HUMMINGBIRD
NOTARIES

VANCOUVER
323 Jervis St #60,
Vancouver, BC V6C 3P8
(Coal Harbour Seawall)

ENDURING POWER OF ATTORNEY QUESTIONNAIRE

Planning for your financial and legal affairs | Confidential client instructions

An **Enduring Power of Attorney (EPOA)** lets you choose someone you trust, your **Attorney**, to look after your money and legal affairs if you cannot, for a short time or permanently. It keeps working if you become mentally incapable.

What your Attorney can do for you

- **Banking:** pay bills and manage your accounts
- **Real estate:** manage, rent, sell or mortgage your property
- **Taxes:** file your returns and deal with the Canada Revenue Agency
- **Investments:** manage your RRSPs, RRIFs, TFSAs and investments
- **Government:** deal with Service Canada (CPP, OAS), ICBC and other agencies
- **Pensions, insurance and benefits:** apply for and manage them

An EPOA does not cover health care decisions. Those are made under a Representation Agreement (see the separate questionnaire after this one).

Please send us

☐ **Your ID**
Two pieces of government ID: one with your photo, and one showing your current address.

☐ **ID for each Attorney**
Showing their full legal name and address.

☐ **Copies of any existing Power of Attorney**

Upload this form and your ID to the **secure link we email you after you book**. Please do not send ID by email.
We need everyone's ID so their names are exactly right in your EPOA. Please ask each person before sending us their ID.
If you are not sure of an answer, write **"not sure"** and we will go through it together.

On your signing day, please bring

☐ **Your original photo ID**

☐ **Your Attorneys**
Each Attorney also signs, in front of a notary or lawyer, and must bring their photo ID.

C 604.760.1037
O 604.839.2000
F 1.888.531.0070
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Hummingbirdnotaries.com

Hummingbird Notaries is a trade name for Tanvi Ahuja Notary Corporation.

Why an EPOA matters. Without one, your family may have to apply to court to manage your affairs, which is slow, costly and public, and the person appointed may not be the one you would choose. A family member may help you with this form, but we will meet with you privately to confirm your wishes before you sign.

ABOUT YOU

Full legal name (exactly as on your ID)

Other names you use or have used

Date of birth

Occupation (or former occupation)

Marital status

Home address (street, city, province, postal code)

Cell phone

Other phone

Email

Existing documents and your appointment

Do you have an existing Power of Attorney, EPOA, Representation Agreement, Advance Directive or Nomination of Committee? ☐ No ☐ Yes ☐ Not sure

Details:

If yes, do you want to revoke (cancel) it? ☐ Yes ☐ No ☐ Discuss

If you are keeping an existing document, please send us a copy. If you revoke a document, you will need to give notice to the people named in it.

Do you have, or need, a Power of Attorney for another province or country? ☐ No ☐ Yes

Details:

Do you own real estate? (names on title must match your ID exactly) ☐ No ☐ Yes

Details:

Do you own shares in a private company? ☐ No ☐ Yes

Details:

Preferred appointment location: ☐ The Perch (Coal Harbour) ☐ Home / hospital visit

Is there anything we should know to plan your appointment? (for example: hearing, vision or mobility needs, a language interpreter, or a recent hospital stay or diagnosis)

YOUR ENDURING POWER OF ATTORNEY

1. Previous Powers of Attorney

Do you want to revoke all previous Enduring Powers of Attorney? ☐ Yes, revoke all ☐ No, keep an existing one ☐ I have none

If keeping one: date it was signed

Attorney named in it

If you revoke a previous Power of Attorney, the revocation takes effect when written notice is given to each Attorney named in it.

2. Your Attorneys

Who can be your Attorney? Under the *Power of Attorney Act*, each person you name must:
• be 19 or older, and mentally capable of managing your affairs;
• not be paid to provide you with personal care or health care, and not be an employee of a facility where you live and receive care, unless they are your spouse, child or parent; and
• be an individual, a financial institution authorized to carry on trust business, or the Public Guardian and Trustee.
Each Attorney must agree to act, and will sign the document in front of a notary or lawyer. Please speak with the people you wish to appoint before naming them.

Where possible, choose someone who lives near you. It is much easier for your Attorney to visit your bank, deal with your property and sign documents for you if they live close by. We understand this is not always possible; if not, choose the person you trust who lives closest to you.

Attorney

Full legal name (as shown on ID) | Relationship to you | Date of birth

Address (street, city, province, postal code) | Phone | Email

We highly recommend naming an alternate Attorney. If your Attorney dies, becomes incapable, or is unable or unwilling to act, an alternate can step in without delay. Without an alternate, your EPOA may no longer be usable and you would need to make a new one, which may not be possible if you have lost capacity by then.

First Alternate Attorney (highly recommended)

Full legal name (as shown on ID) | Relationship to you | Date of birth

Address (street, city, province, postal code) | Phone | Email

Second Alternate Attorney (optional)

Full legal name (as shown on ID) | Relationship to you | Date of birth

Address (street, city, province, postal code) | Phone | Email

Is any person named above paid to provide you with personal care or health care, or employed where you live and receive care? ☐ No ☐ Yes
Details:

Is any person named above a U.S. citizen or resident, or living outside Canada? ☐ No ☐ Yes
Details:

Have the people named agreed to act? ☐ Yes ☐ No ☐ Not yet

May your Attorney access your safety deposit box? ☐ No ☐ Yes

If your Attorney is your spouse, should they continue to act if your relationship ends? ☐ Yes ☐ No ☐ Not applicable

3. How multiple Attorneys act

If more than one Attorney: ☐ Alternate acts only if first cannot ☐ Any one may act alone ☐ Split areas of authority ☐ Must act together

If split: areas for each Attorney (for example, one handles real estate, the other banking)

If your Attorneys must act together and one of them dies or cannot act, your EPOA may stop working. We will discuss this with you.

If Attorneys acting together cannot agree, they should: ☐ Consult a named person ☐ Use an agreed mediator, then arbitration

Name of person to consult (and an alternate)

4. When it takes effect and continuing authority

Effective on signing by me and: ☐ All my Attorneys ☐ Any one of my Attorneys

Your Attorney may act: ☐ Now, and continuing if I become incapable ☐ Only if I become incapable (springing)

5. Conditions and restrictions

Do you want to limit your Attorney to certain assets, a certain purpose or a certain time? ☐ No ☐ Yes

Details:

May your Attorney receive a copy of your Will, so they do not sell a gift you have left to someone? ☐ No ☐ Yes

Should your Attorney report regularly to someone (for example, an annual account to a family member)? ☐ No ☐ Yes

Details:

6. Payment of your Attorney

Should your Attorney be paid? ☐ No, reasonable expenses only ☐ Hourly rate ☐ Professional fee schedule

Details:

7. Express powers

Deal with land: may your Attorney sell, buy, lease or mortgage your real estate on your behalf? ☐ No ☐ Yes

Reorganize your affairs for tax or estate planning purposes, for you, your estate or your family? ☐ No ☐ Yes

Use of capital before your death: ☐ Use for my care first; other payments consistent with my Will ☐ Keep capital for my care only

If you can no longer live at home, may your Attorney distribute your personal belongings according to your wishes or memo? ☐ No ☐ Yes

Support your spouse, children or others you support, including children in post-secondary education? ☐ No ☐ Yes

Details:

Continue your usual level and types of gifts, family gifts and charitable donations? ☐ No ☐ Yes

Any other gifts you would like your Attorney to be able to make, in addition to your usual gifts (to whom, what, and any limits):

Are any of your accounts or assets held jointly with your Attorney? If so, what is your intention on your death? ☐ No ☐ Yes

Details:

8. Supporting documents and signing

Should your EPOA be read together with your Representation Agreement, so your Attorney pays for care your Representative arranges? ☐ No ☐ Yes

Should your Attorney be able to appoint a substitute if they cannot act? (we will discuss whether this is suitable) ☐ Yes ☐ No ☐ Discuss

Where will you and your Attorneys sign? ☐ In BC ☐ Outside BC, in Canada ☐ Outside Canada

Details:

Confirmation. I confirm that the information in this questionnaire is true and complete to the best of my knowledge, and reflects my own wishes. I understand that Tanvi Ahuja Notary Corporation will rely on this information to prepare my Enduring Power of Attorney. *Please remember to send the identification and documents listed at the start of this questionnaire, and bring original photo identification when signing.*

Your name	Date	Anyone who helped you complete this form (name, relationship)

REPRESENTATION AGREEMENT QUESTIONNAIRE

Section 9 Representation Agreement | Planning for your health and personal care

A **Representation Agreement** lets you choose someone you trust, your **Representative**, to help you make, or make for you, decisions about your health care and personal care if you cannot make them yourself.

What your Representative can do for you

- **Medical treatment:** agree to or refuse treatment, tests and medication
- **Where you live:** home care, or moving to a care facility
- **Speaking for you:** talk with your doctors and care providers
- **Daily life:** diet, activities and visitors, guided by your wishes

Without one, health care providers must choose a temporary decision maker from a list set by law, who may not be the person you would choose.

Please send us

☐ **Your ID**
If you are also making an EPOA, you only need to send it once.

☐ **ID for each Representative**
Showing their full legal name and address.

☐ **Copies of any existing Representation Agreement or Advance Directive**

ABOUT YOU

Full legal name (exactly as on your ID)

Other names you use or have used

Date of birth

Occupation (or former occupation)

Marital status

Home address (street, city, province, postal code)

Cell phone

Other phone

Email

YOUR REPRESENTATION AGREEMENT

We prepare Section 9 Representation Agreements, which cover health care and personal care decisions. Your financial affairs are dealt with by your Attorney under an Enduring Power of Attorney. If you need a Section 7 Representation Agreement (which can include routine financial matters and may require a Monitor), we will refer you to another professional.

1. Previous agreements

Do you want to revoke all previous Representation Agreements? ☐ Yes, revoke all ☐ I have none ☐ Discuss

A revocation takes effect when written notice is given to each person named in the earlier agreement.

2. Your Representatives

Who can be your Representative? Under the *Representation Agreement Act*, each person you name must:
• be 19 or older, and an individual (a company or institution cannot be your Representative);
• not be paid to provide you with personal care or health care, and not be an employee of a facility where you live and receive care, unless they are your spouse, child or parent; and
• agree to act, and sign a certificate accepting the role.
Please speak with the people you wish to appoint before naming them.

Where possible, choose someone who lives near you. It is much easier for your Representative to visit you, meet with your doctors and care providers, and respond quickly in an emergency if they live close by. We understand this is not always possible; if not, choose the person you trust who lives closest to you.

Representative

Full legal name (as shown on ID) | Relationship to you | Date of birth

Address (street, city, province, postal code) | Phone | Email

We highly recommend naming an alternate Representative. If your Representative dies, becomes incapable, or is unable or unwilling to act, an alternate can step in without delay. Without an alternate, your Representation Agreement may no longer be usable and you would need to make a new one, which may not be possible if you have lost capacity by then.

First Alternate Representative (highly recommended)

Full legal name (as shown on ID) | Relationship to you | Date of birth

Address (street, city, province, postal code) | Phone | Email

Second Alternate Representative (optional)

Full legal name (as shown on ID) | Relationship to you | Date of birth

Address (street, city, province, postal code) | Phone | Email

Is any person named above paid to provide you with personal care or health care, or employed where you live and receive care? ☐ No ☐ Yes

Details:

3. How multiple Representatives act

If more than one Representative: ☐ Alternate acts only if first cannot ☐ Either may act alone ☐ Must act together

If they must act together and one can no longer act, may the other continue alone? ☐ No ☐ Yes

If your spouse is your Representative, should they continue to act if your relationship ends? ☐ Yes ☐ No ☐ Not applicable

4. Authorized acts

A standard Representation Agreement allows your Representative to help you make, or make, decisions in all areas of your health care and personal care, including consenting to or refusing health care necessary to preserve your life. Please tell us if you would like any of the following added or excluded.

Give or refuse consent to health care necessary to preserve your life? ☐ No ☐ Yes

Decide where and with whom you live, including admission to a care facility? ☐ No ☐ Yes

Arrange the temporary care and education of your minor children or others you care for? ☐ No ☐ Yes

Details:

Make decisions about your religious practices, if needed? ☐ No ☐ Yes

Arrange the care of your pets? ☐ No ☐ Yes

5. Your expressed wishes

If you become incapable, should your Representative follow the wishes you expressed while capable, even if you later express different wishes? ☐ Yes ☐ No ☐ Discuss

Have you written down your wishes, or made an advance directive? ☐ Yes (please attach) ☐ No, act on my known values ☐ Discuss

These answers help your Representative make decisions that reflect your wishes. They are not an advance directive. If you wish to give binding instructions to health care providers, please speak with your doctor.

What matters most to you about your quality of life (for example: being at home, family, faith, independence, comfort)?

Where would you prefer to receive care, if possible? ☐ At home with support ☐ Private care facility ☐ Public care facility ☐ Representative to decide

If you were seriously ill with little chance of recovery, your general wish: ☐ All treatment to prolong life ☐ A trial of treatment ☐ Comfort care only ☐ Representative to decide

Do you want medication to relieve pain and suffering, even if it may shorten your life? ☐ Yes ☐ No ☐ Discuss

Any other wishes about your health care (for example, blood transfusions, religious practices), end of life care, or who should be kept informed:

6. Supporting documents

Should your Representation Agreement be read together with your EPOA, so your Attorney pays for care your Representative arranges? ☐ No ☐ Yes

7. Expenses

Should your Representative be reimbursed for out of pocket expenses? ☐ Yes ☐ No

A Representative cannot be paid for making health care decisions.

Confirmation. I confirm that the information in this questionnaire is true and complete to the best of my knowledge, and reflects my own wishes. I understand that Tanvi Ahuja Notary Corporation will rely on this information to prepare my Representation Agreement. *Please remember to send the identification and documents listed at the start of this questionnaire, and bring original photo identification when signing.*

Your name	Date	Anyone who helped you complete this form (name, relationship)