



POWER OF ATTORNEY QUESTIONNAIRE

****NOTE: Please do your best to complete all required fields below. If you require additional space for any portion of the form, please use the space provided at the end. If you are uncertain of the answers to any of the fields below, please leave blank and email the form as is to kokimaw@entrustlaw.ca. A member of the Entrust team will be in touch to discuss the matter with you further. Thank you****

POWER OF ATTORNEY INSTRUCTIONS					
Do you have an existing Power of Attorney? <i>If yes, please provide a copy</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No	
ATTORNEY(S)					
Please indicate if any person appointed as one of your Attorneys is a citizen of another country. If so, they may have reporting obligations within their country.					
	Attorney(s) - Names	Address/Phone	Relationship	Appointment	
1.				<input type="checkbox"/>	Primary
				<input type="checkbox"/>	Alternate
				<input type="checkbox"/>	Joint with other names
2.				<input type="checkbox"/>	Primary
				<input type="checkbox"/>	Alternate
				<input type="checkbox"/>	Joint with other names
3.				<input type="checkbox"/>	Primary
				<input type="checkbox"/>	Alternate
				<input type="checkbox"/>	Joint with other names
4.				<input type="checkbox"/>	Primary
				<input type="checkbox"/>	Alternate
				<input type="checkbox"/>	Joint with other names



If you appoint two or more attorneys:		<input type="checkbox"/> By Majority	<input type="checkbox"/> Unanimously
OR			
All of them must act together		<input type="checkbox"/> By Majority	<input type="checkbox"/> Unanimously
When should the alternate attorney start acting? For example, when:			
<input type="checkbox"/>	you or the alternate attorney swear that the primary attorney has resigned, become incapable or is unwilling to act or to continue to act; or		
<input type="checkbox"/>	one doctor or		
<input type="checkbox"/>	two doctors swear(s) the primary attorney is incapable of managing his or her financial affairs		
RESTRICTIONS			
Do you wish to limit your Power of Attorney so your attorney(s) are restricted to dealing with only certain assets? For example, only bank accounts, only a particular piece of real estate, only for a limited period of time?			
<input type="checkbox"/>	No Restrictions		
<input type="checkbox"/>	Restricted to (<i>please specify</i>)		
ATTORNEY BENEFITTING SELF AND OTHERS			
Your spouse/partner	<input type="checkbox"/>		
Your children	<input type="checkbox"/>		
Your attorney	<input type="checkbox"/>		
Other persons (<i>please specify</i>)	<input type="checkbox"/>		
Charity	<input type="checkbox"/>		
Can your attorney use the Power of Attorney to transfer property from you to himself or herself?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	



ATTORNEY COMPENSATION	
Can your attorney charge fees for acting as your attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No
POTENTIAL U.S. FILING OBLIGATIONS	
Are any of your attorneys a citizen, permanent resident (e.g., green card holder), or resident of the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please list below as they may have reporting obligations regarding your accounts and investments.	
PRIVATE COMPANIES	
Do you have any shares in a private company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
CONFIRMATION OF YOUR CAPACITY UNDER THE <i>POWER OF ATTORNEY ACT</i>	
Are you aware of your property and its approximate value?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you aware of the obligations you owe to your dependants?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you aware that your attorney will be able to do on your behalf anything in respect of your financial affairs that you could do if capable, except make a will, subject to the conditions and restrictions set out in your Power of Attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you aware that, unless your attorney manages your business and property prudently, their value may decline?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you aware that your attorney might misuse the attorney's authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you aware that you may, if capable, revoke the Power of Attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PLEASE ALSO COMPLETE THE FINANCIAL INFORMATION SCHEDULE BY
[CLICKING HERE](#)