



### POWER OF ATTORNEY

An Attorney is someone you can trust who can handle your legal and financial affairs for your benefit if you become mentally incapacitated prior to death. It is recommended that everyone execute a Power of Attorney while they are mentally fit to ensure their affairs are in order if the need for an Attorney ever arises.

LEGAL NAME/ANY OTHER NAMES YOU GO BY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_ NAME OF SPOUSE: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

DO YOU CURRENTLY HAVE A POA? \_\_\_\_\_ WHO IS NAMED AS YOUR ATTORNEY? \_\_\_\_\_

IF YES, ARE YOU REPLACING YOUR OLD POA OR ADDING TO IT? \_\_\_\_\_

WHAT IS THE MAIN PURPOSE FOR GIVING POA? \_\_\_\_\_

Who do you wish to give Power of Attorney to?

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

Would you like them to act independently (either one can act) or together (must act in agreement with one another)?

Should the attorney be paid when acting? \_\_\_\_\_ If so, on what basis? Hourly or %? \_\_\_\_\_



SUMMARY OF ASSETS

Please list approximate balance of cash and term deposits:

FINANCIAL INSTITUTION: \_\_\_\_\_ BALANCE: \_\_\_\_\_

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Do you want your Attorney to have access to your safety deposit box? \_\_\_\_\_

Real Estate:

PROPERTY OWNED: \_\_\_\_\_

NAME(S) ON TITLE: \_\_\_\_\_

JOINT TENANCY OR TENANTS IN COMMON: \_\_\_\_\_ APPROXIMATE VALUE: \_\_\_\_\_

MORTGAGE: \_\_\_\_\_ IS MORTGAGE INSURED: \_\_\_\_\_

Do you want the Attorney to be able to transfer your property into his/her name? \_\_\_\_\_

PROPERTY OWNED: \_\_\_\_\_

NAME(S) ON TITLE: \_\_\_\_\_

JOINT TENANCY OR TENANTS IN COMMON: \_\_\_\_\_ APPROXIMATE VALUE: \_\_\_\_\_

MORTGAGE: \_\_\_\_\_ IS MORTGAGE INSURED: \_\_\_\_\_

Do you want the Attorney to be able to transfer your property into his/her name? \_\_\_\_\_

Do you want your attorney to have the power to appoint a substitute attorney (in the event he/she becomes ill and can no longer act as your attorney)? \_\_\_\_\_

LOCATION WHERE YOU WILL KEEP YOUR POA: \_\_\_\_\_