

ENDURING POWER OF ATTORNEY QUESTIONNAIRE

Please email the completed questionnaire to
Patty Fenton at pjfenton@tainsh.ca or via fax to 403-443-2025
Thank you!

LEGAL FEES for preparation of ONLY Enduring Power of Attorney

Single \$225.00 + G.S.T., and applicable disbursements
Husband and Wife \$275.00 + G.S.T., and applicable disbursements

LEGAL FEES for preparation of BOTH and Enduring Power of Attorney and Personal Directive

Single \$275.00 + G.S.T., and applicable disbursements
Husband and Wife \$375.00 + G.S.T., and applicable disbursements

Date: _____

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

YOUR Full Legal
Name: _____

Address & Postal Code: _____

Phone: _____

Fax: _____

Email: _____

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

Full Legal Name: _____

Address & Postal Code: _____

Relationship: _____

Age: _____

2. Name of Alternate Attorney
(This is the person or persons that will make financial decisions for you if the first person you named is unable.)

Full Legal Name: _____

Address & Postal Code: _____

Relationship: _____

Age: _____

3. Name of Alternate Attorney (Optional)
(This is the person or persons that will make financial decisions for you if the first and second person you named are unable.)

Full Legal Name: _____

Address & Postal Code: _____

Relationship: _____

Age: _____

- | | | | |
|----|--|-----|----|
| 4. | Do you want your Attorneys to ACT TOGETHER/JOINT? | YES | NO |
| 5. | Can your Attorneys MAKE DECISIONS ON THEIR OWN? | YES | NO |
| 6. | Do you want your Attorney to PROVIDE AN ACCOUNTING? | YES | NO |

If YES

Who shall your Attorney provide the accounting to?

7. 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

8. 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 lose capacity to make decisions for yourself
(Springing Power of Attorney)

9. **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:**

- My Attorney together with One (1) Doctor
- Two (2) Doctors

10. **The following are powers your Attorney AUTOMATICALLY has. If there are any powers listed below you DO NOT want your attorney to have please check the box beside the appropriate box (if any).**

- 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 (for example, birthdays and seasonal holidays)
- Recreational properties
- Disposal of personal possessions
- Other benefits (for example, special trips)
- Charitable donations
- Payments to Guardian
- Investing money
- Disposing of real estate
- Deal with business/partnership interests
- Reporting requirements
- Review Will

11. **DO YOU AUTHORIZE YOUR ATTORNEY to access, handle, distribute and dispose of your electronic and digital assets, and do you agree to allow your Attorney the power to obtain, access, modify, delete and control your passwords, and other electronic credentials associated with your digital devices and digital assets.**

YES

NO

FOR YOUR INFORMATION: The term “digital assets” includes the following:

Files stored on your digital devices, including, but not limited to: desktop computers,

laptop computers, tablets, peripherals, storage devices, mobile telephones, smartphones, and any similar digital device which currently exists or may exist as technology develops; and

Emails received, email accounts, digital music, digital photographs, digital videos, software licenses, social network accounts, file sharing accounts, financial accounts, brokerage, stock or other trading accounts, banking accounts, domain registrations, DNS server accounts, web hosting accounts, and similar digital items, which currently exist, or may exist as technology develops, regardless of the ownership of the physical device upon which the digital item is stored.

12. **In a situation where it is necessary for you to move out of your residence, and it is the medical opinion that you will never be able to live independently in your own home, and it is necessary to dispose of any or all of your articles of personal, domestic, ornament or household use, DO YOU AUTHORIZE YOUR ATTORNEY:**

- To review my Last Will and Testament, and any memorandum, regarding the distribution of same; and
- To distribute the said articles to the person or persons who would be entitled to same as if I were deceased.

13. **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.

14. **Do you own:**

- Real Property (house, cottage, etc)
- Business/Farm

15. **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 _____

**ONLY COMPLETE THIS SECTION
IF YOU ARE IN A SECOND MARRIED/RELATIONSHIP
AND
HAVE CHILDREN FROM A PREVIOUS MARRIAGE OR
RELATIONSHIP:**

16. **Can your spouse continue to live in the home that you own in your own name after your incapacity is declared?**

YES NO

17. **Who will be responsible for the costs of the residence if you no longer live there?**

18. **Is your new spouse self-supporting or do they rely on you for financial support?**

YES NO

19. **Are there Agreements in place regarding support?**

YES NO

If Yes, please specify _____.

20. **Is an independent third party attorney best suited to act under this circumstance?**

YES NO

If yes, please name an Alternate Attorney _____.

21. **Should your Attorney be required to provide an accounting to the beneficiaries of your Last Will and Testament?**

YES NO

If yes, please specify how often _____.

22. **Do you have joint bank accounts with your spouse?**

YES NO

If yes, please specify: Financial Institution _____.
Account Number _____.
Branch _____.

Financial Institution _____.
Account Number _____.
Branch _____.

23. **Do the joint bank accounts have the “Right of Survivorship”. Meaning is it your intention that your spouse becomes owner of all the funds in the joint account upon your death?**

YES NO

24. **If you have a RSP’s and the investments need to be converted into a RIF, can your Attorney re-designate this investment to your spouse?**

YES NO

25. **Are there sufficient limits on the Attorney’s abilities to use the RSP or RIF if the intent is to roll them over to your spouse?**

YES NO