

Date instructions received: \_\_\_\_\_, 20\_\_.

**Quote:**

**\*\*CHEQUE, CASH, and ETRANSFER ONLY\*\***

**INSTRUCTIONS FOR POWER OF ATTORNEY**

Your Full Legal Name:	
Aliases:	
Occupation:	
Your Address:	
Date & Place of Birth:	
Telephone Number:	
Marital Status:	
Name of Spouse:	

Do you have a Power of Attorney Yes ☐ No ☐

Are you revoking that Power of Attorney? Yes ☐ No ☐

[\*\*If not revoking that POA, a copy of that POA is to be provided to our office\*\*]

Do you have or need POA for another jurisdiction? Yes ☐ No ☐

Where: \_\_\_\_\_

**Some things you should know before getting started:**

- The Power of Attorney is no longer valid if the Attorney, dies, becomes bankrupt or becomes insolvent;
- The Attorney can do anything financially that the Adult (donor) can do. There are some exceptions; for example, the Attorney cannot transfer the Adult (donor)'s property into the Attorney's personal name, unless the document specifically provides for this, nor can the Attorney make/change the Adult (donor)'s Will.
- The Attorney must act in the best interests of the Adult (donor) and use any instructions or known beliefs or wishes as a guide as far as practicable.

- The Attorney cannot use the Power of Attorney to access the Adult (donor)'s safety deposit box unless specific authorization is given by the Adult (donor), either in the document or to the bank where the safety deposit box is located. For this reason, it is not advisable to keep the Power of Attorney in a safety deposit box.
- You must be aware that should the Attorney (donor) mismanage your assets, they could diminish in value.

**INFORMATION ABOUT THE ADULT (DONOR)'S ASSETS:**

<b>PROPERTY:</b>	<b>LOCATION:</b>	<b>Joint Tenants/ Tenants in Common:</b>
PRINCIPAL RESIDENCE- YES/NO VALUE: \$		
RENTAL PROPERTY – YES/NO VALUE: \$		
RECREATIONAL –YES/NO VALUE: \$		
OUTSIDE BC –YES/NO VALUE:		

**BANK ACCOUNTS**

<b>FINANCIAL INSTITUTION:</b>	<b>LOCATION:</b>	<b>JOINT:</b>

Investments (Term Deposits, Etc.) \_\_\_\_\_

R.R.S.P. \_\_\_\_\_

Business/Company: Yes/No

Name: \_\_\_\_\_

Sole Proprietorship/Partnership: Yes/No

Name: \_\_\_\_\_  
\_\_\_\_\_

Personal effects / Vehicles / Boats / Collectibles / Art / Jewelry  
\_\_\_\_\_  
\_\_\_\_\_

Mortgage(s): \_\_\_\_\_  
Amount Owning: \$ \_\_\_\_\_

Estimated net worth: \$ \_\_\_\_\_

**\*\*The Adult should be encouraged to talk with people BEFORE they appoint them as an Attorney as the Attorney can refuse to act\*\***

The person(s) you wish to appoint:

Full Legal Name:	
Occupation:	
Relationship to you:	
Address:	
Date of Birth:	
Telephone No.:	

If you wish to appoint more than one attorney, please indicate the person's information below:

2 <sup>nd</sup> Attorney's Full Legal Name:	
Relationship to you:	
Occupation:	
Address:	
Date of Birth:	
Telephone No.:	

3 <sup>rd</sup> Attorney's Full Legal Name:	
Occupation:	
Relationship to you:	
Address:	
Date of Birth:	
Telephone No.:	

Do you want your attorney to be able to act during any subsequent mental infirmity on your part? Yes ☐ No ☐

Which 1 best describes the appointment of your Attorneys:

- ☐ There are 2 or 3 Attorneys appointed, and either one may act alone. When acting on the Adult's behalf, the Attorneys must keep each other and the Adult, to the best extent possible, fully informed as to their actions; OR
- ☐ There are 2 Attorneys appointed and the 1<sup>st</sup> person named is the 1<sup>st</sup> Attorney. The 2<sup>nd</sup> Attorney may act only if the 1<sup>st</sup> Attorney is unable or unwilling to act or dies or is for any reason unable to act (i.e., becomes ill, incompetent, moves away etc.). The 2<sup>nd</sup> Attorney does not have to prove such an event to 3<sup>rd</sup> parties in order to act; OR
- ☐ There are 2 or 3 Attorneys appointed and the Attorneys must act together jointly; OR
- ☐ There are 3 Attorneys appointed, who may act separately. The 2<sup>nd</sup> Attorney may only act if the 1<sup>st</sup> Attorney is unable or unwilling to act or dies or is for any reason unable to act (i.e., becomes ill, incompetent, moves away etc.). The 2<sup>nd</sup> Attorney does not have to prove such an event to 3<sup>rd</sup> parties in order to act. The 3<sup>rd</sup> Attorney may only act if the 1<sup>st</sup> and the 2<sup>nd</sup> Attorneys are unable or unwilling to act or die or are for any reason unable to act.

Do you want multiple Attorneys to:

☐ be able to act separately    ☐ must act together?

Bear in mind if they must act together, if one of them becomes incapable or dies, the document would then be void and you might not be competent at the time to make a new Power of Attorney.

If they must act together, under what circumstances would one attorney be authorized to act alone (tick applicable boxes):

- ☐ One of the attorneys dies
- ☐ One of the attorneys becomes incapable or very ill
- ☐ One of the attorneys moves away
- ☐ If one refuses to act

Do these events have to be confirmed by a third party?    Yes ☐    No ☐

If yes, please give two people or health care professionals who could confirm the event.

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Where there are multiple attorneys, indicate how you would like your Attorneys to resolve a conflict?

- ☐ Consult a notary, accountant or lawyer
- ☐ Consult a family friend (name) \_\_\_\_\_
- ☐ Consult a family member (name) \_\_\_\_\_
- ☐ Consult another professional (name) \_\_\_\_\_

Do you want the Attorney to be able to transfer your property into his/her name?

YES ☐ NO ☐ N/A ☐

If YES, would it be done for:

☐ Estate planning purposes      **or**      ☐ As an outright gift

Do you want your Attorney(s) to be subject to any conditions or restrictions? YES ☐ NO ☐

If yes, what are the conditions and restrictions:

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Do you want your attorney to have the power to appoint a substitute attorney (in the event he/she becomes ill and can no longer act as your attorney)? YES ☐ NO ☐

Do you want your attorney to be able to make, or continue to make charitable donations or gifts to family if you are incapable?

YES, if sufficient funds are available ☐ NO ☐

Do you want your attorney to be able to distribute personal effects and/or other major assets prior to your death, should you become incapable and are subsequently living in a care facility?

YES ☐ NO ☐

If yes, have you made up a memorandum to identify who should get certain items?

YES ☐ NO ☐

Do you want your attorney to be able to use your resources to support a dependent child and/or spouse/foster child?

YES ☐ NO ☐

If yes for whom \_\_\_\_\_.

If you have minor children:

Do you want your attorney to be able to utilize your resources for the care, education and maintenance of your children throughout their minority years? YES ☐ NO ☐

As long as your resources remain sufficient to maintain your and your spouse's care and expenses, do you want the Attorney to utilize your resources for the care, education and maintenance of your children while they are attending a post-secondary educational institution? YES ☐ NO ☐

Do you want your attorney(s) to be paid YES ☐ NO ☐

If yes indicate:

- ☐ Out of Pocket expenses only (ferries, airfares, long distance, etc)
- ☐ A reasonable hourly rate for time spent on your behalf (currently \$\_\_\_\_\_)
- ☐ A fee arrangement (generally for professionals) based on
  - Capital fee of \_\_\_\_% of value of trust property, and
  - An annual income fee of \_\_\_\_% of income earned, and
  - An annual care and management fee of \_\_\_\_% calculated on the average value of the trust property.

Do you want your attorney to be able to distribute all, or a portion, of your estate prior to your death should you become incapable and perhaps living in a care facility?

- ☐ yes, as long as my income is sufficient (or sufficient assets are held) for my care;
- ☐ yes, whatever is best to reduce the cost and time for administering my estate (save probate fees)
- ☐ no, I prefer to leave the estate intact until I pass away.

Location of POA:

Where will it be kept? \_\_\_\_\_

Do you want your Attorney to have access to your safety deposit box? Yes ☐ No ☐

Please drop off, email or fax this form to our office and we will call you for an appointment.

**TO BE COMPLETED BY FARINAZ KOVACEVIC, NOTARY PUBLIC**

**CAPACITY**

1. Is the Adult orientated as to time and place? **YES ☐ NO ☐**
2. Does the Adult understand the nature and consequence of an enduring POA?  
**YES ☐ NO ☐**
3. Does the Adult understand that whenever they do a POA, they must think of estate planning, as their Attorney should make enquiries about the Adult's will so not to inadvertently dispose of a gift in the will or memorandum? **YES ☐ NO ☐**
4. Does the Adult understand the obligations they owe to his/her dependents?  
**YES ☐ NO ☐**
5. Does the Adult understand that this POA is not valid until the Adult and the Attorney(s) sign? **YES ☐ NO ☐**
6. Does the Adult understand that the Attorney can do anything that the Adult could do with respect to financial affairs except make a Will? Example, borrowing money in Adult's name, buying assets in the Adult's name, selling assets of the Adult, and emptying bank account of the Adult. **YES ☐ NO ☐**
7. Does the Adult understand that unless the Attorney manages the Adult's assets properly, the Adult's assets may decrease? **YES ☐ NO ☐**
8. Does the Adult understand that the POA is an extremely powerful document and that power can be abused or mishandled? **YES ☐ NO ☐**
9. Does the Adult understand that the POA is no longer valid if the Attorney dies or if the Attorney or the Adult becomes bankrupt or insolvent? **YES ☐ NO ☐**
10. Does the Adult understand that if they are capable, they can revoke or change the existing POA in writing and to give notice to the Attorney as well as Financial Institution, insurance agents, doctors, etc. of the revocation? **YES ☐ NO ☐**

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