

Lasting Power of Attorney Certificate Issuer Guide

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Lasting Power of Attorney (LPA) Certificate Issuer Guide

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1. Important Information for LPA Certification

- 1.1 From 14 November 2022, under the provisions of the Mental Capacity Act 2021, all submissions of the LPA for registration must be done electronically via the new OPG Online system (OPGO). As part of the transition to OPGO, OPG will accept hardcopy LPAs that have been certified by Certificate Issuers prior to the launch of OPGO but were not submitted in time before the launch. These hardcopy LPAs must be submitted to OPG within 6 months from date of donor's signature on the LPA.
- 1.2 Besides the transition provision mentioned above, the hardcopy form may be used with the Public Guardian's approval if it falls within the exceptional situations under Section 11(2A) of the Mental Capacity Act as listed below:
 - (i) The Donor/Donee/Replacement Donee is unable to use OPGO due to the Donor's/Donee's/Replacement Donee's physical disability or other circumstances;
 - (ii) OPGO is unavailable;
 - (iii) The Donor/Donee/Replacement Donee does not have an electronic device to receive SMS to create and access his Singpass account/National Digital Identity (NDI); or
 - (iv) The Donor/Donee/Replacement Donee is not eligible for a Singpass account/NDI.
- 1.3 If the Donor wants to make a hardcopy LPA, please highlight the above exceptional situations where hardcopy LPAs are allowed. The exceptions are stated in the hardcopy form as well. If the Donor does not fall within any of the exceptions, the application will be rejected. Instead, please help the donor make an online application, where donors/donees' particulars will be populated from Myinfo directly.
- 1.4 If a hardcopy LPA application is necessary, please note that the requirement of red seal for Donors, Donee's witness for hardcopy LPA, and supporting documents (e.g. photocopies of NRICs) remain. However, the red seal is not needed for Donees. Another difference is that **Donor will be deemed the default applicant** for hardcopy LPA application post OPGO launch, to align with the approach in OPGO.

2. Your Roles and Responsibilities as a Certificate Issuer (CI)

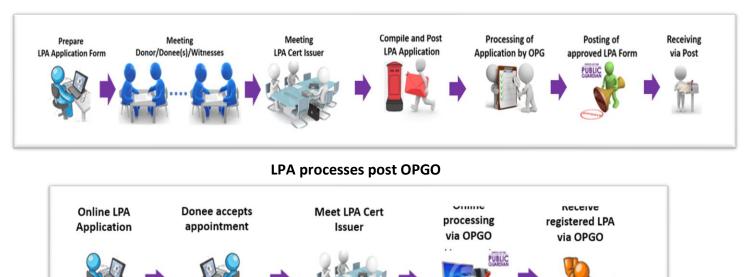
- 2.1 Your role as the LPA Certificate Issuer (CI) is important in the process of a donor executing a Lasting Power of Attorney (LPA). As a CI, you act as a critical safeguard to ensure:
 - (a) Donor understands that the LPA is a legal document and a deed, the purpose of the LPA and scope of authority conferred under it i.e., Donee(s) can be appointed to act in the two broad areas of **personal welfare** and/or **property & affairs** matters and is given the authority to sign deeds on the Donor's behalf;
 - (b) no fraud or undue pressure is being used to induce the Donor to create an LPA; and
 - (c) there is nothing else that will prevent an LPA from being created.
- 2.2 You may be a CI if you are:
 - (a) A legally qualified medical practitioner who is registered as specialist in psychiatry under the Medical Registration Act (Cap. 174);
 - (b) A legally qualified medical practitioner who is accredited* by the Public Guardian to issue LPA Certificates; and
 - (c) An advocate and solicitor of the Supreme Court who has in force a practising certificate[#] under the Legal Profession Act (Cap. 161).

*Medical practitioners will be required to successfully complete the LPA Certificate Issuer Training Module and be accredited by OPG. #This excludes lawyers registered under section 36E Legal Profession Act.

- 2.3 To prevent a conflict of interest, you will be disqualified from certifying a particular LPA if you are:
 - (a) A family member of the Donor;
 - (b) A Donee of that power;
 - (c) A Donee of any other lasting power of attorney which has been executed by the Donor (whether or not it has been revoked);
 - (d) A family member of a Donee within sub-paragraphs (b) and (c);
 - (e) A director or an employee of a person other than an individual acting as a Donee within subparagraphs (b) and (c);
 - (f) A business partner or an employee of
 - i. The Donor; or
 - ii. A Donee/Replacement Donee within sub-paragraphs (b) and (c);
 - (g) An owner, a director, a manager, or an employee of any care facility where the Donor lives or is cared for when the instrument is executed; or
 - (h) A family member of a person within sub-paragraph (g).
- 2.4 As a CI, it is a good practice to keep clear and detailed records of the steps you took to arrive at your decision to issue an LPA Certificate. You should keep notes of your professional assessment, the factors you have considered in the certification process and reasons for certifying the LPA. These records may also include your conversations and/or prior discussions (if any) with the donor and/or other relevant parties in the material period prior to and during the donor's execution of the LPA. OPG may ask you for these details should there be a challenge to the certification process.
- 2.5 Should you wish to update your personal particulars (e.g. contact information, place of practice etc.), please contact your professional organisations directly, i.e. medical practitioners to contact Singapore Medical Council (SMC), and lawyers to contact Legal Services Regulatory Authority (LSRA).

3 OPG Online System (OPGO)

- 3.1 The Mental Capacity Act was amended on 6 July 2021 to enable LPAs to be made and registered electronically through OPGO for greater convenience.
- 3.2 With OPGO, users such as Donors, Donees and CIs can log in to OPGO using Singpass (licensed trust companies acting as Donees and CIs can log in via Corppass as well) to transact with OPG directly, and signing can be done using National Digital Identity (NDI) electronically for Donors and CIs. The NDI initiative was introduced to provide greater convenience and security for citizens to transact online with the Government and other private service providers.
- 3.3 The following diagram and table summarise the key differences between the OPGO and the hardcopy CI certification processes.



Hardcopy LPA form processes

Hardcopy LPA processing	Online LPA processing
Cl goes through hardcopy LPA with Donor	CI retrieves (keys in Donor's NRIC and the LPA access code from Donor) the online LPA from system and goes through it with Donor.
Wet ink signatures and red seals for Donor only	Digital signing via NDI. No red seals needed.
Donor/Donee submits LPA application to OPG via post or in person; both Donor and Donee can be the applicant.	CI submits LPA application on behalf of Donor through OPGO; Donor is the default applicant
Amendments can be made on hardcopy LPA and initialing against the change	Online LPA cannot be amended after submission. Donor to make a fresh LPA if there are changes.

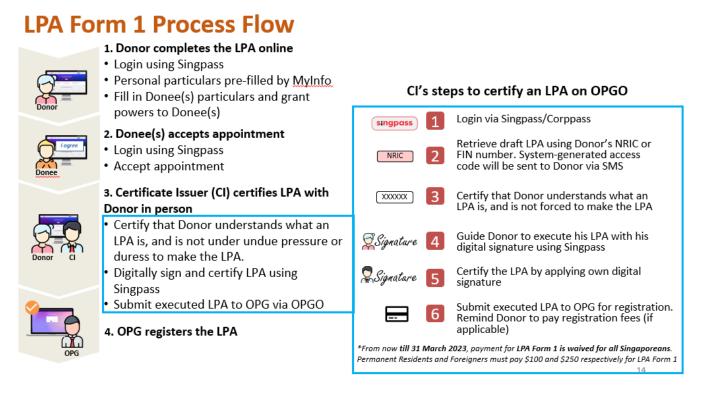
- 3.4 OPGO provides users with greater security. CIs with Singpass or Corppass can log in to OPGO to certify LPAs.
- 3.5 OPGO also provides users with greater convenience. CI benefits from more expedient and errorfree certification process in OPGO with automatic population of data fields and data verification. With system prompts, there is less chance of missing fields or data entry errors (e.g. NRIC, dates, signature, etc). Documents can be digitally signed by scanning a QR code using the Singpass App with NDI enabled.
- 3.6 OPGO also has speech to text feature for Visual Handicapped individuals.

3.7 National Digital Identity

When confirming the appointment for the visit for LPA certification, please remind Donors to bring their smartphones with Singpass App installed and to set up their NDI. Smartphones are needed to receive the LPA access code and to sign digitally using NDI. Hence, it must be the same phone that carries the phone number they have filled in for their LPA draft. Please refer to the Singpass app directly as it prompts users to set up their NDI automatically before signing documents. FAQs on digital signing can be found here: <u>Singpass - FAQ</u> (Singpass features > Digital Signing).

4 LPA Certification on OPGO (Step-by-Step Guide)

4.1 You must ensure that the Donor is **physically** present before you when you certify the LPA. Donee's presence is not necessary, but Donee must have accepted his/her appointment in the draft LPA before you can commence the certification process.



4.2 Before you start the certification process:

- (i) You need to have a laptop/tablet to log in to OPGO and a smartphone with Singpass App downloaded to sign digitally using NDI.
- (ii) You should check whether you are able to access OPGO as a Certificate Issuer i.e. you should see the field "Search for an LPA to certify" on your dashboard after you log in. If you are unable to do so, please contact OPG at <u>enquiry@publicguardian.gov.sg</u> for assistance.
- (iii) Donor needs to have a smartphone with Singpass App to receive the LPA access code and to sign digitally using NDI (please refer to para 3.7 above on the specific requirements). Please assist the donor if he/she is unable to install the Singpass App.
- (iv) Do note that you can proceed only if there is an LPA draft which is pending CI's certification, i.e. all the Donees and Replacement Donees have consented to the appointment(s).

Refer to Annex A for CI checklist before certification process.

4.2.1 OPGO Login

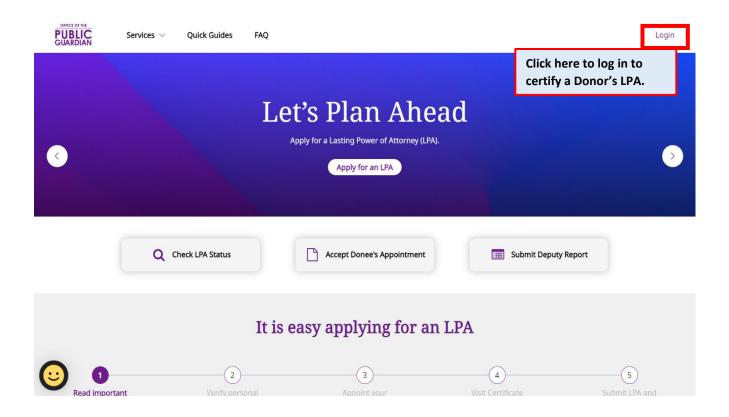
- (i) Navigate to OPGO landing page (https://opg-eservice.msf.gov.sg).
- (ii) If you wish to watch a video guide on how to certify an LPA in OPGO before you start, move your cursor over to 'As a Certificate Issuer' and click on the hyperlink to watch the video.



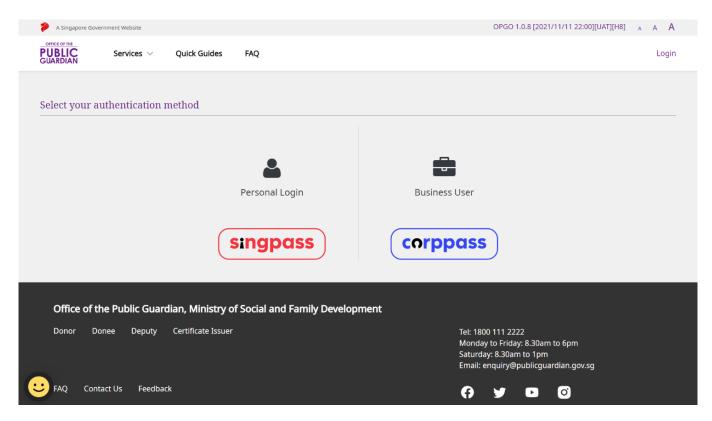
Scan this QR code to be directed to OPGO

Find out more about what you can do Lick any box below for an instructional video I and us how to make an LPA I do us how to make an LPA I do us how to submit a Deputy Rod us how to submit a Deputy I do us how to certify an LPA Click here for a video guide on how to certify an LPA.

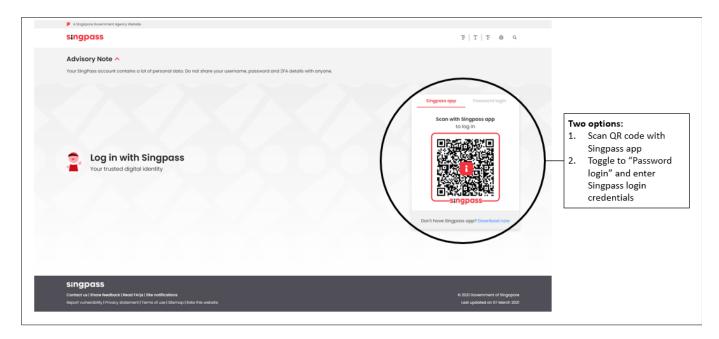
(iii) Click on "Login" to certify a Donor's LPA.



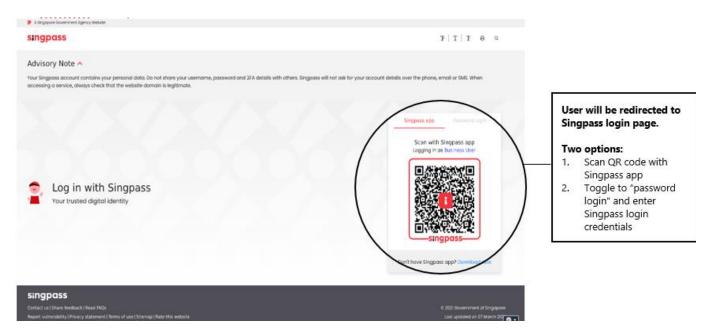
4.2.2 Log in to OPGO using your Singpass or Corppass and you will be prompted to sign in using either QR code or password login. For Corppass users, your Corppass Admin must set up and assign "MSF-OPGO-CP" e-Service to you before you can log onto OPGO with your Corppass for transactions in the OPGO portal. Please refer to <u>Corppass website</u> for more information.



For Singpass login:



For Corppass login:



4.2.3 Search for Donor's LPA draft

You will be directed to your dashboard after your login. Input the Donor's NRIC/FIN No. and click on 'Search' to start the certification process. Please do not proceed with the certification if your particulars are wrong.

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			Donees						Cancel D			
			You as a Done	ee						Scroll down t	he page	
			LPA Registr Number	ration Don	or Name	Registered On	Last Updated On	Status	Actions			
			D2022			18 Jan 2022	18 Jan 2022	Draft – Pending Certification	View	r LPA		
			1 record									
			View Sent His	itory								
							3					
						You have not sent yo	ur LPA to anyone					
				te: Before proceedin tional Digital Identity		onor has downloaded the Singp	ass app on his/her	device, so that the LPA	can be signed digitally using			
			Search for an	LPA to certify			Key in	Donor's	NRIC/FIN here	e and		
			NRIC/F	IN No. RIC/FIN ID No. here		Search		'Search'	•			
								Click here to	<u>start drafting</u>			

4.2.4 Verify the Donor's particulars and the LPA draft

Check the Donor's NRIC/FIN no. again. Click on "Generate Access Code". A SMS containing the 6digit access code will be sent to the Donor's mobile phone as stated by the Donor in OPGO. The Donor will receive an SMS on the spot which reads: "Dear SXXXXXXX, enter access code XXXXXX to start session with the Certificate Issuer. Contact OPG for assistance if needed". Enter the access code and click 'Submit' to start the shared session with Donor. This is a safeguard to ensure that the person present in front of you is the Donor.

0	2	3	4	5
Retrieve LPA	Review LPA	LPA Certification	Sign and Witness	Submission
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onor's NRIC/FIN ID No.	784I			
		Generate Access Code	Click here to generate	e Access code
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tify LPA 1 Retrieve LPA	2 Review LPA	3 LPA Certification	\sim	
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The trieve LPA Retrieve LPA Lease enter the access ensure secure retrieval of the	Review LPA s code e LPA, CIs are required to en ed via email and Singpass ap 784I	LPA Certification	4 Sign and Witness Donor via SMS to the mobile numb for the system to send the code to	5 Submission

4.2.5 Review and Certify

Review all the information in the LPA (Donor's particulars, Donee's particulars, powers granted and manner of acting etc.) with the Donor to ensure that all are in order. Remind the Donor to check the details as no amendment can be made once the LPA is submitted for registration. The Donor will have to revoke the LPA and submit a fresh application for any amendment after submission.

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Certify LPA			Step 1 to 5 will to	ake up to 20 mins to complete
1	2	3	4	5
Retrieve LPA	Review LPA	LPA Certification	Sign and Witness	Submission
Donor				View LPA
Donor's Particulars				
Full Name as in NRIC/FIN No.	NRIC/FIN No.		Date Of Birth	
VELLE YAN	\$999		14 Jan	
Gender	Residential St	atus	Nationality	
Female	Singapore Cit	zen	SINGAPORE CITIZEN	
Race	Dialect			
MALAY	MALAY			

Review and update your particulars i.e. MCR/AAS number, Name of Practice, Email Address and Contact No.

Name of Certificate Issuer MCR / AAS TANG XIAN HUI TENG XIAN HUI BERNICE TANG AAS 12345/2022 Name of Practice Email Address (If Applicable) Contact No.	Particulars of Certificate Issuer							
Name of Practice Email Address (If Applicable) Contact No.	TANG XIAN HUI TENG XIAN HUI BERNICE TANG	AAS 12345/2022						
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	Name of Practice	Email Address (II Applicable)	Contact No.					

4.2.6 After reviewing the LPA and interacting with the Donor, assess if you can certify the LPA. Select 'Yes' and click 'Continue' if you assess that Donor is fit to execute an LPA and fulfils the criteria listed. If there is doubt on any of the three criteria, please check the second box 'No' to indicate that you are unable to certify the LPA. The certification will be halted, and you will be redirected to your dashboard.

Are you able	to certify this LPA?	
Yes	No	
		Continue

4.2.7 After clicking '**Yes**' and '**Continue'** in Step 6, a new section on "Statement by Certificate Issuer" will appear. If translation is required, please ensure that the translator is at least 21 years old. Select the language that the translation was made in (if applicable) and click '**Continue**'.

atement by Certificate Issuer	
1. I am	
a medical practitioner registered as a specialist in psychiatry und	der the Medical Registration Act.
O a medical practitioner accredited by the Public Guardian to issue	PLPA certificates.
an advocate and solicitor of the Supreme Court who has in force	a valid practising certificate under the Legal Profession Act.
 this instrument. 6. I certify that at the time of signing this LPA instrument: a. the Donor understands the purpose of this instrument, inclu the powers to be granted to the Donee(s) and Replacement i b. no fraud or undue pressure is being used to induce the Doni 	tion 7(2) of the Mental Capacity Regulations 2021. Ind I had taken steps to verify his identity. I confirm that I witnessed the Donor's execution ding his intention to appoint the persons named as Donee(s) and Replacement Donee(s) a Donee(5); or to create this LPA; and
c. there is nothing else that will prevent this LPA from being cre 7. [If applicable] The instrument has been translated to the Donor in	
Not applicable	
O Mandarin	
Malay	
Tamil	
Others (please specify):	
-	
O by me	
by another translator (please specify)	
7. I confirm that I have obtained the Donor's consent to submit this i	nstrument for registration on his / her behalf.
	Check box above once conditions are fulfilled and

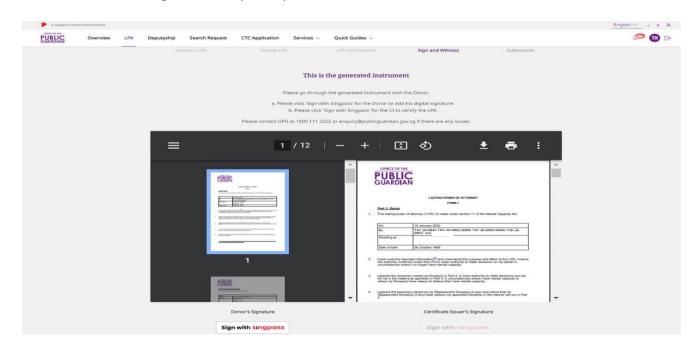
4.2.8 Please read the instructions carefully and confirm with the Donor that he/she authorises you to submit the LPA to OPG after certification before clicking **'Proceed'**. If you are unable to certify the LPA at this session, the Donor will need to visit a CI for LPA certification again.

1 Retrieve LPA	2 Review LPA	3 LPA Certification	4 Sign and Witness	5 Submission					
LPA Certification				C A					
By proceeding, the Donor acknowledges that the CI will be submitting the LPA to OPG for processing at the completion of the certification. I am submitting this application to register my new LPA. I understand that my previous LPA (A2022-0000017) will be revoked upon registration of my new LPA.									
		Proceed							

Please go through the generated instrument with the Donor before you certify the LPA via digital signature.

	1	2	3		5					
	Retrieve LPA	Review LPA	LPA Certification	Sign and Witness	Submission					
					4					
	This is the generated instrument Please go through the generated instrument with the Donor.									
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	b. If you require a copy of the LPA for reference, please download now. You will not be able to download after signing the LPA. c. Please click 'Sign with Singpass' under 'Donor's Signature' at the bottom of this page, for the Donor to add his digital signature.									
		d. Please click 'Sign with Singpass' under Dono's Signature at the bottom of this page, for the Donor to add his digital signature.								
-à-	5	vith Singpass' under 'Certificate		5	ar signature.					
- 	d. Please click 'Sign v	5.		LPA.	5					

4.2.9 Signing with NDI



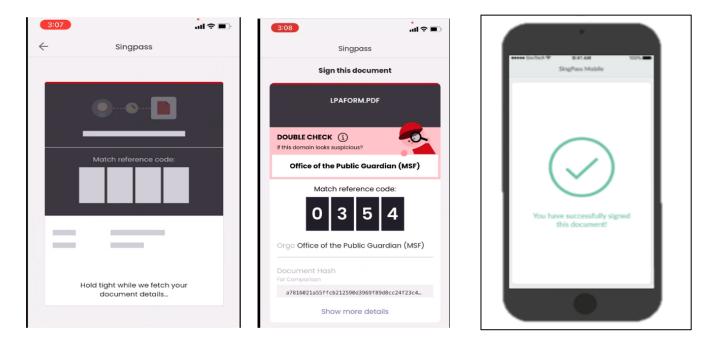
The LPA will be generated by the system. Review the draft LPA with the Donor.

4.2.10 Both Donor's and Cl's digital signatures will be required. Click on 'Sign with SingPass' under Donor's Signature for the Donor to sign the instrument using NDI. Donor will sign before Cl signs.

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	How to scan u	ising Singpass N	Nobile	Click on 'S	ign with SingF	ass' here for D	Donor to si	ign the LPA		_
	Use the	Singpass Mobile	e app to sca	an the QR code.	Compare the l	reference code before	signing	Verify your identity with finge	rprint or facial scanning	
:)				Sub	mit for Registration				

4.2.11 A QR code will pop out for Donor to sign digitally on the LPA using NDI when "Sign with Singpass" tab is clicked. Request the Donor to open his/her Singpass App on his/her mobile and scan the QR code.

4.2.12 A 4-digit reference code will appear on Donor's phone and once the Donor verifies that the code tallies with what is seen on your LPA certification screen, Donor can select "Yes". Donor will be informed that the document has been successfully signed.



4.2.13 You will be prompted to sign after the Donor has successfully signed. Under *Certificate Issuer's Signature*, click on 'Sign with SingPass'. This button can be selected after the Donor signs. You may proceed with the same steps for NDI signing.

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	Certificate Issuer's Signature Sign with singpass	

4.2.14 NDI signatures of both Donor and CI will be reflected on the LPA, indicating that the LPA has been successfully certified by you.

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•				The second secon		Ţ	Apportant is acquired on 11 January 2022					Ţ	view the executed LPA

4.2.15 Please note that once the LPA is submitted to OPG, the application will be processed based on the information submitted. If any amendments are required, the Donor is required to revoke the LPA and submit a fresh application.

4.3 Submission of LPA to OPG

4.3.1 Click '**Submit**' on the prompt to submit the Donor's LPA to OPG. Please note that this action cannot be undone. Click '**Cancel'** if you do not wish to submit the LPA and inform the Donor. Keep your notes on why the LPA was not submitted. Inform the Donor that he will need to make a fresh LPA and have it certified by a CI again if he wishes to submit his LPA to OPG for registration. End the certification session.

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3	Part 2: Appointme 7. I appoint the followin	ent of Donee(s) ng person(s) to be my Do	onee(s):				
How to scan using Singpass Mobile	This process	to submit the I ss cannot be undone.	LPA?	ur identity with fingerp	rint or facial scann	ing	
	Submit	t for Registration	Click	'Submit' to subr	nit the LPA	to Ol	PG
Office of the Public Guardian, Minist		lopment	Tel: 1	1800 111 2222			

4.3.2 The Donor will be notified of the submission by email and SMS and to make payment if applicable. You have successfully submitted the LPA to OPG on the Donor's behalf and completed the certification process. Click '**Log out**' to exit OPGO. Remind the Donor to make payment of the LPA application fee online (if applicable), otherwise, the LPA will not be processed for registration.

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ertify LPA				Secure Application
1	2	3	4	5
Identify Donor	Review and Certify	Sign and Witness	Certification	LPA Cerfified
	The LP	A has been submitted to) OPG	
	The Do	nor will be notified via SMS and E	mail.	
	Please inform the Donor tha	t OPG will review the LPA and not	fy him/her on the status.	
Submission Type	Transa	ction No.		Timestamp
LPA Application Form 1				15 Nov 2021 06:06 PM
		Back to Home		

5 Things to note for Hardcopy LPA Form Submissions

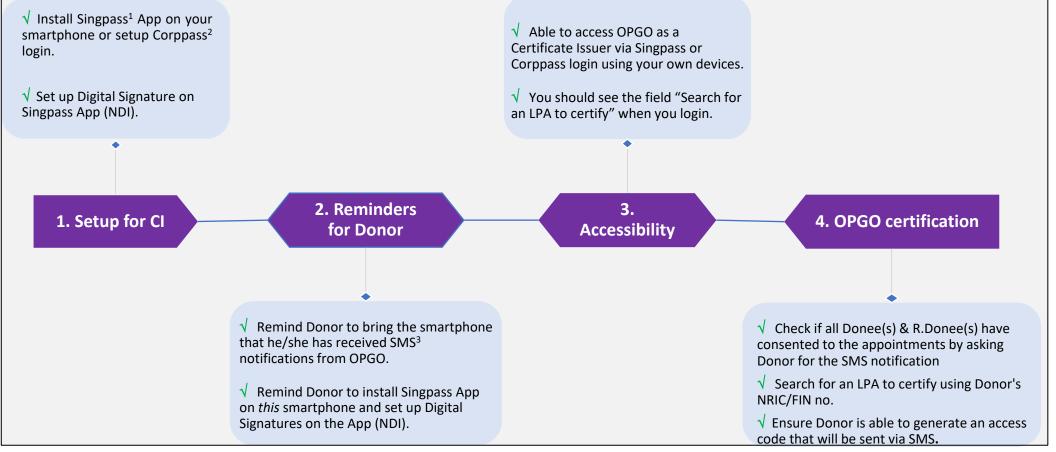
- 5.1 If a hard copy LPA form is submitted under the exceptional situations stated in para 1.2 (full list of exceptional situations on page 2), it is important that the hardcopy LPA is complete and error-free. An LPA with error(s) will be rejected and returned to the applicant for amendments. This will lead to a delay in registration often due to the following:
 - (i) Time taken for OPG to mail the rejected hardcopy LPA via registered mail to the Donor;
 - (ii) Additional time taken for countersigning on the amendments by the relevant parties (including those who are overseas, or the Donor may need to meet with the CI again);
 - (iii) Additional time expended on the resubmission of documents to OPG; and
 - (iv) Additional time required for re-processing including checking of the LPA by OPG.
- 5.2 Top 6 common errors that can be avoided:

S/N	Description
1	Missing/ Incorrect information such as full name, ID number, date of birth and date signed, of Donor, Donee (s), Replacement Donee and witnesses
2	Missing/ Inconsistent signatures/ thumbprints of Donor, Donee (s), Replacement Donee and witnesses
3	Missing/ Cancelled headers, footers, and page numbers
4	Missing/ Incorrect countersignatures/ thumbprints of Donor, Donee (s), Replacement Donee, witnesses or CI for amendments
5	Potential conflict of interest in the LPA Form 1 applications, e.g. witness is the Donee or Replacement Donee, CI is related to the Donor and Donee, etc. (Please refer to this guide page 28)
6	Missing/unclear or wrong professional stamp by Cl

5.3 If an individual is unable to sign his/her name, he/she can imprint his/her fingerprint on the document. If the individual is unable to provide his/her thumbprint, he/she may provide 'X' marking on the document. If the individual is unable to do any of the above, the individual may authorise an independent party who is not the donee or CI, to provide the mark if it is done in the presence of the individual himself, with the CI as witness. Refer to Annex B on checklist to prevent rejection.

Annexes

Checklist for Certificate Issuer before LPA certification on OPGO



1. Install the Singpass App from the App Store or using this link: <u>https://app.singpass.gov.sg/.</u> On Singpass account/login matters, CI may visit <u>Singpass FAQs</u> for further assistance.

2. For Corppass users, your Corppass Admin must set up and assign "MSF-OPGO-CP" e-Service to you before you can log onto OPGO with your Corppass for transactions in the OPGO portal.

3. The SMS notification received by Donor when all Donees have accepted appointment is as follows: "All Donee(s) have accepted their appointments. Please visit a CI to sign your LPA. Log in to OPGO portal via OPG website to access your mailbox for details."

Note: If you require assistance, please email OPG at enquiry@publicguardian.gov.sg .

Annex A

Checklist for hardcopy form submissions to prevent rejection:

S/N	De	escription
All pages	s (pa	age 1 to 12)
1	•	Header and footer with page numbers are in place and must not be struck off.
		PUBLIC GUARDIAN Lasting Power of Attorney (LPA) Form 1 (2022)
		FOR OFFICIAL USE Page 1 of 12 LPA Ref / Reg No. Signature of Donor [Please sign on every page] L PA_F1_2020_01 Hotline: 1800-226-6222
	•	Donor must sign at the footer of each page in the designated box consistently. If a person uses a thumbprint, the same thumbprint is to be used throughout. A person can only choose to use a signature or thumbprint but not both.
		FOR OFFICIAL USE Page 1 of 12 LPA Ref / Reg No. Signature of Donor [Please sign on every page] LPA-F1-2020-01 Hotline: 1800-226-6222] www.msf.gov.sg/opg
	•	All dates are to be provided in the format of DDMMYYYY (e.g 14012020) in the designated boxes.
		D D M M Y Y Y

Page 1 –	Imp	oortant Information	
2	•		clauses on this page as it will be rejected. If Donor wishes to on this page, please advise them to do an LPA Form 2 instead.
		PUBLIC GUARDIAN Form 1 (2	ower of Attorney (LPA) 1022)
		Important Information	
		 a. The Donor/Donee/Replacement Donee's physical disability or ot b. OPGO is unavailable; c. The Donor/Donee/Replacement create and access his Singpass 	Donee does not have an electronic device to receive messages via SMS to account/NDI; or
		Please include a cover letter stati	Donee is not eligible for a Singpass account/National Digital Identity (NDI). ng the reason(s) for making a hardcopy LPA application and include (any). The acceptance of the hardcopy application form is subject to
		be aged 21 and above. You may gran affairs decisions on your behalf when	our LPA. You are the Donor and the applicant of this LPA. Your Donee(s) must t your Donee(s) the authority to make personal welfare and/or property and you lack mental capacity, or when they have reason(s) to believed you lack onee(s) wisely and appoint Donee(s) you know well and whom you can
		Your Donee(s) must exercise their por Practice), which requires that they act	wers in accordance with the Mental Capacity Act Code of Practice (Code of in your best interests. Examples of powers that your Donee(s) may have r property and affairs include making decisions on the following:
		Personal Welfare Where you should live Day to day care decisions (what t Handing your letters / mail Who you may have contact with Healthcare and medical treatment	Managing your Central Provident Fund monies Paying household expenses
		You may appoint a Replacement Done your Donee gives notice to the O he does not wish to be appointed your Donee is made bankrupt (thi	ee to replace your existing Donee(s) if any of these events occur: ffice of the Public Guardian (OPG) that he disclaims his appointment when anymore; is will only terminate his power in relation to your property and affairs); sur marriage has been annulled; or
			mplete this form and sign every page. Your Donee(s) are required to sign e(s)' particulars ready before you start. It should take you approximately 30
		you understand the purpose of making	will need to visit an LPA Certificate Issuer (CI). The CI's role is to certify that a an LPA, including your intention to appoint the Donee(s), the powers to be are not forced or deceived into making an LPA. You can find a list of CIs at
			form and a photocopy of your Donee(s)' and your NRIC/FIN/Passport (for
		20 Lengkok Bahru #04-02 Family@Enabling Village Singapore 159053	as long as you have the mental capacity to do so. For more information,
		please refer to the Revocation form at ¹ Before acting on your behalf, your	: <u>www.msf.gov.sg/opg/Pages/Forms.aspx</u> . Donee is required to obtain a medical report from a registered medical
			ntal capacity to make personal welfare and/or property and affairs decisions. FOR OFFICIAL USE Page 1 of 12
		H1	LPA Ref / Reg No. Signature of Donor [Please sign on every page]
			L9A-F1-2022-03 Hotine: 1800-111-2222 J www.msf.gov.sg/opg
Pages 2,	3, 4	and 5 – Donor's, Don	ee(s)' and Replacement Donee's details.
<u>Clerical a</u>	<u>ime</u>	ndments made on the	se pages must be countersigned by the Donor, the affected
			esses (e.g. amendment to the Donor's details can be
			e CI). If there is a change in the appointment of the Donee(s)/ anted to Donee(s) and Replacement Donee, BOTH the Donor
			or or CI may strike through pages which are not applicable e.g.
		ent donee appointed.	
3	•	State the <u>full name</u> as	s per NRIC/FIN/Passport.
		Full Name as in NRIC/FIN/Pase	sport

4	•	ID type is selected. BOTH the Donor and CI must countersign if there is a change to the Donee(s)/Replacement Donee.
		*NRIC/FIN/Passport No. (*Delete as appropriate)
	•	Singapore NRIC number – for Singaporeans and Permanent Residents.
	•	FIN number – for Foreigners with SingPass.
	•	Passport number – for Foreigners.
5	•	Date of birth to be provided in the format of <u>DDMMYYYY (e.g 14012020)</u> in the designated boxes.
		D D M M Y Y Y Y
6	•	Verify Donor's understanding of the <u>powers granted</u> and how Donees may act for the Donor as set out in Pages 3 to 7. Verify the <u>identity of all Donee(s)</u> i.e their relationship to Donor and <u>their</u> <u>appointments</u> stated on Pages 3 to 5 so that the Donor's intentions are clear. Relationship to Donor
7	•	Tick (where applicable) the powers granted by Donor to Donee(s) / Replacement Donee. Both the Donor and CI must countersign for amendments on this option on powers.
		Powers Granted by Donor to <u>Donee</u> 1: In the event that I lose my mental capacity, I authorise <u>Donee</u> 1 to decide on: [Tick where applicable]
	Γ	Personal Welfare (<u>e.g.</u> decide where you should live, handle your letters / mail)
		Property and Affairs (<u>e.g.</u> buy, sell, rent and mortgage your property, operate bank accounts)
Page 6 –	Ροι	wers Granted to Donee(s)
8	•	Options to be ticked by Donor accordingly. Both the Donor and CI must countersign any amendment on this page.

Yes No b. If you have appointed more than one Donee with personal welfare powers, please select how they shoul act for you: [Tick 1 box only] Jointly and severally (Any one of your Donees can make decisions for you.) Jointly (All decisions must be agreed by both Donees. If they are unable to agree on a particular issue then both Donees cannot act on your behalf for that issue.) TOPETLY AILU ALLANES 1. Do you require your Donee(s) to seek the Court's approval to sell, transfer, mortgage, or otherwise deal with and affect your interest in your residential property (or any other property subsequently acquired as your residential property)? [Tick 1 box only] No, the donee(s) does/do not need to seek the court's approval. Yes, for the property at this address: No. No gou allow your Donee(s) to make cash gifts on your behalf from your assets? [Tick 1 box only]		rsonal Welfare Do you allow your Donee(s) to give or refuse consent to start or continue your treatments, including clinic trials? Clinical trials involve the testing of new health substances such as medication or medical device
art for you: [Tick 1 box only] Jointly and severally (Any one of your Donees: an make decisions for you.) Jointly (All decisions must be agreed by both Donees: If they are unable to agree on a particular issue then both Donees: cannot act on your behalf for that issue.) TODELLY ATIO ATIALIS I Do you require your Donee(s) to seek the Court's approval to sell, transfer, mortgage, or otherwise deal with and affect your interest in your residential property (or any other property subsequently acquired as your residential property? [Tick 1 box only] No, the donee(s) does/do not need to seek the court's approval. Yes, for the property at this address: No. Yes, for the property at this address: No. Yes, and the value of the gift(s) is unrestricted. However, the remaining cash must be sufficient to financially support me in my lifetime. Yes, but the total value of gift(s) shall not exceed \$ per calendar year. I Hyou have appointed more than one Donee with property and affairs powers, please select how they shoul act for you: [Tick 1 box only] Jointly and severally (Any one of your Donees can make decisions for you.)		
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then both <u>Donees</u> cannot act on your behalf for that issue.) TOPETTY ATTU ATTAINS • Do you require your Donee(s) to seek the Court's approval to sell, transfer, mortgage, or otherwise deal wit and affect your interest in your residential property (or any other property subsequently acquired as you residential property)? [Tick 1 box only] No, the donee(s) does/do not need to seek the court's approval. Yes, for the property at this address: . No. Yes, and the value of the gift(s) is unrestricted. However, the remaining cash must be sufficient to financially support me in my lifetime. Yes, but the total value of gift(s) shall not exceed \$ per calendar year. If you have appointed more than one Donee with property and affairs powers, please select how they shoul act for you: [Tick 1 box only] Jointly and severally (Any one of your Donees can make decisions for you.) Jointly (All decisions must be agreed by both Donees. If they are unable to agree on a particular issue)		Jointly and severally (Any one of your <u>Donees</u> can make decisions for you.)
 Do you require your Donee(s) to seek the Court's approval to sell, transfer, mortgage, or otherwise deal wit and affect your interest in your residential property (or any other property subsequently acquired as you residential property)? [Tick 1 box only] No, the donee(s) does/do not need to seek the court's approval. Yes, for the property at this address: Yes, for the property at this address: No. No. Yes, and the value of the gift(s) is unrestricted. However, the remaining cash must be sufficient to financially support me in my lifetime. Yes, but the total value of gift(s) shall not exceed \$ per calendar year. If you have appointed more than one Donee with property and affairs powers, please select how they shoul act for you: [Tick 1 box only] Jointly and severally (Any one of your Donees can make decisions for you.) 		Jointly (All decisions must be agreed by both <u>Donees</u> . If they are unable to agree on a particular issue then both <u>Donees</u> cannot act on your behalf for that issue.)
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 Yes, for the property at this address: Do you allow your Donee(s) to make cash gifts on your behalf from your assets? [Tick 1 box only] No. Yes, and the value of the gift(s) is unrestricted. However, the remaining cash must be sufficient to financially support me in my lifetime. Yes, but the total value of gift(s) shall not exceed \$ per calendar year. If you have appointed more than one Donee with property and affairs powers, please select how they shoul act for you: [Tick 1 box only] Jointly and severally (Any one of your Donees can make decisions for you.) Jointly (All decisions must be agreed by both Donees. If they are unable to agree on a particular issue) 	1.7	Do you require your Donee(s) to seek the Court's approval to sell, transfer, mortgage, or otherwise deal with and affect your interest in your residential property (or any other property subsequently acquired as you
Do you allow your Donee(s) to make cash gifts on your behalf from your assets? [Tick 1 box only] No. Yes, and the value of the gift(s) is unrestricted. However, the remaining cash must be sufficient the financially support me in my lifetime. Yes, but the total value of gift(s) shall not exceed \$ per calendar year. If you have appointed more than one Donee with property and affairs powers, please select how they shoul act for you: [Tick 1 box only] Jointly and severally (Any one of your Donees can make decisions for you.) Jointly (All decisions must be agreed by both Donees. If they are unable to agree on a particular issue)		No, the donee(s) does/do not need to seek the court's approval.
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act for you: [Tick 1 box only] Jointly and severally (Any one of your Donees can make decisions for you.) Jointly (All decisions must be agreed by both Donees. If they are unable to agree on a particular issue		Yes, but the total value of gift(s) shall not exceed \$ per calendar year.
Jointly (All decisions must be agreed by both Donees. If they are unable to agree on a particular issue		
		Jointly and severally (Any one of your Donees can make decisions for you.)

9	• <u>Do not strike off</u> any of the clauses on this page as these are standard powers to be granted. If any of the clauses are deleted, this LPA will be rejected. If Donor wishes to
	strike off any clause on this page, please advise them to make an LPA Form 2 instead.
	SECTION 4: POWERS GRANTED TO DONEE(S)
	Others
	My Donee(s) shall have the powers to do anything necessary or practical to carry out the decisions made on my personal welfare and/or property and affairs in accordance with this LPA. This includes the following:
	 Sign by deed, which is an instrument in writing between parties that is signed, sealed and delivered; or otherwise all notices, applications, agreements, documents and forms;
	b. Claim and receive money payable to me and to acknowledge that money has been received;
	c. Attend and vote at meetings and represent me in proceedings in any court or tribunal, any negotiation or mediation, engage a lawyer for matters in relation to this LPA, and accept service of court papers or any other notice or document;
	d. Obtain information about me and/or my accounts from third parties, which includes (but is not limited to) the Central Provident Fund Board, banks and financial institutions, insurance companies, healthcare institutions and workers; and
	e. Release the information obtained in (d) to any third parties.
- ·	9, 10 and 11 – Statement by Donee, Replacement Donee (if any) and Donor. Respective to countersign any amendment.
- ·	· · · · · ·
arties	 Date of signing for pages 8 to 10 by Donee and Replacement Donee (if any) must be either before or the same date indicated on page 11 and 12 by the Donor and CI.
arties	 bate of signing for pages 8 to 10 by Donee and Replacement Donee (if any) must be either before or the same date indicated on page 11 and 12 by the Donor and Cl. Date of signing on page 11 by Donor must be either before or the same date as per the same date date as per the same date date date as per the same date date date date date date date dat
10	 Date of signing for pages 8 to 10 by Donee and Replacement Donee (if any) must be either before or the same date indicated on page 11 and 12 by the Donor and CI. Date of signing on page 11 by Donor must be either before or the same date as per the date indicated on page 12 by the CI.
10	 bate of signing for pages 8 to 10 by Donee and Replacement Donee (if any) must be either before or the same date indicated on page 11 and 12 by the Donor and CI. Date of signing on page 11 by Donor must be either before or the same date as per th date indicated on page 12 by the CI. The witness of the Donee or Replacement Donee (if any) must not be the Donor, another Donee or Replacement Donee in the same LPA. The CI can be their witness.
10	 bate of signing for pages 8 to 10 by Donee and Replacement Donee (if any) must be either before or the same date indicated on page 11 and 12 by the Donor and Cl. Date of signing on page 11 by Donor must be either before or the same date as per the date indicated on page 12 by the Cl. The witness of the Donee or Replacement Donee (if any) must not be the Donor, another Donee or Replacement Donee in the same LPA. The Cl can be their witness. The witnesses of the Donee / Replacement Donee (if any) must provide their full name
10	 bate of signing for pages 8 to 10 by Donee and Replacement Donee (if any) must be either before or the same date indicated on page 11 and 12 by the Donor and Cl. Date of signing on page 11 by Donor must be either before or the same date as per th date indicated on page 12 by the Cl. The witness of the Donee or Replacement Donee (if any) must not be the Donor, another Donee or Replacement Donee in the same LPA. The Cl can be their witness. The witnesses of the Donee / Replacement Donee (if any) must provide their full name and NRIC in the designated boxes.
10	 bate of signing for pages 8 to 10 by Donee and Replacement Donee (if any) must be either before or the same date indicated on page 11 and 12 by the Donor and Cl. Date of signing on page 11 by Donor must be either before or the same date as per th date indicated on page 12 by the Cl. The witness of the Donee or Replacement Donee (if any) must not be the Donor, another Donee or Replacement Donee in the same LPA. The Cl can be their witness. The witnesses of the Donee / Replacement Donee (if any) must provide their full name and NRIC in the designated boxes.

	My witness translated this form in (if applicable): Mandarin Malay Tamil Others (please specify):
12	 The translator for the Donor (if any) on page 11 must provide signature, full name and <u>ID number</u> in the designated boxes and select an ID type. The CI can be Donor's witness.
	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 and cannot be your donee and/or any replacement donee.]
13	• <u>Red seal</u> is to be affixed only on page H11.
Page 12	- LPA certificate. Only CI can countersign any amendment on this page.
14	 Certificate Issuer <u>must provide</u> the following: Full name MCR or AAS No. Name of Clinic/Legal Practice.
	Particulars of Certificate Issuer Full Name as in NRIC/FIN/Passport MCR/AAS No. Name of Clinic/Legal Practice
	 Tick <u>one box</u> under the Statement of CI

	 1. Iam: [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. a medical practitioner accredited by the Public Guardian to issue LPA certificate3 under the Legal Profession Act 1966. 1. Understand my role and responsibilities as a Certificate Issuer. 3. Iam acting independently of the Donor, Donee(s) and Replacement Donee. 4. Iam not discuplified from giving this LPA Certificate under Regulation 7(2) of the Mental Capacity Regulations 2021. 6. Icertify that at the time of signing this LPA Certificate under Regulation 7(2) of the Mental Capacity Leonfirm that 1 witnessed the Donor's execution of this instrument. 6. I certify that at the time of signing this LPA Form 1, a. the Donor understands the purpose of this instrument, including his intention to appoint the persons named as Donee(s) and Replacement Donee as set out on Pages 3-5. b. no fraud or under 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. c. It osign in full signature. Note: The date here must be later than or the same as the date on page 11.
15	 CI to ensure that he/ she is not disqualified to certify LPA as per Regulation 7(1), (2) and (3) of the Mental Capacity Regulations (please refer to page 28).
16	CI to impress professional stamp. Professional stamp must be <u>clearly visible</u> and to reflect the following: • 'Advocate and Solicitor' for lawyers. • Qualifications or MCR number for doctors / psychiatrists.

Applicant	for LPA
17	Applicant for LPA form only to be completed <u>if applicant (s) are Donee (s)</u> . To indicate full name, signature and date signed accordingly.
	Full Name of Applicant as in NRIC/FIN/Passport Signature of Applicant D D M Y
	(excluding the Replacement Donee) involved in the LPA must sign.

Persons who may provide LPA Certificate

- 7.-(1) Subject to paragraph (2), the following persons may give an LPA Certificate:
 - (a) a legally qualified medical practitioner who is registered as specialists in psychiatry under the Medical Registration Act (Cap. 174);
 - (b) a legally qualified medical practitioner who is accredited by the Public Guardian to issue LPA Certificates; and
 - (c) an advocate and solicitor of the Supreme Court who has in force a practising certificate under the Legal Profession Act (Cap. 161).
- (2) A person is disqualified from giving an LPA Certificate in respect of any instrument intended to create a lasting power of attorney if that person is
 - (a) a family member of the donor;
 - (b) a donee of that power;
 - (c) a donee of any other lasting power of attorney which has been executed by the donor (whether or not it has been revoked);
 - (d) a family member of a donee within sub-paragraphs (b) and (c);
 - (e) a director or an employee of a person other than an individual acting as a donee within sub-paragraphs (b) and (c);
 - (f) a business partner or an employee of
 - (i) the donor; or
 - (ii) a donee within sub-paragraphs (b) and (c);
 - (g) an owner, a director, a manager or an employee of any care facility where the donor lives or is cared for when the instrument is executed; or
 - (h) a family member of a person within sub-paragraph (g).
- (3) For the purposes of paragraph (2), "donee" includes a "replacement donee".

Definitions:

In these Regulations - "family member", in relation to a person, means

- a) a spouse of the person;
- b) a child of the person, including an adopted child and a stepchild;
- c) a father or mother of the person;
- d) a father-in-law or mother-in-law of the person;
- e) a brother or sister of the person; or

f) any other individual who is related by blood or marriage and who is living in the same household as the person.

OFFICE OF THE Lasting Power of Attorney (LPA) **PUBLIC**
GUARDIANLasting Power
Form 1 (2022)

Important Information you must read

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

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

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 applicant of this LPA. 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 decisions on your behalf when you lack mental capacity, or when they have reason(s) to believe¹ you lack such capacity. Please choose your Donee(s) wisely and appoint Donee(s) you know well and whom you can trust.

Your D require and/or

Do not strike off any clauses on this page as it will be rejected. If Donor wishes to strike off any clauses on this page, please advise them to do an LPA Form 2 instead.

Personal welfare	Property and affairs
Where you should live	Buy, sell, rent and mortgage your property
 Day to day care decisions (what to wear and eat) 	Operating your bank accounts
Handling your letters / mail	Managing your Central Provident Fund monies
Who you may have contact with	Paying household expenses
Healthcare and medical treatment decisions	 Purchasing any equipment you may need

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.

As the Donor, you are required to complete this form and sign every page. Your Donee(s) are required to sign pages 8 to 10. Please have your Donee(s)' particulars ready before you start. It should take you approximately 30 minutes to complete the form.

After completing sections 1 to 7, you will need to visit an LPA Certificate Issuer (CI). 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:

20 Lengkok Bahru #04-02 Family@Enabling Village Singapore 159053

Donor must sign at the footer of each page in the designated box with a consistent signature. If a person uses a thumbprint, the same thumbprint is to be used throughout. A person can only choose to use a signature or thumbprint but not

You may cancel the LPA at any time as long as you have the mental capacity t Revocation form at: www.msf.gov.sg/opg/Pages/Forms.aspx.

¹ 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. FOR OFFICIAL USE Page **1** of **12**

LPA Ref / Reg No.

Signature of Donor [Please sign on every page]

COFFICE OF THE CUARDIAN Lasting Power of Attorney (LPA) **Form 1** (2022)

SECTION 1: PARTICULARS OF DONOR (to be filled by Donor, the person making the LPA)

Singapore NRIC number – for Singapore and								
Singaporeans and NRIC/FIN/Passpor Permanent Residents.	Your	Date	of B	irth	Date of birth to be provided			
 FIN number – for Foreigners with SingPass. 						in the format of DDMMYYYY (e.g 14012020		
Passport number – for Foreigners.	D	D	Μ	Μ	Y	in the designated boxes.		
Your Email Address								
Your Contact No.	Email	addr	ess is	s mar	ndate	ory for Permanent		
Your Contact No.	Reside	ents a	and F	orei		ory for Permanent to make online payment		
Your Contact No.		ents a	and F	orei				
	Reside	ents a	and F	orei				
ocal Mailing Address	Reside	ents a	and F	orei				
Local Mailing Address	Reside	ents a	and F	orei				
ocal Mailing Address	Reside	ents a	and F tion	iorei fee.				
Your Contact No.	Reside for ap	ents a plica	and F tion	iorei fee.				

Clerical amendments made on this page can be countersigned by Donor, or the Certificate Issuer as the Donor's witness.

FOR OFFICIAL USE

LPA Ref No.

Signature of Donor [Please sign on every page]

Page **2** of **12**

OFFICE OF THE
PUBLIC
GUARDIANLasting Power of Attorney (LPA)Form 1 (2022)

SECTION 2.1: PARTICULARS OF DONEE 1 (to be filled by Donor)

NRIC/FIN/Passport • Singapore NRIC number –	Date of Birth
for Singaporeans and Permanent Residents.	Date of birth to be provided in the format of
• FIN number – for	D D M M DDMMYYYY (e.g 14012020)
Foreigners with SingPass. • Passport number – for	in the designated boxes.
Foreigners.	
	Verify correct identity and appointment of Donee
Contact No.	Relationship to Donor
ocal Mailing Address	Please indicate a local address only. Please also
ocal Mailing Address	Please indicate a local address only. Please also ensure the address is indicated correctly.
ocal Mailing Address	
Street Name:	
Street Name:	ensure the address is indicated correctly.
Street Name:	ensure the address is indicated correctly.
Street Name: Floor No.: Unit No.: Powers Granted by Donor to Donee 1:	ensure the address is indicated correctly. Postal Code: Tick where applicable on powers granted by Donor to Donee 1.
Street Name: Floor No.: Unit No.: Powers Granted by Donor to Donee 1:	ensure the address is indicated correctly. Postal Code: Tick where applicable on powers granted by
Street Name: Floor No.: Unit No.: Powers Granted by Donor to Donee 1:	ensure the address is indicated correctly. Postal Code: Tick where applicable on powers granted by Donor to Donee 1. authorise Donee 1 to decide on my: [Hick where applicable]
Street Name: Floor No.: Unit No.: Unit No.: Powers Granted by Donor to Donee 1: In the event that I lose my mental capacity, I d Personal welfare (e.g. decide where you signal for the event state that the event that the event the even	ensure the address is indicated correctly. Postal Code: Tick where applicable on powers granted by Donor to Donee 1. authorise Donee 1 to decide on my: [TICK where applicable]
Street Name: Floor No.: Unit No.: Unit No.: Powers Granted by Donor to Donee 1: In the event that I lose my mental capacity, I d Personal welfare (e.g. decide where you signal for the event state that the event that the event the even	ensure the address is indicated correctly. Postal Code: Tick where applicable on powers granted by Donor to Donee 1. buthorise Donee 1 to aectae on my: [IICK where applicable] hould live, handle your letters / mail)
Street Name:Unit No.: Floor No.:Unit No.: Powers Granted by Donor to Donee 1: In the event that I lose my mental capacity, I d Personal welfare (e.g. decide where you s Property and affairs (e.g. buy, sell, rent an Clerical amendments made on	ensure the address is indicated correctly. Postal Code: Tick where applicable on powers granted by Donor to Donee 1. authorise Donee 1 to aectae on my: [IICK where applicable] hould live, handle your letters / mail) and mortgage your property, operate bank accounts) at this page can be countersigned by the Donor, the affected
Street Name:	ensure the address is indicated correctly. Postal Code: Tick where applicable on powers granted by Donor to Donee 1. Duthorise Donee T to decide on my: [Tick where applicable] hould live, handle your letters / mail) nd mortgage your property, operate bank accounts) this page can be countersigned by the Donor, the affected vitnesses (e.g. amendment to the Donor's details can be
Street Name:	ensure the address is indicated correctly. Postal Code: Tick where applicable on powers granted by Donor to Donee 1. Duthorise Donee T to decide on my: [Tick where applicable] hould live, handle your letters / mail) nd mortgage your property, operate bank accounts) this page can be countersigned by the Donor, the affected vitnesses (e.g. amendment to the Donor's details can be

Page **3** of **12**

Signature of Donor [Please sign on every page]

OFFICE OF THE
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GUARDIANLasting Power of Attorney (LPA)Form 1 (2022)

SECTION 2.2: PARTICULARS OF DONEE 2 (to be filled by Donor)

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

Full Name as in NRIC/FIN/Passport State the ful	l name as per NRIC/FIN/Passport.
NRIC/FIN/Passport I • Singapore NRIC number – for Singaporeans and Permanent Residents. • FIN number – for Foreigners with SingPass. • mail Address	Date of BirthDate of birth to be provided in the format of DDMMYYYY (e.g 14012020) in the designated boxes.
Contact No.	Verify correct identity and appointment of Donee Relationship to Donor
ocal Mailing Address treet Name:	Please indicate a local address only. Please also ensure the address is indicated correctly.
Ioor No.: Unit No.: Powers Granted by Donor to Donee 2: In the event that I lose my mental capacity, I authority Personal welfare (e.g. decide where you should Property and affairs (e.g. buy, sell, rent and model	•
Clerical amendments made on this page can parties and their respective witnesses. If there is a change in the appointment of th Donor and the CI must countersign.	

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Page **4** of **12**

Signature of Donor [Please sign on every page]

OFFICE OF THE
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SECTION 3.1: PARTICULARS OF REPLACEMENT DONEE (to be filled by Donor)

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

A Replacement Donee may replace an existing Donee if the Donee notifies OPG that he does not wish to continue his appointment, has passed on or lost his mental capacity, is made bankrupt where he has been granted property and affairs powers, or has divorced the Donor (or annulled his marriage with the Donor).

Full Name as in NRIC/FIN/Passport	State the full name as per NRIC/FIN/Passport.
Singapore NRIC number – for Singaporeans and Permanent Residents. FIN number – for Foreigners with SingPass. Passport number – for Foreigners.	Date of BirthDate of birth to be provided in the format of DDMMYYYY (e.g 14012020) in the designated boxes.
Email Address	
Contact No.	Relationship to Donor
	e indicate a local address only. Please also e the address is indicated correctly.
Floor No.: Unit No.:	Postal Code:

Powers Granted by Donor to Replacement Donee:

In the event that a Donee is unable to act, I authorise my Replacement Donee to replace any Donee who needs replacing in the following manner: [Tick where applicable]

I	Donee	Personal welfare	Property and affairs	Tick or	e box on powers granted by Do	onor to			
	Donee 1 [insert				Replacement Donee (if any).				
name Done name	parties and If there is a	their respective wi	tnesses. intment of the Rep		d by Donor, the affected onee or the powers granted,				
		F			Pa	age 5 of 12			
Н	5		.PA Ref No.		Signature of Donor [Please sign on ever	y page]			



SECTION 4: POWERS GRANTED TO DONEE(S) (to be filled by Donor)

Personal welfare

a. Do you allow your Donee(s) to give or refuse consent to start or continue your treatments, including clinical trials? Clinical trials involve the testing of new health substances such as medication or medical devices.
 [Tick 1 box only]

🗌 Yes 🗌 No

b. If you have appointed more than one Donee with personal welfare powers, please select how they should act for you: [Tick 1 box only]

Jointly and severally (Any one of your Donees can make decisions for you.)

Jointly (All decisions must be agreed by both Donees. If they are unable to agree on a particular issue, then both Donees cannot act on your behalf for that issue.)

Property and affairs

a. Do you require your Donee(s) to seek the Court's approval to sell, transfer, mortgage, or otherwise deal with and affect your interest in your residential property (or any other property subsequently acquired as your residential property)? [Tick 1 box only]

No, the Donee(s) does/do not need to seek Yes, for the property at this address: _

Please only indicate an address if you select the option 'yes'. Only one address can be indicated here.

b. Do you allow your Donee(s) to make cash gifts on your behalf from your assets? [Tick 1 box only]
 No.

Yes, and the value of the gift(s) is unrestricted. However, the remaining cash must be sufficient to financially support me in my lifetime.

Yes, but the total value of gift(s) shall not exceed \$_____ per calendar year.

c. If you have appointed more than one Donee with property and affairs powers, please select how they should act for you: [Tick 1 box only]

Jointly and severally (Any one of your Donees can make decisions for you.)

Jointly (All decisions must be agreed by both Donees. If they are unable to agree on a particular issue, then both Donees cannot act on your behalf for that issue.)

Amendments made to powers granted to Donee(s) must be countersigned by BOTH the Donor and the CI.

FOR OFFICIAL USE

LPA Ref No.

Page 6 of 12
Signature of Donor [Please sign on every page]

CONTROLICE OF THE Lasting Power of Attorney (LPA) Form 1 (2022)

SECTION 4: POWERS GRANTED TO DONEE(S)

Others

Η7

My Donee(s) shall have the powers to do anything necessary or practical to carry out the decisions made on my personal welfare and/or property and affairs in accordance with this LPA. This includes the following:

- a. Sign by deed, which is an instrument in writing between parties that is signed, sealed and delivered; or otherwise all notices, applications, agreements, documents and forms;
- b. Claim and receive money payable to me and to acknowledge that money has been received;
- c. Attend and vote at meetings and represent me in proceedings in any court or tribunal, any negotiation or mediation, engage a lawyer for matters in relation to this LPA, and accept service of court papers or any other notice or document;
- d. Obtain information about me and/or my accounts from third parties, which includes (but is not limited to) the Central Provident Fund Board, banks and financial institutions, insurance companies, healthcare institutions and workers; and
- e. Release the information obtained in (d) to any third parties.

Do not strike off any clauses on this page as it will be rejected. If Donor wishes to strike off any clauses on this page, please advise them to do an LPA Form 2 instead.

FOR OFFICIAL USE

Page 7 of 12

LPA Ref No.

Signature of Donor [Please sign on every page]



SECTION 5.1: STATEMENT AND SIGNATURE BY 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) 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 Donee 2] I am no longer able to act because of the occurrence of event(s) as listed in 4 (a) (c) above which cancel the joint appointment with Donee 2, or because Donee 2 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

Signed (or marked) by Donee 1	Date of signing by Donee 1 must be either the <u>same or</u> <u>before the date</u> indicated on <u>page 12</u> by the CI.
D D M M Y Y Y Y [Date here must be earlier or the same as that on page 12.]	
Signature of Witness [Witness must be at least 21 years old and cannot be the Donor, Donee or Replacement Donee.]	Witness' Full Name as in NRIC/FIN/Passport Witness' *NRIC/FIN/Passpo The witness of the Donee 1 must provide his/her full name and NRIC in the designated boxes.
My The witness of the Donee 1 <u>must not be the</u> <u>Donee in the same LPA.</u> The CI can be the	
B B	USE Page 8 of 12 Signature of Donor [Please sign on every page] LPA-F1-2022-03 Hotline: 1800-111-2222 J www.msf.gov.sg/opg



SECTION 5.2: STATEMENT AND SIGNATURE BY 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) 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 Donee 1] I am no longer able to act because of the occurrence of event(s) as listed in 4 (a) (c) above which cancel the joint appointment with Donee 1, or because Donee 1 has passed on or lost mental capacity.
- 5. By signing, I consent to be appointed as a Donee.

Signed (or marked) by Donee 2	Date of signing by Donee 2 (if any) must be either the <u>same or before the date</u> indicated on <u>page 12</u> by the CI.
D D M M Y Y Y	
[Date here must be earlier or the same as that on page 12.]	
Signature of Witness	Witness' Full Name as in NRIC/FIN/Passport
	Witness' *NRIC/FIN/Passport The witness of the Donee 2 (if any) must provide his/her full name and NRIC in the designated
[Witness must be at least 21 years old and cannot be the Donor, Donee or Replacement Donee.]	boxes.
✓ The witness of the Donee 2 (if any) <u>must not</u> <u>Replacement Donee in the same LPA.</u> The Cl	
FOR OFFICIAL U	SE Page 9 of 12
LPA Ref No.	Signature of Donor [Please sign on every page]

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

^{*}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



SECTION 6.1: STATEMENT AND SIGNATURE BY 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) 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, 8.5 of the Code of Practice at

Signed (or marked) by Replacement	t Donee			Donee (if any) must be a <u>te</u> indicated on <u>page 12</u>
D D M M Y Y	ΥY			
[Date here must be earlier or the sam page 12.]	e as that on			
Signature of Witness		Witness' Full	Name as in NR	C/FIN/Passport
		Witness' *NF	RIC/FIN/Passpor	The witness of the Replacement Donee (if
The witness of the Replacement Do Donee or Replacement Donee in th				any) must provide his/her full name and
be the Donor, Donee or Replacement				NRIC in the designated boxes.
My witness translated this form in	(if applicable	e):	-	
🗌 Mandarin 🗌 Malay 🗌] Tamil [Others (please s	specify):	
	FOR OFFICIAL U	SE		Page 10 of 12
J10	LPA Ref No.		Signature of Dono	r [Please sign on every page]
VIL				

COFFICE OF THE CUARDIAN Lasting Power of Attorney (LPA) **Form 1** (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 on Pages 3 5, in circumstances where I lack mental capacity or where my Donee(s) have reason to believe I lack mental capacity.
- 3. I appoint the person named as Replacement Donee (if any) and intend that my Replacement Donee shall replace my appointed Donee(s) in the manner set out on Page 5.
- 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 1 is registered by the Public

	Signed (or marked) by th delivered as a deed	e Donor and	Affib seal here	·)	Signat	ture of	Certifi	cate lss	suer as	; witn	ess
	D D M M	Y Y Y Y									
	[Date here must be earlier page 12. The complete forn for registration within 6 m	m must be submitted									
<u>or</u>	ite of signing on <u>page 11</u> I <u>the same date</u> as per the <u>e CI</u> .										ariata)
					NRIC/FII	IN/ PdSS				ahbrol	Jilate)
	[Translator must be at leas	t 21 years old.]] [
I	My translator translated	this form in (if appli alay 🗌 Tamil		rs (pleas	se specif	ÿ):					
	ne translator to the Dono ame and ID number in the					<u>11</u>					
		FOR OFFICI	AL USE				-		P	'age 1	1 of 12
ŀ	111	LPA Ref No			Signa	ature of I	Donor [Please sig		-	
			LPA-F1-2	2022-03	J L						

OFFICE OF THE
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Form 1 (2022)

SECTION 8: LPA CERTIFICATE (to be filled by Certificate Issuer)

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 on Pages 3-5, the powers that will be granted to these Donee(s) and Replacement Donee as set out on Pages 3-7, 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

Certificate Issuer <u>must provide</u> the following: Full name, ID number and ID type and Name of Clinic/Legal Practice

Full Name as in NRIC/FIN/Passport

MCR/AAS No) .				Name of Clinic/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.
 - \Box 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 certificate³ 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.
- 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 on Pages 3-5 and the powers to be granted to the Donee(s) and Replacement Donee as set out on Pages 3-7;
 - 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 Ce			Cl to sign in full signature. <u>Note: The date</u> <u>here has to be later or the same as the date</u> <u>on page 11.</u>					fessional Stamp e CI to impress professional sta	mp. Professional	
							on pag of the	stamp must be <u>clearly visible</u> either <u>'Advocate and Soliciton</u> <u>Qualification or MCR number</u>	and to reflect <u>r'</u> for lawyers or	
					FOR	OFFICIA		Page 12 of 12		
						ΙΡΔΙ	Ref No.	Signature of Donor [Please sign on		