



**CLIENT INFORMATION**

First name \_\_\_\_\_

Middle name \_\_\_\_\_

Last name \_\_\_\_\_

Date of birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Province \_\_\_\_\_ Postal code \_\_\_\_\_

Phone number \_\_\_\_\_ Work number \_\_\_\_\_

Cell number \_\_\_\_\_ Email \_\_\_\_\_

Maiden name \_\_\_\_\_ Marital status \_\_\_\_\_

If married or common-law, spouse's name \_\_\_\_\_

**CHILDREN**

Full name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Province/State \_\_\_\_\_ Country \_\_\_\_\_

Postal code \_\_\_\_\_

**MEDICAL INFORMATION**

Doctor's name \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Province/State \_\_\_\_\_ Postal code \_\_\_\_\_



**INSTRUCTIONS FOR POWER OF ATTORNEY**

Your Attorney is someone who makes financial decisions on your behalf. People often name their spouse as their Attorney first.

Do you wish to name your spouse as your Primary Agent?      Yes      No

If NO, please indicate who you wish to appoint as your Primary Agent below:

Full name \_\_\_\_\_ Relationship \_\_\_\_\_  
Age \_\_\_\_\_ Contact number \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
Province/State \_\_\_\_\_ Country \_\_\_\_\_  
Postal code \_\_\_\_\_

**Alternate Attorney**

Full name \_\_\_\_\_ Relationship \_\_\_\_\_  
Age \_\_\_\_\_ Contact number \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
Province/State \_\_\_\_\_ Country \_\_\_\_\_  
Postal code \_\_\_\_\_

**Power of Attorney decisions**

1. I want my Attorney to be able to make financial decisions relating to:

- |   |     |    |
|---|-----|----|
| a) To make whatever expenditures are required for the maintenance, education, benefit, and medical care of my spouse, my children and me to ensure that we are comfortable as possible. | Yes | No |
| b) To employ any agents, servants or other persons, including nurses for the care of my spouse and me.  | Yes | No |
| c) If it becomes necessary to sell my home, or if I have to move from my home:  |     |    |
| (i) decide what items, if any, should be kept for my benefit or use   | Yes | No |



- |  |     |    |
|--|-----|----|
| (ii) Transfer or deliver any designated items to the persons, including my Attorney named in my Last Will and Testament or any Schedules attached thereto, as if I had died.   | Yes | No |
| (iii) Equally divide and distribute amongst all of my children who are alive at that time, including my Attorney, those items that remain, that they wish to have.   | Yes | No |
| (iv) Decide which of the remaining items are to be sold and make whatever arrangements they consider appropriate in selling those items.   | Yes | No |
| (v) Any items that are sold can be donated to charity.   | Yes | No |
| 2. To retain or reinvest any investments owed by me (GIC's, Mutual Funds, RRSP's, etc).  | Yes | No |
| 3. To invest my assets in any new investments of his/her choosing, provided they are similar to investments that I made while I was capable of managing my own affairs.  | Yes | No |
| 4. To sell, mortgage, exchange, lease or otherwise deal with any real estate property that I own and to invest the net proceeds from this property in any investments of his/her choosing or to purchase alternate real estate property.   | Yes | No |
| 5. To give special occasion gifts to my spouse or children.  | Yes | No |
| 6. To give donations to any charities that I would normally give to.   | Yes | No |
| 7. With the exception of the provision in paragraph 1(c) above, my Attorney shall not have any right to give or loan any of my assets to any of my children or to any other person.  | Yes | No |
| 8. In the event that my husband/wife fails to survive me or is not able to act as my Attorney, my Alternate Attorney (my son/daughter) shall provide an annual report, showing in detail the assets comprising my estate and the increase and decrease of these assets within the year to (fill in name below) | Yes | No |

If YES, please give full name \_\_\_\_\_

9. My Power of Attorney comes into effect when I lack capacity to make my own decisions, determined as follows:  
(please choose one)

My Attorney signs a written Declaration to that effect after consulting with a physician or psychologist.

Medical doctor(s) to sign a written declaration to that effect  
(indicate number - minimum 2) \_\_\_\_\_;

Service providers, at least one of whom is a medical doctor or a psychologist, signs a written Declaration to that effect (indicate number) \_\_\_\_\_;