

ENDURING POWER OF ATTORNEY

Made under Part 2 of the *Power of Attorney Act*.

The use of this form is voluntary. Be advised that this form may not be appropriate for use by all persons, as it provides only one option of how an Enduring Power of Attorney may be made. In addition, it does not constitute legal advice. For further information, please consult the *Power of Attorney Act* and *Power of Attorney Regulation* or obtain legal advice.

This form reflects the law at the date of publication. Laws can change over time. Before using this form, you should review the relevant legislation to ensure that there have not been any changes to the legislation or section numbers.

The notes referenced in this Enduring Power of Attorney are found at the end of this document and are provided for information only.

1. THIS ENDURING POWER OF ATTORNEY IS MADE BY ME, THE ADULT:

Full Legal Name of the Adult	Date (YYYY / MM / DD)
Full Address of the Adult	

2. REVOCATION OF PREVIOUS INSTRUMENTS

(See Note 1 – actions that must be taken to revoke previous instruments)

(See Note 2 – effect of revocation on previous instruments)

I revoke all of the following made by me:

- all previous Enduring Powers of Attorney;
- all previous Representation Agreements granting authority under either section 7 (1) (b) or section 7 (1) (d) of the *Representation Agreement Act*, or both.

3. ATTORNEY

(See Note 3: who may be named as Attorney)

I name the following person to be my Attorney in accordance with Part 2 of the *Power of Attorney Act*:

Full Legal Name of Attorney
Full Address of Attorney

4. ALTERNATE ATTORNEY (OPTIONAL)

(See Note 3: who may be named as Attorney)

(Strike out this provision if you do not want to appoint an Alternate Attorney.)

I name the following person to be my Attorney in accordance with Part 2 of the *Power of Attorney Act*, and authorize that person to act in place of my Attorney as my Alternate Attorney if my Attorney resigns in accordance with section 25 of the *Power of Attorney Act*, or the authority of my Attorney ends under section 29 (2) (d) of the *Power of Attorney Act*:

Full Legal Name of Alternate Attorney
Full Address of Alternate Attorney

If so acting, my Alternate Attorney has all the authority granted to my Attorney in this Enduring Power of Attorney.

5. EVIDENCE OF AUTHORITY OF ALTERNATE ATTORNEY

(See Note 4 – statutory declaration for evidence of authority of Alternate Attorney)

(Strike out this provision if you are not appointing an Alternate Attorney.)

A statutory declaration made by me, my Attorney, or my Alternate Attorney (if one is named), declaring that one of the circumstances referenced in section 4 of this Enduring Power of Attorney has occurred, and specifying that circumstance, is sufficient evidence of the authority of my Alternate Attorney to act as my Attorney.

6. AUTHORITY OF ATTORNEY

I authorize my Attorney to make decisions on my behalf in relation to my financial affairs and do anything on my behalf that I may lawfully do by an agent in relation to my financial affairs.

7. CONTINUED AUTHORITY

My Attorney may exercise the authority granted by this Enduring Power of Attorney while I am capable of making decisions about my financial affairs, and this authority continues despite my incapability to make those types of decisions.

8. COMPENSATION

(See Note 5 – Attorneys may be reimbursed for reasonable expenses)

(Strike out the provision that does not apply.)

- i. My Attorney is not to be compensated for acting as my Attorney.
- ii. My Attorney may be compensated for acting as my Attorney as follows (set out the amount or rate of compensation):

9. EFFECTIVE DATE

This Enduring Power of Attorney is effective on the date it has been signed by me and my Attorney.

10. CERTIFICATION FOR LAND TITLE PURPOSES

For this Enduring Power of Attorney to be effective for the purposes of the *Land Title Act*, it must be executed and witnessed in accordance with that Act. If the attorney will be required to deal with an interest in land, this section must be completed by a lawyer, notary public or other person before whom an affidavit may be sworn under the *Evidence Act*.

OFFICER SIGNATURE(S)

EXECUTION DATE

ADULT'S SIGNATURE

 Signature of officer

 Name of officer

 Complete address

 Professional capacity

Y	M	D

 Signature of adult

 Name of adult
Officer Certification:

Your signature constitutes a representation that you are a solicitor, notary public or other person authorized by the *Evidence Act*, R.S.B.C., 1996, c. 124, to take affidavits for use in British Columbia and certifies the matters set out in Part 5 of the *Land Title Act* as they pertain to the execution of this instrument.

11. SIGNATURES**ADULT**

- The Adult must sign and date in the presence of both Witnesses.

Signature of Adult	Date Signed (YYYY / MM / DD)
Print Name	

WITNESSES TO ADULT'S SIGNATURE

(See Note 6 – information for witnesses)

WITNESS NO. 1

- Witness No. 1 must sign in the presence of the Adult and Witness No. 2.

Signature of Witness No. 1	Date Signed (YYYY / MM / DD)
Print Name	
Address	
If witness is a lawyer or member of the Society of Notaries Public of British Columbia, check relevant box below:	
<input type="checkbox"/> lawyer <input type="checkbox"/> member of the Society of Notaries Public of British Columbia	

WITNESS NO. 2

- Not required if Witness No. 1 is a lawyer or member in good standing of the Society of Notaries Public of British Columbia.
- Witness No. 2 must sign in the presence of the Adult and Witness No. 1.

Signature of Witness No. 2	Date Signed (YYYY / MM / DD)
Print Name	
Address	

ATTORNEY

Signature of Attorney	Date Signed (YYYY / MM / DD)
Print Name	

WITNESSES TO ATTORNEY'S SIGNATURE

(See Note 6 – information for witnesses)

WITNESS NO. 1

- Witness No. 1 must sign in the presence of the Attorney and Witness No. 2.

Signature of Witness No. 1	Date Signed (YYYY / MM / DD)
Print Name	
Address	
If witness is a lawyer or member of the Society of Notaries Public of British Columbia, check relevant box below:	
<input type="checkbox"/> lawyer <input type="checkbox"/> member of the Society of Notaries Public of British Columbia	

WITNESS NO. 2

- Not required if Witness No. 1 is a lawyer or member in good standing of the Society of Notaries Public of British Columbia.
- Witness No. 2 must sign in the presence of the Attorney and Witness No. 1.

Signature of Witness No. 2	Date Signed (YYYY / MM / DD)
Print Name	
Address	

ALTERNATE ATTORNEY*(Strike out if an Alternate Attorney is not appointed)*

Signature of Alternate Attorney	Date Signed (YYYY / MM / DD)
Print Name	

WITNESSES TO ALTERNATE ATTORNEY'S SIGNATURE

(See Note 6 – information for witnesses)

WITNESS NO. 1

- Witness No. 1 must sign in the presence of the Alternate Attorney and Witness No. 2.

Signature of Witness No. 1	Date Signed (YYYY / MM / DD)
Print Name	
Address	
<p>If witness is a lawyer or member of the Society of Notaries Public of British Columbia, check relevant box below:</p> <input type="checkbox"/> lawyer <input type="checkbox"/> member of the Society of Notaries Public of British Columbia	

WITNESS NO. 2

- Not required if Witness No. 1 is a lawyer or member in good standing of the Society of Notaries Public of British Columbia.
- Witness No. 2 must sign in the presence of the Alternate Attorney and Witness No. 1.

Signature of Witness No. 2	Date Signed (YYYY / MM / DD)
Print Name	
Address	

(See Note 7 - when an Attorney may exercise authority under this Enduring Power of Attorney)

STATUTORY DECLARATION OF ATTORNEY FOR LAND TITLES

This statutory declaration must be completed by the attorney before the attorney may file a document with the Land Title Office. It need not be completed at the time that the enduring power of attorney is made or signed.

CANADA
PROVINCE OF BRITISH COLUMBIA

IN THE MATTER OF the *Land Title Act* re: an Enduring Power of Attorney made by

_____ naming _____ as Attorney
name of Adult name of Attorney

TO WIT:

I, _____ ,
Name

of _____ , British Columbia,
Full Address

SOLEMNLY DECLARE THAT:

1. I am the attorney named by the foregoing Enduring Power of Attorney.
2. I am the full age of 19 years.

AND I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

DECLARED BEFORE ME AT

_____ location

on _____ date

_____ Declarant's Signature

Signature of Commissioner for taking Affidavits
for British Columbia

Commissioner for taking Affidavits for British Columbia
(Apply stamp, or type or legibly print name of commissioner)

STATUTORY DECLARATION FOR EVIDENCE OF AUTHORITY OF ALTERNATE ATTORNEY

This statutory declaration may be completed by the adult, the attorney, or the alternate attorney, as evidence of the authority of the alternate attorney to act as attorney. This statutory declaration would be completed if the attorney resigns, or the authority of the attorney ends, to establish the authority of the alternate attorney.

CANADA
PROVINCE OF BRITISH COLUMBIA

IN THE MATTER OF the *Power of Attorney Act* re: an Enduring Power of Attorney made by

_____ naming _____ as Attorney
name of Adult name of Attorney

TO WIT:

I, _____,
Name of adult, attorney or alternate attorney

of _____, British Columbia,
Full Address of adult, attorney or alternate attorney

SOLEMNLY DECLARE THAT:

1. I am the (*strike out the descriptions that do not apply*):

- adult who granted the enduring power of attorney
- attorney named under the enduring power of attorney
- alternate attorney named under the enduring power of attorney.

2. The attorney has resigned in accordance with section 25 of the *Power of Attorney Act*, or the authority of the attorney has ended under section 29 (2) (d) of the *Power of Attorney Act*, specifically (*describe the specific circumstance resulting in the alternate attorney having authority to act*):

AND I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

DECLARED BEFORE ME AT

_____ location

_____ Declarant's Signature

on _____ date

Signature of Commissioner for taking Affidavits
for British Columbia

Commissioner for taking Affidavits for British Columbia
(Apply stamp, or type or legibly print name of commissioner)

NOTES RESPECTING THIS ENDURING POWER OF ATTORNEY

The notes provided below are for the purpose of providing information only, and do not constitute legal advice.

These notes are prepared for the purposes of this enduring power of attorney form. They should not be considered a complete description of matters to be taken into account in making an enduring power of attorney. A person making an enduring power of attorney, or acting as an attorney, should consult the *Power of Attorney Act* and the Power of Attorney Regulation to ensure that they understand their rights and duties.

NOTE 1: Actions that must be taken to revoke previous instruments

To revoke a previous enduring power of attorney, you must also give written notice of the revocation to each attorney named in that enduring power of attorney. Revocation is effective when this notice is given, or on a later date stated in the notice.

To revoke a previous representation agreement, you must also give written notice of the revocation to each representative, each alternate representative, and any monitor named in that representation agreement. Revocation is effective when this notice is given, or on a later date stated in the notice.

NOTE 2: Effect of revocation on previous instruments

The revocation provision in this enduring power of attorney will do all of the following:

- if you have previously made an enduring power of attorney that is still effective, it will be revoked;
- if you have previously made a representation agreement granting authority under either section 7 (1) (b) or section 7 (1) (d) of the *Representation Agreement Act*, or both, that is still effective, the entire representation agreement will be revoked;
- if you have previously made a section 9 representation agreement that authorizes the representative to exercise the powers of an attorney and that part is deemed under section 44.3 of the *Representation Agreement Act* to be an enduring power of attorney, that is still effective, that part of the representation agreement will be revoked.

If you do not want to revoke all of the above (for example, you may have an enduring power of attorney made for a specific purpose), you should not use this form and should consider obtaining legal advice.

NOTE 3: Who may be named as Attorney

This form provides for the naming of one attorney, and one attorney to act as an alternate attorney. If you wish to name more than one attorney to act at the same time, do not use this form.

The *Power of Attorney Act* sets out who may be named as an attorney. If an individual is appointed, that individual must not be an individual who provides personal care or health care services to the adult for compensation, or who is an employee of a facility in which the adult resides and through which the adult receives personal care or health care services, unless the individual is a child, parent or spouse of the adult.

If an individual who is not an adult is named as an attorney, the individual must not act as attorney until that individual is an adult (19 years of age or older).

The information in this note also applies in respect of an alternate attorney.

NOTE 4: Statutory declaration for evidence of authority of Alternate Attorney

A statutory declaration that may be used is included with this form.

Additional evidence establishing the authority of the alternate attorney to act as attorney will be required for land title purposes, and may be required for other purposes.

NOTE 5: Attorneys may be reimbursed for reasonable expenses

Even if you state that your attorney is not to be compensated for acting as your attorney, an attorney may still be reimbursed from your property for reasonable expenses properly incurred in acting as your attorney.

NOTE 6: Information for witnesses (other than “officers” witnessing the execution of an Enduring Power of Attorney for land title purposes)

- (a) The following persons may not be a witness:
 - i. A person named in the enduring power of attorney as an attorney;
 - ii. A spouse, child or parent of a person named in the enduring power of attorney as an attorney;
 - iii. An employee or agent of a person named in the enduring power of attorney as an attorney, unless the person named as an attorney is a lawyer, a member in good standing of the Society of Notaries Public of British Columbia, the Public Guardian and Trustee of British Columbia, or a financial institution authorized to carry on trust business under the *Financial Institutions Act*;
 - iv. A person who is under 19 years of age;
 - v. A person who does not understand the type of communication used by the adult unless the person receives interpretive assistance to understand that type of communication.
- (b) Only one witness is required if the witness is a lawyer or a member in good standing of the Society of Notaries Public of British Columbia.
- (c) You should not witness the Enduring Power of Attorney, and you may report your concerns to the Public Guardian and Trustee of British Columbia, if you have reason to believe that
 - i. the adult is incapable of making, changing or revoking an enduring power of attorney, or
 - ii. fraud, undue pressure or some other form of abuse or neglect was used to induce the adult to make the enduring power of attorney, or to change or revoke a previous enduring power of attorney.

NOTE 7: When an Attorney may exercise authority under this Enduring Power of Attorney

Before a person may exercise the authority of an attorney under an enduring power of attorney, that person must sign the enduring power of attorney in the presence of two witnesses (or one witness, if that witness is a lawyer or a member in good standing of the Society of Notaries Public of British Columbia).