

ENDURING POWER OF ATTORNEY

An Enduring Power of Attorney (EPA) will give your Attorney the right to make decisions on your behalf with respect to your property and financial affairs. This could include your lands, houses, bank accounts, pensions, RRSP's, stock and mutual fund investments, vehicles, and anything else you own. Your Attorney should be someone you know and trust completely; someone who is very capable of handling financial matters. Your Attorney must be an adult at the time that you execute the EPA. This EPA may take effect as soon as it is signed and witnessed or it can have no effect until the occurrence of a specified event (for example: Two doctor's reports indicating that you are not mentally capable of making reasonable judgments in respect of matters relating to all or any part of your estate). If you have named someone as the sole beneficiary of your Estate in your Will, it may be preferable to name him/her as the primary Attorney. You should also name alternates, in the event your first choice is unwilling or unable to act. For tax reasons, it is not advisable to choose an Attorney who resides outside of Canada. If you have more than one Attorney, it would be preferable if at least one of them is a resident of Alberta.

1. PERSONAL INFORMATION			
Full Name		Date of Birth	
Present Address			
Mailing Address (if different from above)			
Home Phone Number	Work Phone Number	Cell Phone Number	Fax Number
Email Address			

2. PRIMARY ATTORNEY			
Please name an Attorney. This is the person that will have the right to make financial decisions on your behalf with respect to your property.			
Full Name		Relationship	
Present Address		Date of Birth	
Home Phone Number	Work Phone Number	Fax Number	Email Address

3. JOINT ATTORNEYS

If you want more than one Attorney to act together (Joint Attorneys) to make financial decisions on your behalf, please name the other Attorney or Attorneys here.

Full Name			Relationship
Present Address			Date of Birth
Home Phone Number	Work Phone Number	Fax Number	Email Address

Full Name			Relationship
Present Address			Date of Birth
Home Phone Number	Work Phone Number	Fax Number	Email Address

If you are naming more than two Attorneys, should they make decisions on a majority basis or do they all have to agree?

- Majority Agreement
 Unanimous Agreement

4. ALTERNATE ATTORNEYS

If you are not naming Joint Attorneys and in the case that your Primary Attorney is unable or unwilling to act, please list your alternate Attorney(s) here.

Full Name			Relationship
Present Address			Date of Birth
Home Phone Number	Work Phone Number	Fax Number	Email Address

Full Name			Relationship
Present Address			Date of Birth
Home Phone Number	Work Phone Number	Fax Number	Email Address

5. TYPE OF ENDURING POWER OF ATTORNEY

Indicate whether you want this Power of Attorney to come into effect immediately upon your signing it, or whether it should spring into effect if and when you lose capacity to make reasonable judgements relating to all or any part of your estate:

- Immediately upon signing ("Immediate Enduring Power of Attorney")
 Spring into effect at the time you lose capacity to make decisions for yourself ("Springing Enduring Power of Attorney")

5.1 SPRINGING POWER OF ATTORNEY

If this is a Springing Enduring Power of Attorney, indicate who should decide whether or not you still have capacity to make reasonable judgments relating to all or some part of your estate:

- One or more qualified capacity assessor
- One or more qualified capacity assessor, who must be a medical doctor or psychologist
- Two or more qualified capacity assessors
- Two or more qualified capacity assessors, at least one of whom must be a medical doctor or psychologist

6. EXPANDED POWERS

If you want to expand the powers of your Attorney beyond what is automatically conferred by law, indicate which of the following you would like your Attorney to be able to do with your assets:

- Give gifts to family members on special occasions, including gifts of cash
- Give to charities
- Assist my children with post-secondary education expenses even if they are over the age of 18
- Other:

7. LIMITATIONS ON POWERS OF ATTORNEY

Name any particular thing that you do not wish your attorney to do (such as sell certain real property that you own):

8. ATTORNEY COMPENSATION

Indicate below how you would like you would wish your attorney to be compensated for their time and effort on your behalf:

- No fees should be paid; my attorney should only be reimbursed for out-of-pocket expenses
- Fees should be paid in the amount of \$_____ per month (in addition to reimbursement of out-of-pocket expenses)
- If my attorney is a trust company, compensation should be paid in accordance with the schedule of compensation that is in existence when the power of attorney comes into effect.