ENDURING POWER OF ATTORNEY

This power of attorney is given on _____ by _____ of
(*date*) (*donor*)
_____ .
(*donor's address*)

A. **EXPLANATORY NOTES FOR THE ASSISTANCE OF THE DONOR**

READ THESE NOTES BEFORE SIGNING THIS DOCUMENT

1. This document is an ENDURING POWER OF ATTORNEY that takes effect as soon as it is signed and witnessed. It will continue during your lifetime and it will not come to an end if you become mentally incapacitated in the future, unless you have revoked it before that time. If you become mentally incapacitated your attorney will have a duty to manage your affairs.

2. You must be nineteen years of age or older to give a power of attorney.

3. The effect of this document is to authorize the person you have named as your attorney to act on your behalf with respect to your property and financial affairs. This could include your lands, houses, bank accounts, pensions, RRSPs, stock and mutual fund investments, vehicles and anything else you own.

4. Unless you state otherwise in this document, your attorney will have very wide powers to deal with the types of property listed above. The attorney will also be able to use your property to provide support for your spouse and dependant children. You should consider very carefully whether or not you wish to impose any restrictions on the powers of your attorney.

5. Your attorney should be someone you know and trust completely and who is very capable of handling financial matters. Your attorney could seriously deplete or eliminate your financial assets.

6. You may not appoint as your attorney a person who is under the age of nineteen years, is mentally incapacitated or is an undischarged bankrupt.

7. You may revoke this power of attorney at any time, as long as you are mentally capable of understanding what you are doing.

8. This power of attorney will come to an end on your bankruptcy or death, on the attorney's bankruptcy, mental incapacity or death, or on the occurrence of other circumstances as provided in the *Powers of Attorney Act*.

9. You may name a "recipient" to receive reports on your financial affairs, in the form of an accounting, from your attorney. The recipient would then be able to review the reports to ensure that your attorney is properly handling your affairs.

10. Your attorney should sign the acceptance at the end of this document to indicate that he or she agrees to being appointed as your attorney and that he or she is aware of his or her duties.

11. Neither your attorney, nor his or her spouse, may sign as the witness to your signature on this document.

B. **APPOINTMENTS AND DIRECTIONS:**

1. (a) I appoint

_____ of _____ to be my attorney
(*name*) (*address*)
in accordance with the *Powers of Attorney Act* and to do on my behalf anything that I can lawfully do by an attorney.

[*OPTIONAL*: *The donor may name one or more persons to act jointly as attorneys*:

(b) In addition to the person I have appointed as my attorney under paragraph (a), I appoint the following person(s) to act jointly with that person as my attorney(s):

_____ of _____.]
(*name*) (*address*)

[*OPTIONAL*: *The donor may name an alternate attorney*:

2. If a person I have appointed as my attorney under paragraph 1(a) or (b) is or becomes unable to act, then I appoint the following person to act in place of that person:

_____ of _____.]
(*name*) (*address*)

3. In accordance with the *Powers of Attorney Act*, I declare that this power of attorney is an enduring power of attorney that shall take effect as soon as it is signed and witnessed, and this power of attorney shall continue in effect during my lifetime whether or not I become mentally incapacitated in the future, unless revoked by me before that time.

[*OPTIONAL*: *The donor may name a recipient*:

4. I name the following person as a recipient who may request reports on my financial affairs from my attorney, and to whom my attorney must provide an accounting if those reports are requested:

_____ of _____.]
(*name of recipient*) (*address of recipient*)

[*OPTIONAL*: *The donor may state conditions or restrictions regarding the powers given to the attorney*:

5. This power of attorney is subject to the following conditions and restrictions:

_____

_____.]

[*OPTIONAL*: *The donor may provide for the attorney(s) to receive compensation*:

6. I authorize my attorney(s) to take annual compensation from my property in accordance with the *Trustee Fee Regulations* made under the *Guardianship and Trustee Act*.]

[*OPTIONAL*: *The donor may revoke a previous power of attorney*:

7. I revoke the power of attorney previously given by me on _____ ,
(*date of power of attorney now being revoked*)
appointing _____ .]
(*name of attorney appointed in the power of attorney now being revoked*)

WITNESSED BY:

_____ _____
(*witness must sign here, in presence of donor*) (*donor must sign here, in presence of witness*)

_____
(*print name of witness*)
_____

_____

_____
(*address of witness*)

[*NOTE*: *Neither an attorney named in this document, nor the spouse of such an attorney, may witness the donor's signature*.]

ATTORNEY'S ACCEPTANCE OF APPOINTMENT

I accept the appointment on _____ , 20____ .
(*date the attorney signs this acceptance*)

WITNESSED BY:

_____ _____
(*witness must sign here, in presence of attorney*) (*attorney must sign here, in presence of witness)*

_____
(*print name of witness*)
_____

_____

_____
(*address of witness*)