

POWER OF ATTORNEY QUESTIONNAIRE

Date: _____

Do you have a previous Power of Attorney? YES NO

Full Legal Name: _____

Address/Postal Code: _____

Phone: _____

Fax: _____

Email: _____

1. **Name of Attorney(s) (This is the person(s) that will make financial decisions for you, should you lose the capacity to make them for yourself)**

PRIMARY AGENT

Full Legal Name: _____

Address/Postal Code: _____

Phone: _____

Relationship: _____

Age: _____

ALTERNATE #1

Full Legal Name: _____

Address/Postal Code: _____

Phone: _____

Relationship: _____

Age: _____

ALTERNATE #2

Full Legal Name: _____

Address/Postal Code: _____

Phone: _____

Relationship: _____

Age: _____

2. Are your named Attorneys to act jointly?

- Yes, Agents are to act jointly
- No – Primary Attorney alone; If Primary Attorney is unable or unwilling to act, then Alternate #1; If Alternate #1 is unable or unwilling to act, then Alternate #2
- No – Primary Attorney alone; If Primary Attorney is unable or unwilling to act, then Alternate #1 and Alternate #2 are to act jointly.

3. If you are naming more than two (2) 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. Indicate whether you want this Power of Attorney to come into effect immediately upon your signing it (entirely or only certain powers), 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
- All powers to spring into effect at the time you lose capacity to make decisions for yourself
- Only certain powers immediately upon signing, with all other noted powers to spring into effect at the time you lose capacity to make decisions for yourself (name specific powers granted): _____

5. Indicate who should decide whether or not you have lost the capacity to make decisions about any personal matter:

- One (1) doctor
- Two (2) doctors
- My Attorney(s) together with one (1) doctor
- My Attorney(s) together with two (2) doctors

6. Indicate which of the following you would like your Attorney to be able to do with your assets:

- Maintenance, education and benefit for myself and my spouse
- Maintenance, education and benefit of children and other dependents
- Employ agents
- Home renovations or directions for placement into continuing care
- Gifts for special occasions (birthdays, seasonal holidays, etc.)
- Disposal of personal possessions
- Book vacations and trips
- Make charitable donations
- Make payments to guardian(s) of minor children
- Invest your funds into new investments:
 - Capital guaranteed investment such as GIC's and Term Deposits
 - Mutual funds
 - Whatever investments your Attorney believes to be beneficial to your estate
 - Other: _____
- Re-invest your funds into similar investments as currently invested
- Dispose of real estate
- Authority relating to business/partnership interests
- Attend to reporting with Canada Revenue Agency or other institutions as required
- Review your Last Will and Testament
- Place restrictions on maintenance, education and benefit of my spouse
- Place restrictions on gifting money or assets
- Place other restrictions on use of estate funds as follows: _____

7. Indicate how you would like your Attorney to be compensated for his/her time and effort on your behalf:

- No fees should be paid, however my Attorney should be reimbursed for out-of-pocket expenses
- Fees should be paid in the amount of \$_____ per month, in addition to reimbursement for 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 your Power of Attorney comes into effect.