

ENDURING POWER OF ATTORNEY QUESTIONNAIRE

Date: _____

Do you have a previous Enduring Power of Attorney? YES NO

Full Legal Name: _____

Address & Postal Code: _____

Phone: _____

Fax: _____

Email: _____

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

Full Legal Name: _____

Address & Postal Code: _____

Relationship: _____

Age: _____

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

Full Legal Name: _____

Address & Postal Code: _____

Relationship: _____

Age: _____

Full Legal Name: _____

Address & Postal Code: _____

Relationship: _____

Age: _____

3. **If you are naming more than two (2) attorneys, do they make decision 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 can not or will not act, name your second choice here:**

Full Legal Name: _____

Address & Postal Code: _____

Relationship: _____

Age: _____

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

Full Legal Name: _____

Address & Postal Code: _____

Relationship: _____

Age: _____

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 Power of Attorney)
- Spring into effect at the time you loose capacity to make decisions for yourself
(Springing 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 al lor some part of your estate:**

- One (1) Doctor
- Two (2) Doctors
- _____ together with one (1) doctor
- _____ together with two (2) doctors

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:**

- Maintenance, education and benefit for Donor and spouse
- Maintenance, education and benefit of children and other dependents
- Attorney to employ agents
- Home renovations or directions for placement
- Gifts for special occasions (e.g.-birthdays and seasonal holidays)
- Recreational properties
- Disposal of personal possessions
- Other benefits (e.g.-trips or special trips)
- Charitable donations
- Payments to Guardian

9. **If there is any particular thing you DO NOT wish your attorney to do (such as sell certain real property that you own):**

- Directions for investing money
- Disposing of Real Estate
- Business/partnership interests
- Restrictions on maintenance, education and benefit of spouse
- Other restrictions on use of estate
- Restrictions on gifting money or assets
- Reporting requirements
- Review Will

10. **Indicate 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 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 the above two
- other

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