

Lasting Power of Attorney (LPA) Form 2 (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)”.

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. The Form 2 must be drafted by a lawyer.

Please choose wisely and appoint donee(s) you can trust and know well enough. Please have your donee(s)’ particulars ready. Your donee(s) may be an individual or a licensed trust company (for Property and Affairs only).

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.

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

- your donee gives notice to 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.

After this form has been drafted by your lawyer, you will need to visit an LPA Certificate Issuer (CI) who may also be your lawyer. This is a safeguard to ensure that the donor is able to make an LPA. The list of CIs can be found on our website at www.msf.gov.sg/opg.

After completing this LPA Form 2 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.

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

E1

Lasting Power of Attorney (LPA) Form 2 (2020)

SECTION 1: PARTICULARS OF DONOR

Your Full Name as in NRIC/FIN/Passport

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

Your Date of Birth

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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.

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Signature of Donor [Please sign on every page]

E2

Lasting Power of Attorney (LPA) Form 2 (2020)

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.

Company Name

Registration No.

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Place of Registration

Email Address

Office No.

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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.

Signature of Donor [Please sign on every page]

Lasting Power of Attorney (LPA) Form 2 (2020)

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

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

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LPA Ref No.

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

E4

Lasting Power of Attorney (LPA) Form 2 (2020)

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 about: **[Tick 1 box only]**

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

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

E5

Lasting Power of Attorney (LPA) Form 2 (2020)

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.:

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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 about: **[Tick 1 box only]**

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

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

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

E6

Lasting Power of Attorney (LPA) Form 2 (2020)

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.

Company Name

Registration No.

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Place of Registration

Email Address

Office No.

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

Office Address

Street Name:

Floor No.:

Unit No.:

Postal Code:

Powers Granted to Licensed Trust Company as Replacement Donee:

In the event that a donee is unable to act, I authorise this Replacement Donee to replace: [Tick 1 box only]

any donee with Property and Affairs powers who needs replacing

this named donee with Property and Affairs powers: _____

Please use Continuation Sheet C if you wish to appoint more than 1 licensed trust company as replacement donee.

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Signature of Donor [Please sign on every page]
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E7

Lasting Power of Attorney (LPA) Form 2 (2020)

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)

Date of Birth

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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 to Individual Replacement Donee 1:

In the event that a donee is unable to act, I authorise Replacement Donee 1 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 (including a licensed trust company donee)
- this named donee: _____

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

E8

Lasting Power of Attorney (LPA) Form 2 (2020)

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

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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.:

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

Postal Code:

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Powers Granted to Individual Replacement Donee 2:

In the event that a donee is unable to act, I authorise Replacement Donee 2 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 (including a licensed trust company donee)
- this named donee: _____

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

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Signature of Donor [Please sign on every page]

E9

SECTION 4: POWERS GRANTED TO DONEE(S)

This section must be drafted by an advocate and solicitor of the Supreme Court with a practising certificate 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 a replacement donee.

Particulars of Advocate and Solicitor

Full Name as in NRIC/FIN/Passport

Practising Certificate No.

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Name of Legal Practice

Contact No.

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

Office Address

Street Name:

Floor No.:

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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.

ANNEX TO SECTION 4: POWERS OF THE DONEE

FOR OFFICIAL USE

LPA Ref No.

LPA-F2-2020-01

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

Hotline: 1800-226-6222 | www.msf.gov.sg/opg

ANNEX TO SECTION 4: POWERS OF THE DONEE

FOR OFFICIAL USE

LPA Ref No.

LPA-F2-2020-01

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

Hotline: 1800-226-6222 | www.msf.gov.sg/opg

ANNEX TO SECTION 4: POWERS OF THE DONEE

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LPA Ref No.

LPA-F2-2020-01

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

Hotline: 1800-226-6222 | www.msf.gov.sg/opg

ANNEX TO SECTION 4: POWERS OF THE DONEE

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

E14

SECTION 5.1: STATEMENT AND SIGNATURE BY LICENSED TRUST COMPANY AS DONEE

1. I have read the **Important Information** stated on Page 1 or it has been read to me.
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 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. My trust business license lapses, or is revoked or suspended; or
 - c. I am liquidated, wound-up, dissolved or placed under judicial management.
4. 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							



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): _____

FOR OFFICIAL USE

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Signature of Donor [Please sign on every page]
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Lasting Power of Attorney (LPA) Form 2 (2020)

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.
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); or
 - c. The donor and I have divorced or our marriage has been annulled.
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 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

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Signature of Donor [Please sign on every page]
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Lasting Power of Attorney (LPA) Form 2 (2020)

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.
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); or
 - c. The donor and I have divorced or our marriage has been annulled.
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 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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Signature of Donor [Please sign on every page]

Lasting Power of Attorney (LPA) Form 2 (2020)

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.
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); or
 - c. The donor and I have divorced or our marriage has been annulled.
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 3							
D	D	M	M	Y	Y	Y	Y

Affix
seal
here

[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

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Signature of Donor [Please sign on every page]

SECTION 6.1: STATEMENT AND SIGNATURE BY LICENSED TRUST COMPANY AS REPLACEMENT DONEE

1. I have read the **Important Information** stated on Page 1 or it has been read to me.
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 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. My trust business license lapses, or is revoked or suspended; or
 - c. I am liquidated, wound-up, dissolved or placed under judicial management.
4. I will replace an original donee that I am appointed to replace.
5. 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
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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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Signature of Donor **[Please sign on every page]**

Lasting Power of Attorney (LPA) Form 2 (2020)

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.
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 occurs, 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 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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Signature of Donor [Please sign on every page]

Lasting Power of Attorney (LPA) Form 2 (2020)

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.
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 occurs, 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 2							
D	D	M	M	Y	Y	Y	Y

Affix
seal
here

[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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Signature of Donor [Please sign on every page]

Lasting Power of Attorney (LPA) Form 2 (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(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 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(s) (if applicable) shall replace my appointed donee(s) in the manner as described in this instrument.
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 as a deed by Donor							
D	D	M	M	Y	Y	Y	Y



Signature of Certificate Issuer as witness
--

[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

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

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[Translator must be at least 21 years old and cannot be the 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.

FOR OFFICIAL USE

LPA Ref No.

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Signature of Donor [Please sign on every page]

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 donees in Sections 2 and 3, the powers that will be given to these donees as set out in Section 4, and that the donor is not forced or deceived into making an LPA. The Certificate Issuer 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 2,

- the donor understands the purpose of this LPA Form 2, including his intention to appoint the persons named as donees in Sections 2 and 3, and the powers to be given to these donees as set out in Section 4;
- 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 2.

Signature of Certificate Issuer							
D	D	M	M	Y	Y	Y	Y

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

Professional Stamp

FOR OFFICIAL USE

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LPA Ref No.

Signature of Donor [Please sign on every page]

Applicant of LPA Form 2

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 and submit this application. If you have appointed more than 2 joint donees, please print extra copies of this page and complete it.

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.

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.

If a third party is making payment on the applicant's behalf, the third party should provide a cover letter stating this, and indicating their email address.

Please note that this page would not be registered with the LPA Form 2.

Full Name of Applicant as in NRIC/FIN/Passport

Signature of Applicant

D	D	M	M	Y	Y	Y	Y

Full Name of Applicant as in NRIC/FIN/Passport

Signature of Applicant

D	D	M	M	Y	Y	Y	Y