

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.

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: Powers of the Donee.
- 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

Company Name

Registration No.

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

Place of Registration

Email Address

Office No.

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

Office Address

Street Name:

Floor No.:

--	--	--	--

Unit No.:

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

Postal Code:

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LPA Ref No.

Continuation Sheet A – Page __ of __

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

E

CONTINUATION SHEET A-2

STATEMENT AND SIGNATURE BY ADDITIONAL 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 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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LPA Ref No.

Continuation Sheet A – Page ___ of ___

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

E

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 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.

Continuation Sheet B – Page ___ of ___

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

E

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

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.
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							

Affix
seal
here

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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LPA Ref No.

Continuation Sheet B – Page ___ of ___

Signature of Donor [Please sign on every page]

E

CONTINUATION SHEET C-1

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

Company Name

Registration No.

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

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: _____

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LPA Ref No.

Continuation Sheet C – Page __ of __

Signature of Donor [Please sign on every page]
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E

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

CONTINUATION SHEET C-2

STATEMENT AND SIGNATURE BY ADDITIONAL 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

[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): _____

FOR OFFICIAL USE

LPA Ref No.

Continuation Sheet C – Page __ of __

Signature of Donor [Please sign on every page]

E

CONTINUATION SHEET D-1

PARTICULARS OF ADDITIONAL INDIVIDUAL AS REPLACEMENT 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 to Individual 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 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: _____

FOR OFFICIAL USE

LPA Ref No.

Continuation Sheet D – Page __ of __

Signature of Donor [Please sign on every page]

E

CONTINUATION SHEET E

ANNEX TO SECTION 4: POWERS OF THE DONEE

E

FOR OFFICIAL USE

LPA Ref No.

Continuation Sheet E – Page __ of __

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