

FORM A  
[Clause 3(a)]

**Enduring Power of Attorney Appointing a Personal Attorney**

*This form is to be used as a guide to the appointment of a personal attorney. A personal attorney has authority with respect to your personal affairs. He or she does not have authority with respect to your property and financial affairs. He or she does not have authority with regard to health care decisions, which are governed by The Health Care Directives and Substitute Health Care Decision Makers Act.*

*Include in your Enduring Power of Attorney only those parts of the form that are applicable to your situation.*

This Enduring Power of Attorney is given on \_\_\_\_\_  
(date)

by \_\_\_\_\_  
(name of grantor)

of \_\_\_\_\_  
(street address) (city) (province) (postal code)

*(check as appropriate)*

**1. Appointment**

*(choose one)*

(a) I appoint \_\_\_\_\_  
(name of personal attorney)

of \_\_\_\_\_  
(street address) (city) (province) (postal code)

to act as my personal attorney in accordance with *The Powers of Attorney Act, 2002*.

**or**

(b) I appoint \_\_\_\_\_  
(name of personal attorney)

of \_\_\_\_\_  
(street address) (city) (province) (postal code)

and \_\_\_\_\_  
(name of personal attorney)

of \_\_\_\_\_  
(street address) (city) (province) (postal code)

*(you may appoint two or more persons)*

to act as my personal attorneys in accordance with *The Powers of Attorney Act, 2002*:

jointly *(your personal attorneys will act together)*

severally *(your personal attorneys will act separately and independently, in accordance with the authority given to them)*

successively *(your personal attorneys will act in order of appointment)*

*Optional:*

If it is or becomes necessary for the purposes of subsection 6(2) of the Act:

I acknowledge that \_\_\_\_\_  
(name of personal attorney)

has been convicted of a criminal offence relating to assault, sexual assault or other acts of violence, intimidation, criminal harassment, uttering threats, theft, fraud or breach of trust; and

I consent to this person acting as my personal attorney.

2. Authority

(choose one)

(a) I give my personal attorney(s) general authority respecting all of my personal affairs.
(The authority with regard to personal affairs includes matters such as where you will live, any training or education you will receive and any social activities in which you will take part. Note that health care decisions are not within the authority of a personal attorney.)

or

(b) I give my personal attorney(s) specific authority as follows:
(You may limit the authority of your personal attorney(s) or you may divide authority among personal attorneys.)

\_\_\_\_\_
\_\_\_\_\_

3. Decisions Requiring the Expenditure of Money

(Optional - may be used if different people are appointed to act as your personal and property attorneys.)

If decisions requiring the expenditure of money arise with respect to:

- housing
 education and training
 social activities
 other, as follows:

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

I give decision making authority to my:

(choose one)

- personal attorney
 property attorney

4. Decision-making

If personal attorneys are appointed to act jointly (together):

(choose one)

(a) The decision of my joint personal attorneys must be unanimous.

or

(b) Decisions by my joint personal attorneys must be made as follows:

\_\_\_\_\_
\_\_\_\_\_

If personal attorneys are appointed to act jointly (together) or successively (one after the other):

(choose one)

(a) If one or more of my personal attorneys dies, is unwilling or unavailable to act or is found by a court to lack capacity, the other(s) may act solely, jointly or successively, as the case may be.

or

(b) \_\_\_\_\_

\_\_\_\_\_

5. Enduring Power of Attorney

My personal attorney's (or attorneys') authority under this Enduring Power of Attorney shall not be terminated by my lack of capacity that occurs after my Enduring Power of Attorney has been executed.

6. Contingent Enduring Power of Attorney (optional)

My Enduring Power of Attorney shall come into effect on the following date or on the occurrence of the following contingency:

\_\_\_\_\_  
\_\_\_\_\_

Optional:

The following adult(s) may declare in writing that the contingency that I have specified has occurred:

\_\_\_\_\_  
*(name of adult)*  
\_\_\_\_\_  
*(street address) (city) (province) (postal code)*

*(You may name one or more adults to make this declaration. If the contingency you have specified is your lack of capacity and you do not name anyone to make this declaration, two health care professionals may be asked to make the declaration.)*

7. Accounting (optional)

If I lack capacity, an accounting of my personal attorney's (attorneys') management of my personal affairs may be requested by \_\_\_\_\_

\_\_\_\_\_  
*(name of person)*  
of \_\_\_\_\_  
*(street address) (city) (province) (postal code)*

*(If this option is not checked, an accounting may be requested by one of your adult family members.)*

If a fee is charged for services rendered by my personal attorney(s), my personal attorney(s) must provide an annual accounting of my personal attorney's (attorneys') management of my personal affairs to

\_\_\_\_\_  
*(name of person)*  
of \_\_\_\_\_  
*(street address) (city) (province) (postal code)*

*(If this option is not checked, the accounting will be provided to your most immediate and available family member and to the Public Guardian and Trustee of Saskatchewan.)*

8. Revocation (optional)

I revoke the Enduring Power of Attorney previously given by me on \_\_\_\_\_, *(date)*

appointing \_\_\_\_\_ as my personal attorney. *(name)*

9. Signatures of grantor and witnesses

\_\_\_\_\_  
*(Signature of grantor)* \_\_\_\_\_ *(date)*  
\_\_\_\_\_  
*(Signature of witness)* \_\_\_\_\_ *(date)*  
\_\_\_\_\_  
*(Signature of second witness if first witness is not a lawyer)* \_\_\_\_\_ *(date)*

*(If witnessed by a lawyer, attach Form D - Legal Advice and Witness Certificate. If witnessed by two adults, attach Form E - Non-lawyer Witness Certificate.)*

**or**

**Signatures of alternate signer and witnesses**

*(To be used only when the grantor is unable to sign the Enduring Power of Attorney and there is an alternate signer of the document.)*

\_\_\_\_\_  
*(Signature of alternate signer)* \_\_\_\_\_  
*(date)*

**Statement of Witness:**

I, \_\_\_\_\_,  
*(name)*  
of \_\_\_\_\_,  
*(street address)* *(city)* *(province)* *(postal code)*

certify:

- (a) that \_\_\_\_\_  
*(name of alternate signer)*  
signed this Enduring Power of Attorney in my presence;
- (b) that \_\_\_\_\_  
*(name of grantor)*  
acknowledged the signature of the alternate signer in my presence;
- (c) that I am an adult with capacity and I am not the personal attorney or a member of the personal attorney's family or a member of the grantor's family;
- (d) that I am signing this Enduring Power of Attorney as a witness in the presence of the grantor.

\_\_\_\_\_  
*(Signature of witness)* \_\_\_\_\_  
*(date)*

**Other witness signatures** *(note that one of the witnesses may be the same person that witnessed the alternate signing)*

\_\_\_\_\_  
*(Signature of witness)* \_\_\_\_\_  
*(date)*

\_\_\_\_\_  
*(Signature of second witness if first witness is not a lawyer)* \_\_\_\_\_  
*(date)*

*(If witnessed by a lawyer, attach Form D - Legal Advice and Witness Certificate. If witnessed by two adults, attach Form E - Non-lawyer Witness Certificate.)*

**10. Acceptance of Appointment** *(optional)*

I accept the appointment as personal attorney and I will exercise my authority honestly, in good faith and in the best interests of the grantor.

\_\_\_\_\_  
*(Signature of personal attorney)* \_\_\_\_\_  
*(date)*