

## Continuation Sheets (2022)

Please use the relevant continuation sheets only if you are told to in the LPA Form 2. Please append all the continuation sheets at the end of the LPA Form 2 when submitting.

Please label the page numbers accordingly at the bottom right of each page.

- If you require more than 1 copy of the same Continuation Sheet, you should tally the total number of pages.
- If you require different Continuation Sheets, please label the start of each new sheet as Page 1.

This page will not be registered with the Form.

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### **Continuation Sheet A – Additional Licensed Trust Company as Donee**

- Use this sheet if you want to appoint more than 1 Licensed Trust Company as your Donee.
- Please indicate the total number of Licensed Trust Companies you have appointed as Donee(s) on Page 2 of the LPA Form 2.

### **Continuation Sheet B – Additional Individual as Donee**

- Use this sheet if you want to appoint more than 3 individuals as your Donee.
- Please indicate the total number of individuals you have appointed as Donee(s) on Page 2 of the LPA Form 2.

### **Continuation Sheet C – Additional Licensed Trust Company as Replacement Donee**

- Use this sheet if you want to appoint more than 1 Licensed Trust Company as your Replacement Donee.
- Please indicate the total number of Licensed Trust Companies you have appointed as Replacement Donee(s) on Page 2 of the LPA Form 2.

### **Continuation Sheet D – Additional Individual as Replacement Donee**

- Use this sheet if you want to appoint more than 2 individuals as your Replacement Donee.
- Please indicate the total number of individuals you have appointed as Replacement Donee(s) on Page 2 of the LPA Form 2.

### **Continuation Sheet E – Additional Page for Annex to Section 4**

- Use this sheet if you require more pages for the Annex to Section 4: Clauses relating to Donee(s) / Replacement Donee(s).
- Please indicate the total number of additional pages you have attached on Page 14 of the LPA Form 2.

## CONTINUATION SHEET A-1

### PARTICULARS OF ADDITIONAL LICENSED TRUST COMPANY AS DONEE

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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.:

--	--

Unit No.:

--	--	--	--

Postal Code:

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LPA Ref No.

LPA-F2-2022-01

Continuation Sheet A – Page \_\_ of \_\_

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

Hotline: 1800-111-2222 | [www.msf.gov.sg/opg](http://www.msf.gov.sg/opg)

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

## CONTINUATION SHEET A-2

### STATEMENT AND SIGNATURE BY AUTHORISED REPRESENTATIVE FOR ADDITIONAL LICENSED TRUST COMPANY AS 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](http://www.msf.gov.sg/opg)

Signed 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 of the LPA Form 2.]**

Signature of Witness
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**[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)

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

My witness translated this form in (if applicable):

- Mandarin    Malay    Tamil    Others (please specify): \_\_\_\_\_

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LPA-F2-2022-01

Continuation Sheet A – Page \_\_\_ of \_\_\_

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

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## CONTINUATION SHEET B-1

### PARTICULARS OF ADDITIONAL INDIVIDUAL AS DONEE

Full Name as in NRIC/FIN/Passport

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

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

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.:

--	--	--	--

Postal Code:

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

### **Powers Granted by Donor to this Individual Donee:**

*In the event that I lose my mental capacity, I authorise this Donee \_\_\_ to decide on my: [Tick where applicable]*

- 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)

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Continuation Sheet B – Page \_\_\_ of \_\_\_

Signature of Donor [Please sign on every page]

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## CONTINUATION SHEET B-2

### STATEMENT AND SIGNATURE BY ADDITIONAL INDIVIDUAL AS DONEE

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](http://www.msf.gov.sg/opg)

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

**[Date here must be earlier or the same as that on page 23 of the LPA Form 2.]**

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)

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

My witness translated this form in (if applicable):

- Mandarin    Malay    Tamil    Others (please specify): \_\_\_\_\_

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Continuation Sheet B – Page \_\_ of \_\_

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

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## CONTINUATION SHEET C-1

### PARTICULARS OF ADDITIONAL LICENSED TRUST COMPANY AS REPLACEMENT DONEE

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.:

--	--

Unit No.:

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

Postal Code:

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LPA Ref No.
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Continuation Sheet C – Page \_\_ of \_\_

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

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

## CONTINUATION SHEET C-2

### STATEMENT AND SIGNATURE BY AUTHORISED REPRESENTATIVE FOR ADDITIONAL LICENSED TRUST COMPANY AS 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](http://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 of the LPA Form 2.]**

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)

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

My witness translated this form in (if applicable):

Mandarin    Malay    Tamil    Others (please specify): \_\_\_\_\_

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Continuation Sheet C – Page \_\_ of \_\_

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

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## CONTINUATION SHEET D-1

### PARTICULARS OF ADDITIONAL INDIVIDUAL AS REPLACEMENT DONEE

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Full Name as in NRIC/FIN/Passport

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

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

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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Continuation Sheet D – Page \_\_ of \_\_

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

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## CONTINUATION SHEET D-2

### STATEMENT AND SIGNATURE BY ADDITIONAL INDIVIDUAL AS REPLACEMENT DONEE

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](http://www.msf.gov.sg/opg)

Signed (or marked) by Replacement Donee _							
D	D	M	M	Y	Y	Y	Y

[Date here must be earlier or the same as that on page 23 of the LPA Form 2.]

Signature of Witness
----------------------

[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): \_\_\_\_\_

Witness' Full Name as in NRIC/FIN/Passport

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

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Continuation Sheet D – Page \_\_ of \_\_

Signature of Donor [Please sign on every page]
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**CONTINUATION SHEET E**

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

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Continuation Sheet E – Page \_\_ of \_\_

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