
 - (c) Unless otherwise provided in the terms of this LPA, the Donor and I have divorced or our marriage has been annulled; or
 - (d) *[Only applicable if I have been appointed to act jointly with other Donees]* I am no longer able to act because of the occurrence of event(s) as listed in 4 (a) – (c) above which cancel any joint Donee's appointment, or because any joint Donee 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 (or marked) by Donee 3

D	D	M	M	Y	Y	Y	Y
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[Date here must be earlier or the same as that on page 23.]

Signature of Witness

Witness' Full Name as in NRIC/FIN/Passport

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

--	--	--	--	--	--	--	--	--	--

[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): _____

FOR OFFICIAL USE

LPA Ref No.

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LPA-F2-2022-01

Page 18 of 23

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

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Hotline: 1800-111-2222 | www.msf.gov.sg/opg

Lasting Power of Attorney (LPA) Form 2 (2022)

SECTION 6.1: STATEMENT AND SIGNATURE BY AUTHORISED REPRESENTATIVE FOR LICENSED TRUST COMPANY TO BE REPLACEMENT DONEE

1. I am an authorised representative of the Licensed Trust Company. I have read the Important Information stated on Page 1 or it has been read to me and I have understood the purpose and effect of this LPA.
2. 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.
3. I will inform the Public Guardian within 14 days of the occurrence of the following events, which cancels the Licensed Trust Company's appointment as a Donee:
 - (a) The Licensed Trust Company does not wish to be appointed anymore;
 - (b) The Licensed Trust Company's trust business license lapses, or is revoked or suspended; or
 - (c) The Licensed Trust Company is liquidated, wound-up, dissolved or placed under judicial management.
4. The Licensed Trust Company will replace an original Donee for the power that it is appointed to replace and/or in accordance with the express terms of this LPA.
5. By signing, I consent to the appointment of the Licensed Trust Company 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 (or marked) by Authorised Representative
for Licensed Trust Company to be a Replacement
Donee

D D M M Y Y Y Y

[Date here must be earlier or the same as that on page 23.]

Signature of Witness

Witness' Full Name as in NRIC/FIN/Passport

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

--	--	--	--	--	--	--	--	--	--

[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): _____

FOR OFFICIAL USE

LPA Ref No.

Page 19 of 23

Signature of Donor [Please sign on every page]

Lasting Power of Attorney (LPA) Form 2 (2022)

SECTION 6.2: STATEMENT AND SIGNATURE BY INDIVIDUAL REPLACEMENT DONEE 1

1. I have read the **Important Information** stated on Page 1 or it has been read to me and I have understood the purpose and effect of this LPA.
2. I am 21 years of age or older and am not an undischarged bankrupt (where I have been granted powers to make decisions on the Donor's property and affairs).
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 of the occurrence of the following events, which cancels my appointment as a Donee:
 - (a) I do not wish to be appointed anymore;
 - (b) I am made a bankrupt (where I have been granted powers to make decisions on the Donor's property and affairs); or
 - (c) Unless otherwise provided in the terms of this LPA, the Donor and I have divorced or our marriage has been annulled.
5. I will replace an original Donee for the power that I am appointed to replace and/or in accordance with the express terms of this LPA.
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 (or marked) by Replacement Donee 1							
D	D	M	M	Y	Y	Y	Y

[Date here must be earlier or the same as that on page 23.]

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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LPA Ref No.

LPA-F2-2022-01

Page 20 of 23

Signature of Donor [Please sign on every page]

Hotline: 1800-111-2222 | www.msf.gov.sg/opg

Lasting Power of Attorney (LPA) Form 2 (2022)

SECTION 6.3: STATEMENT AND SIGNATURE BY INDIVIDUAL REPLACEMENT DONEE 2

1. I have read the **Important Information** stated on Page 1 or it has been read to me and I have understood the purpose and effect of this LPA.
2. I am 21 years of age or older and am not an undischarged bankrupt (where I have been granted powers to make decisions on the Donor's property and affairs).
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 of the occurrence of the following events, which cancels my appointment as a Donee:
 - (a) I do not wish to be appointed anymore;
 - (b) I am made a bankrupt (where I have been granted powers to make decisions on the Donor's property and affairs); or
 - (c) Unless otherwise provided in the terms of this LPA, the Donor and I have divorced or our marriage has been annulled.
5. I will replace an original Donee for the power that I am appointed to replace and/or in accordance with the express terms of this LPA.
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 (or marked) by Replacement Donee 2

D	D	M	M	Y	Y	Y	Y
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[Date here must be earlier or the same as that on page 23.]

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

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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LPA Ref No.

LPA-F2-2022-01

Page 21 of 23

Signature of Donor [Please sign on every page]

Hotline: 1800-111-2222  www.msf.gov.sg/opg

Lasting Power of Attorney (LPA) Form 2 (2022)

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 have understood the purpose and effect of this LPA. I intend the authority conferred under this LPA to mean authority to make decisions on my behalf in circumstances where I no longer have mental capacity.
2. I appoint the person(s) named as Donee(s) to have authority to make decisions and act for me in the matters as specified in Section 4 of this document, in circumstances where I lack mental capacity or where my Donee(s) have reason to believe⁵ I lack mental capacity.
3. I appoint the person(s) named as Replacement Donee(s) (if any) and intend that my Replacement Donee(s) shall replace my appointed Donee(s) in the manner set out in this LPA.
4. I am 21 years of age or older and am not an undischarged bankrupt (where my Donee(s) have powers to make decisions on my property and affairs).
5. I revoke my previous LPA (if any), with effect from the date that this LPA Form 2 is registered by the Public Guardian.

Signed (or marked) by the Donor and delivered as a deed

Affix
seal
here

Signature of Certificate Issuer as witness

D D M M Y Y Y Y

[Date here must be earlier or the same as that on page 23. 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)

[Translator must be at least 21 years old.]

My translator translated this form in (if applicable):

☐ Mandarin ☐ Malay ☐ Tamil ☐ Others (please specify): _____

⁵ Before acting on your behalf, your Donee is required to obtain a medical report from a registered medical practitioner, certifying that you lack mental capacity to make personal welfare and/or property and affairs decisions.

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Page 22 of 23

LPA Ref No.

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

Lasting Power of Attorney (LPA) Form 2 (2022)

SECTION 8: LPA CERTIFICATE

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 Donee(s) and Replacement Donee(s) in Sections 2 and 3, the powers that will be granted to these Donee(s) and Replacement Donee(s) as set out in Section 4, 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/AAS No.

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Name of Legal Practice

Statement by Certificate Issuer

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

- ☐ a medical practitioner registered as a specialist in psychiatry under the Medical Registration Act 1997.
- ☐ a medical practitioner accredited by the Public Guardian to issue LPA certificates.
- ☐ an advocate and solicitor of the Supreme Court who has in force a valid practising certificate⁶ under the Legal Profession Act 1966.

2. I understand my role and responsibilities as a Certificate Issuer.

3. I am acting independently of the Donor, Donee(s) and Replacement Donee(s).

4. I am not disqualified from giving this LPA Certificate under Regulation 7(2) of the Mental Capacity Regulations 2021.

5. I declare that Donor appeared before me in person in Singapore and I had taken steps to verify his identity. I confirm that I witnessed the Donor's execution of this instrument.

6. I certify that at the time of signing this LPA instrument:

- (a) the Donor understands the purpose of this instrument, including his intention to appoint the persons named as Donee(s) and Replacement Donee(s) in Sections 2 and 3, and the powers to be granted to the Donee(s) and Replacement Donee(s) in Section 4;
- (b) no fraud or undue pressure is being used to induce the Donor to create this LPA; and
- (c) there is nothing else that will prevent this LPA from being created.

Signature of Certificate Issuer

Professional Stamp

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[Date here must be later or the same as that on page 22.]

⁶ This excludes lawyers registered under section 36E of the Legal Profession Act 1966

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LPA Ref No.

LPA-F2-2022-01

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