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# GENERAL POWER OF ATTORNEY

## Important Information

This General Power of Attorney (the "Agreement") is made in accordance with the Powers of Attorney Act 1971. This document authorises another person (your attorney) to act on your behalf in relation to financial, property, and other matters, subject to the instructions provided herein. This power of attorney is not a Lasting Power of Attorney (LPA) under the Mental Capacity Act 2005 and will be invalid if you lose mental capacity unless you create an LPA.

## 1. Designation of Donor and Attorney

I, \_\_\_\_\_ [Donor's Full Name], residing at \_\_\_\_\_ [Donor's Address], (the "Donor") appoint:

Name of Attorney: \_\_\_\_\_ [Attorney's Full Name]

Address: \_\_\_\_\_ [Attorney's Address]

Telephone Number: \_\_\_\_\_ [Attorney's Phone Number]

as my attorney to act on my behalf in relation to the matters specified in this document.

## 2. Designation of Successor Attorney(s) (Optional)

If the attorney named above is unable or unwilling to act, I appoint:

Name of Successor Attorney: \_\_\_\_\_ [Successor Attorney's Full Name]

Address: \_\_\_\_\_ [Successor Attorney's Address]

Telephone Number: \_\_\_\_\_ [Successor Attorney's Phone Number]

If the above successor attorney is unable or unwilling to act, I appoint:

Name of Second Successor Attorney: \_\_\_\_\_ [Second Successor Attorney's Full Name]

Address: \_\_\_\_\_ [Second Successor Attorney's Address]

Telephone Number: \_\_\_\_\_ [Second Successor Attorney's Phone Number]

## 3. Grant of General Authority

I grant my attorney the authority to act on my behalf in relation to the following matters (tick the boxes for the powers you wish to grant):

- Real property transactions
- Personal property transactions

- Banking and financial matters
- Business operations
- Tax affairs
- Legal claims and litigation
- Benefits and pensions from government bodies
- Managing investments and securities
- All of the above

#### **4. Grant of Specific Authority (Optional)**

The attorney may also (tick to include specific authorities):

- Sell or transfer my property
- Manage rental properties and collect rent
- Access my bank accounts and make withdrawals
- Sign documents on my behalf
- Deal with HMRC regarding my tax affairs
- Manage my pension and benefits
- Make charitable donations on my behalf (up to £\_\_\_\_\_ per year)

#### **5. Restrictions and Special Instructions**

The following restrictions or conditions apply to the authority granted:

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#### **6. Effective Date and Duration**

This power of attorney shall become effective:

- Immediately upon signing.
- On the following date: \_\_\_\_\_ [Effective Date].
- Upon the occurrence of the following event: \_\_\_\_\_ [Specify Event].

Unless revoked earlier, this authority will:

- Continue until \_\_\_\_\_ [End Date].
- Remain in effect until revoked in writing.

#### **7. Revocation**

This power of attorney may be revoked by the Donor at any time by providing written notice to the attorney(s).

## 8. Governing Law

This document shall be governed by and construed in accordance with the laws of \_\_\_\_\_  
[England/Wales/Scotland/Northern Ireland].

## 9. Signatures and Witnessing

Signed by the Donor:

**Name:** \_\_\_\_\_ [Donor's Name]

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ [DD/MM/YYYY]

**Witnessed by:**

**Name:** \_\_\_\_\_ [Witness's Name]

**Address:** \_\_\_\_\_ [Witness's Address]

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ [DD/MM/YYYY]

*Note: The witness cannot be a relative or the appointed attorney.*

## 10. Acceptance by Attorney

I, \_\_\_\_\_ [Attorney's Name], confirm my acceptance of the authority granted to me under this power of attorney and undertake to act in accordance with the instructions and within the limits set herein.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ [DD/MM/YYYY]

*All documents provided through this service are for informational purposes only and do not constitute legal advice. For specific circumstances, it is recommended to consult with a qualified legal professional in the United Kingdom.*