

**ENDURING POWER OF ATTORNEY QUESTIONNAIRE**

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

Address & Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**1. Name an attorney (this is the person or persons that will make financial decisions for you).**

Full Name of Attorney: \_\_\_\_\_

Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

**2. If you want more than one attorney to act together (joint attorneys), name the other attorney or attorneys here:**

Full Name of Attorney: \_\_\_\_\_

Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name of Attorney: \_\_\_\_\_

Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

**3. If you are naming more than two attorneys, do they make decisions on a majority basis or do they all have to agree?**

\_\_\_\_\_ On a majority basis

\_\_\_\_\_ They all have to agree

**4. If you are not naming joint attorneys and your first-named attorney cannot or will not act, name your second choice here:**

Full Name of Attorney: \_\_\_\_\_

Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

**5. If your second-named attorney cannot or will not act, name your third choice here:**

Full Name of Attorney: \_\_\_\_\_

Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

**6. 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 your capacity to make reasonable judgments 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")

**7. If this is a springing 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 doctor

\_\_\_\_\_ Two doctors

\_\_\_\_\_ together with \_\_\_\_\_ One doctor \_\_\_\_\_ Two doctors or

\_\_\_\_\_ Other- Name and Address:

\_\_\_\_\_  
\_\_\_\_\_

**8. 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 my children are over the age of 18

\_\_\_\_\_ other:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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**10. Indicate below how you would like your attorney to be compensated for his or her 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.

**11. Do you own:**

- Real property (house, cottage, etc.)
- Business/Farm

**12. How do you want your attorney to invest money on your behalf:**

- Capital guaranteed investment such as GIC's and Term Deposits
- Whatever they want to invest in, including mutual funds
- Some combination of these two

- e.g. 50% capital guaranteed/50% whatever they decide
- or 75% capital guaranteed/25% whatever they decide
- or 25% capital guaranteed/75% whatever they decide

other:

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