

The Powers of Attorney Regulations

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[Chapter P-20.3 Reg 1](#) (effective April 1, 2003) as amended by Saskatchewan Regulations [125/2004](#), [82/2014](#), [89/2020](#) and [78/2022](#) and by an [Errata Notice](#) published in Part II of *The Saskatchewan Gazette*, November 14, 2014.

NOTE:

This consolidation is not official. Amendments have been incorporated for convenience of reference and the original statutes and regulations should be consulted for all purposes of interpretation and application of the law. In order to preserve the integrity of the original statutes and regulations, errors that may have appeared are reproduced in this consolidation.

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CHAPTER P-20.3 REG 1

The Powers of Attorney Act, 2002

Title

- 1 These regulations may be cited as *The Powers of Attorney Regulations*.

Interpretation

- 2 In these regulations:

“**Act**” means *The Powers of Attorney Act, 2002*; («*Loi*»)

“**form**” means a form as set out in the Appendix. («*formule*»)

4 Apr 2003 cP-20.3 Reg 1 s2.

Forms

- 3 For the purposes of the Act:

- (a) Form A may be used as the form of enduring power of attorney appointing a personal attorney;
- (b) Form B may be used as the form of enduring power of attorney appointing a property attorney;
- (c) Form C may be used as the form of enduring power of attorney appointing a personal and property attorney;
- (d) Form D is the form of legal advice and witness certificate to be used by a lawyer who witnesses, including by electronic means, an enduring power of attorney;
- (e) Form E is the form of witness certificate to be used by a witness to an enduring power of attorney who is not a lawyer;
- (f) Form F may be used as the form of acknowledgement and consent for the purposes of subsection 6(2) of the Act;
- (g) Form G may be used as the declaration of occurrence of contingency for the purposes of subsection 9.1(1) or 9.2(2) of the Act;
- (h) Form H is the form for an accounting by a property attorney for the purposes of sections 17 and 18 of the Act;
- (i) Form I is the form for an accounting by a personal attorney for the purposes of sections 17 and 18 of the Act;
- (j) Form J may be used as the form of revocation of an enduring power of attorney;
- (k) Form K is the form for a final accounting by a property attorney for the purposes of section 18.1 of the Act;
- (l) Form L is the form for a final accounting by a personal attorney for the purposes of section 18.1 of the Act.

Fees for attorneys

3.1(1) If the enduring power of attorney that appoints a property attorney does not set out a fee and the court has not made an order setting a fee for services rendered, the property attorney may charge the following fees:

- (a) 2.5% of the money received by the property attorney on behalf of the grantor per month;
- (b) 2.5% of the payments made by the property attorney on behalf of the grantor per month.

(2) If there is more than one property attorney, the amount determined pursuant to subsection (1) must be divided among the property attorneys:

- (a) equally;
- (b) as agreed by the property attorneys; or
- (c) as determined by the court.

(3) If the enduring power of attorney that appoints a personal attorney does not set out a fee and the court has not made an order setting a fee for services rendered, the personal attorney may charge a fee of \$15 for each hour that he or she was engaged in management of the grantor's personal affairs.

24 Oct 2014 SR 82/2014 s4.

Limitations on gifts

3.2(1) Pursuant to clause 16.1(2)(c) of the Act, the total value of all gifts made in a year must not exceed \$1,000.

(2) A property attorney shall not make a gift to himself or herself without the authorization of the court.

24 Oct 2014 SR 82/2014 s4.

Professional groups

4 For the purposes of subsection 9.2(2) of the Act, a member of a prescribed professional group includes:

- (a) a duly qualified medical practitioner;
- (b) a practising member as defined in *The Psychologists Act, 1997*;
- (c) a registered psychiatric nurse as defined in *The Registered Psychiatric Nurses Act*;
- (d) a registered nurse as defined in *The Registered Nurses Act, 1988*;
- (e) a practising member as defined in *The Occupational Therapists Act, 1997*;
- (f) a practising member as defined in *The Social Workers Act*; and
- (g) a speech-language pathologist as defined in *The Speech-Language Pathologists and Audiologists Act*.

4 Apr 2003 cP-20.3 Reg 1 s4; 7 Jan 2005 SR 125/2004 s4.

Interpretation

4.1 For the purposes of the Act:

“**financial affairs**” includes matters relating to all securities, contracts of insurance, pensions, non-testamentary trusts, retirement savings plans, registered retirement income funds, annuities and other like deposits and investments; (« *affaires financières* »)

“**property**” means real and personal property. (« *biens* »)

7 Jan 2005 SR 125/2004 s5.

Interpretation re section 16 of the Act

4.2 For the purposes of subsection 16(2) of the Act, a “**will in the name of the grantor**” includes a will for the purposes of *The Wills Act, 1996* and any other instrument intended to take effect on the death of the grantor

7 Jan 2005 SR 125/2004 s5.

4.3 Repealed. 14 Oct 2022 SR 78/2022 s4.

Coming into force

5(1) Subject to subsection (2), these regulations come into force on the day on which *The Powers of Attorney Act, 2002* comes into force.

(2) If these regulations are filed with the Registrar of Regulations after the day on which *The Powers of Attorney Act, 2002* comes into force, these regulations come into force on the day on which they are filed with the Registrar of Regulations.

4 Apr 2003 cP-20.3 Reg 1 s5.

Appendix

Notes for the Assistance of the Grantor of an Enduring Power of Attorney

(FORMS A to C)

IMPORTANT: These notes are not part of your Enduring Power of Attorney. They are a guide to help you prepare and understand the effect of your Enduring Power of Attorney.

1. Your Enduring Power of Attorney continues during your lifetime and the authority granted under it is not terminated by your lack of mental capacity in the future, unless you have revoked it while you have had the capacity to understand the nature and effect of your Enduring Power of Attorney and the effect of terminating your Enduring Power of Attorney.
2. Unless you have specified that your Enduring Power of Attorney is to come into effect on a certain date or on the occurrence of a specified contingency, it will come into effect as soon as it is signed and witnessed. If you have specified that your Enduring Power of Attorney is to come into effect on the occurrence of a specified contingency, you may name one or more adults to declare that the contingency has occurred. If the contingency you have specified is your lack of capacity and you have not named anyone to make this declaration, two health care professionals may be asked to make the declaration.
3. In your Enduring Power of Attorney you are called the “grantor”, as you are giving decision-making authority to another person under the Enduring Power of Attorney.
4. You must be 18 years of age or older to make an Enduring Power of Attorney.
5. You may use an Enduring Power of Attorney to appoint a personal attorney, a property attorney, or both a personal and a property attorney. You may appoint the same person as personal and property attorney or you may appoint different people to fulfil each role.
6. The effect of your Enduring Power of Attorney is to authorize the person you have named, your “attorney”, to act on your behalf with respect to your personal affairs or property and financial affairs or both.
7. Unless you state otherwise in your Enduring Power of Attorney appointing a personal attorney, he or she will have the authority to make decisions respecting such matters as where you will live, any training or education you will receive and any social activities in which you will take part.
8. Your personal attorney may not make health care decisions on your behalf. *The Health Care Directives and Substitute Health Care Decision Makers Act* allows you to set out your health care decisions in a health care directive or to appoint a proxy to make health care decisions on your behalf.
9. Unless you state otherwise in your Enduring Power of Attorney appointing a property attorney, he or she will have the authority to make decisions respecting any lands, houses, bank accounts, stocks, bonds, mutual fund investments, vehicles and anything else that you may own. This authority will also extend to matters relating to all securities, contracts of insurance, pensions, non-testamentary trusts, retirement savings plans and registered retirement income funds, annuities and other like deposits and investments. Your property attorney will also be able to use your property to provide support for your spouse and dependent children.

10. Housing decisions requiring the expenditure of money may be seen as both personal and financial decisions. If you appoint different people to act as your personal and property attorneys, you should be clear in your Enduring Power of Attorney which attorney is being given this authority.
11. Your attorney should be someone you know and trust completely and who is very capable of handling your affairs. You should consider very carefully whether you wish to impose any restrictions on the powers of your attorney, especially your property attorney. Your property attorney could seriously deplete or eliminate your financial assets.
12. There are certain conditions that the person you name as your attorney must meet at the time he or she begins acting as your attorney. He or she must be 18 years of age or older and have capacity. He or she must not be in the business of providing personal or health care services, such as home care or nursing home services, to you. In the case of your property attorney, he or she must not be an undischarged bankrupt.
13. Another important condition that your attorney must meet at the time he or she begins acting as your attorney is that he or she must not have been convicted within the last 10 years of a criminal offence relating to an act of violence, theft or fraud. However, your attorney may act if he or she has been pardoned for the offence or if, while you had capacity, he or she disclosed the fact of the conviction to you and you consented in writing to the person acting as your attorney.
14. It is desirable that your attorney is informed about his or her appointment and accepts the responsibility given to him or her.
15. Your Enduring Power of Attorney must be witnessed by a lawyer or by two adult witnesses. These two adults may not include the attorney, a member of his or her family or a member of your family.
16. You may revoke your Enduring Power of Attorney in writing at any time, as long as you have the capacity to understand the nature and effect of your Enduring Power of Attorney and the effect of terminating your Enduring Power of Attorney.
17. Your attorney's authority will come to an end on your death, on the death, lack of capacity or written resignation of your attorney, on the court appointing a property guardian for you or on your attorney ceasing to meet the requirements noted above in items 12 and 13. It will also come to an end on a date specified in your Enduring Power of Attorney or on your written revocation while you have capacity. If your attorney is your spouse, his or her authority will come to an end if your spousal relationship ends. A court may terminate the authority of an attorney who abuses his or her authority.
18. You may name a person who may request an accounting from your attorney. That person will then be able to ensure that your attorney is properly handling your affairs. If you do not name such a person, one of your adult family members may request such an accounting.

For further information, please see *The Powers of Attorney Act, 2002* and *The Powers of Attorney Regulations*.

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.

POWERS OF ATTORNEY

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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

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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)

FORM B
[Clause 3(b)]

Enduring Power of Attorney Appointing a Property Attorney

This form is to be used as a guide to the appointment of a property attorney. A property attorney has authority with respect to your property and financial affairs. He or she does not have authority with respect to your personal affairs.

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 property attorney)

of _____
(street address) (city) (province) (postal code)

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

or

(b) I appoint _____
(name of property attorney)

of _____
(street address) (city) (province) (postal code)

and _____
(name of property attorney)

of _____
(street address) (city) (province) (postal code)

(you may appoint two or more persons)

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

jointly *(your property attorneys will act together)*

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

successively *(your property 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 _____ has
(name of property attorney)

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 property attorney.

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2. Authority

(choose one)

(a) I give my property attorney(s) general authority respecting all of my property and financial affairs.
(The authority with respect to financial affairs includes matters relating to all of your securities, contracts of insurance, pensions, non-testamentary trusts, retirement savings plans, registered retirement income funds, annuities and other like deposits and investments.)

or

(b) I give my property attorney(s) specific authority as follows:
(You may limit the authority of your property attorney(s) or you may divide authority among property 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 property attorneys are appointed to act jointly (together):

(choose one)

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

or

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

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

(choose one)

(a) If one or more of my property 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 property 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 property attorney's (attorneys') management of my property and financial 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 property attorney(s), my property attorney(s) must provide an annual accounting of my property attorney's (attorneys') management of my property and financial 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 property attorney.
(name)

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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)

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:

(name)

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

Verify:

(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 property attorney or a member of the property 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)

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

Acceptance of Appointment (optional)

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

FORM C
[Clause 3(e)]

Enduring Power of Attorney Appointing a Personal and Property Attorney

This form is to be used as a guide to the appointment of a personal and property attorney. A personal and property attorney has authority with respect to your personal affairs and 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. If you wish to appoint separate persons to act as your personal attorney and your property attorney you may modify this form, or you may fill out Forms A and B.

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 and property attorney)

of _____
(street address) (city) (province) (postal code)

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

or

(b) I appoint _____
(name of personal and property attorney)

of _____
(street address) (city) (province) (postal code)

and _____
(name of personal and property attorney)

of _____
(street address) (city) (province) (postal code)

(you may appoint two or more persons)

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

jointly *(your personal and property attorneys will act together)*

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

successively *(your personal and property 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 _____ has
(name of personal and property attorney)

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 and property attorney.

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2. Authority

(choose one)

- (a) I give my personal and property attorney(s) general authority respecting all of my personal affairs and all of my property and financial 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. The authority with respect to financial affairs includes matters relating to all of your securities, contracts of insurance, pensions, non-testamentary trusts, retirement savings plans, registered retirement income funds, annuities and other like deposits and investments.)

or

- (b) I give my personal and property attorney(s) specific authority as follows:

(You may limit the authority of your personal and property attorney(s) or you may divide authority among personal and property attorneys.)

3. Decision-making

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

(choose one)

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

or

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

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

(choose one)

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

or

- (b) _____

4. Enduring Power of Attorney

My personal and property 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.

5. 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.)

6. Accounting (optional)

If I lack capacity, an accounting of my personal and property attorney's (attorneys') management of my personal affairs and my property and financial 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 and property attorney(s), my personal and property attorney(s) must provide an annual accounting of my personal and property attorney's (attorneys') management of my personal affairs and my property and financial 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.)

7. Revocation (optional)

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

appointing _____ as my personal and property attorney.
(name)

8. 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)

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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 or property attorney or a member of the personal or property 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 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.)

9. Acceptance of Appointment (optional)

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

(Signature of personal and property attorney) (date)

FORM D
[Clause 3(d)]

Legal Advice and Witness Certificate

This form is to be completed by a witness who is a lawyer.

I, _____,
(name)

of _____,
(street address) (city) (province) (postal code)

certify:

(a) that I am a practising member in good standing of the Law Society
of _____;
(jurisdiction of relevant Law Society)

(b) that I was consulted by _____
(name of grantor)

of _____
(street address) (city) (province) (postal code)

regarding the making of his or her Enduring Power of Attorney and that, based on the grantor's instructions, I prepared his or her Enduring Power of Attorney dated _____;

(c) that I explained the nature and effect of an Enduring Power of Attorney and reviewed the provisions of the above-mentioned Enduring Power of Attorney with the grantor;

(d) that I witnessed the signing of the above-mentioned Enduring Power of Attorney by the grantor;

(e) that in my opinion the grantor was an adult who could understand the nature and effect of an Enduring Power of Attorney at the time that he or she signed the above-mentioned Enduring Power of Attorney.

(Signature of lawyer witness)

(date)

FORM E
[Clause 3(e)]

Non-lawyer Witness Certificate

This form is to be completed by two witnesses who are not lawyers.

I, _____,
(name)

of _____,
(street address) (city) (province) (postal code)

and

I, _____,
(name)

of _____,
(street address) (city) (province) (postal code)

certify:

(a) that I witnessed the signing of the Enduring Power of Attorney of _____
(name of grantor)

dated _____ ;

(b) that I am an adult with capacity and that I am not the attorney named in the above-mentioned Enduring Power of Attorney and that I am not a family member of either the grantor or the attorney;

(c) that in my opinion the grantor was an adult who could understand the nature and effect of an Enduring Power of Attorney at the time that he or she signed the above-mentioned Enduring Power of Attorney.

(Signature of witness)

(date)

(Signature of witness)

(date)

FORM F
[Clause 3(f)]

Acknowledgement and Consent

This form is to be completed if required for the purposes of subsection 6(2) of the Act.

I am the grantor of an Enduring Power of Attorney given on _____
(date)

appointing _____
(name of attorney)

of _____
(street address) (city) (province) (postal code)

to act as my:

(check one)

personal

property

personal and property

attorney in accordance with *The Powers of Attorney Act, 2002*.

For the purposes of subsection 6(2) of the Act:

(a) I acknowledge that _____
(name of 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

(b) I consent to this person acting as my attorney.

(Signature of grantor) (date)

I, _____,
(name)

of _____
(street address) (city) (province) (postal code)

certify:

(a) that I witnessed the signing of this acknowledgement and consent by _____
(name of grantor)

dated _____ ;

(b) that in my opinion the grantor had capacity at the time he or she signed this document.

(Signature of witness) (date)

FORM G
[Clause 3(g)]

Declaration of Occurrence of Contingency

This form is to be completed by a declarant under a contingent Enduring Power of Attorney for the purposes of section 9.1 or 9.2 of the Act.

Please modify as necessary if there is more than one declarant.

I, _____,
(name)

of _____,
(street address) (city) (province) (postal code)

(Check one)

am named in the Enduring Power of Attorney of _____,
(name of grantor)

dated _____ to declare the occurrence of a contingency for the purpose of bringing the Enduring Power of Attorney into effect.

or

am a member of the following professional group and have assessed the capacity of the grantor to make personal or property decisions, as the case may be:

(If the contingency is the grantor's lack of capacity and there is no adult named or able to make the declaration under the Enduring Power of Attorney.)

_____,
and I declare that the following contingency specified in the Enduring Power of Attorney has occurred:

_____.

(Signature of declarant)

(date)

FORM H
[Clause 3(h)]

Accounting by a Property Attorney

(For an accounting required pursuant to section 17 of the Act, the accounting is to be for a period of one year. For an accounting mentioned in section 18 of the Act, the accounting is to be for the period requested. In order to provide an appropriate accounting, property attorneys should keep all relevant documentation, including cancelled cheques, invoices, bank statements, copies of titles and relevant letters.)

I _____, of _____, _____,

MAKE OATH AND SAY (OR DECLARE):

1. THAT I am the property attorney for _____
(the "grantor").

2. THAT the information set out in this Accounting of the grantor's property is true and complete to the best of my knowledge and belief, and is for the period from _____ to _____.
(period of accounting).

SWORN (OR DECLARED)

before me at _____
Saskatchewan, this _____ day
of _____, 20 _____

(Signature of Property Attorney)

A Commissioner for Oaths for Saskatchewan
My commission expires _____

ASSETS OF GRANTOR AT BEGINNING OF ACCOUNTING PERIOD

A. Financial Institution Accounts

Financial Institution	Account Number	Jointly Owned With (if applicable)	Value
1.			
2.			
3.			
Total Value:			

B. Term Deposits

Financial Institution	Interest Rate	Maturity Date	Jointly Owned With (if applicable)	Face Value
1.				
2.				
3.				
Total Value:				

C. Uncashed Cheques

Issuer	Jointly Payable to (if applicable)	Value
1.		
2.		
3.		
Total Value:		

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D. Cash on Hand

Total Value:

E. Real Estate

Legal Description	Jointly Owned with: <i>(if applicable)</i>	Value
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- 1.
- 2.
- 3.

Total Value:

F. Stocks and Investment Funds

Company	Number of Shares or Units	Jointly Owned With <i>(if applicable)</i>	Value
---------	---------------------------	--	-------

- 1.
- 2.
- 3.

Total Value:

G. Bonds

Issuer	Interest Rate	Maturity Date	Jointly Owned With <i>(if applicable)</i>	Face Value
--------	---------------	---------------	--	------------

- 1.
- 2.
- 3.

Total Value:

H. RRSP, RRIF

Company	Description/Policy Number	Value
---------	---------------------------	-------

- 1.
- 2.
- 3.

Total Value:

I. Life Insurance *(owned by the adult or if the adult is beneficiary)*

Company	Description/Policy Number	Value
---------	---------------------------	-------

- 1.
- 2.
- 3.

Total Value:

J. Vehicles

Description	Jointly Owned With <i>(if applicable)</i>	Value
-------------	--	-------

- 1.
- 2.
- 3.

Total Value:

K. Other Personal Property

	Description	Jointly Owned With <i>(if applicable)</i>	Value
1.			
2.			
3.			
			Total Value:
TOTAL VALUE OF ABOVE-LISTED ASSETS (A to K):			\$ _____

L. Monthly Payments Received by the Adult *(annuities, pensions, salary)*

	Paid By	Description	Jointly Owned With <i>(if applicable)</i>	Monthly Amount
1.				
2.				
3.				
				Total Monthly Amount:

M. Funds Held in a Discretionary Trust for the Benefit of the Adult

	Estate of	Trustee	Amount
1.			
2.			
3.			
			Total Amount:

DEBTS OF THE GRANTOR AT BEGINNING OF ACCOUNTING PERIOD

A. Financial Institution Loans

	Owing to	Description	Security Held, if any	Amount Owing
1.				
2.				
3.				
				Total Amount Owing:

B. Credit Cards

	Owing to	General Description of Purchases	Amount Owing
1.			
2.			
3.			
			Total Amount Owing:

C. Mortgages

	Owing to	Description <i>(term, interest rate, land description)</i>	Amount Owing
1.			
2.			
3.			
			Total Amount Owing:

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D. Other Debts

Owing to	Description	Security Held, if any	Amount Owing
1.			
2.			
3.			

Total Amount Owing:

TOTAL AMOUNT OF ABOVE-LISTED DEBTS (A to D): \$ _____

ACTIVITY DURING PERIOD OF ACCOUNTING

A. Funds Received During Accounting Period:

Date Received	Received From	Description	Amount
1.			
2.			
3.			
4.			
5.			

Total Amount Received:

B. Funds Spent During Accounting Period:

Date Spent	Paid To	Description	Owing
1.			
2.			
3.			
4.			
5.			

Total Funds Spent:

ASSETS OF GRANTOR AT END OF ACCOUNTING PERIOD

Note all changes to the grantor's assets as they existed at the beginning of the accounting period.

DEBTS OF GRANTOR AT END OF ACCOUNTING PERIOD

Note all changes to the grantor's debts as they existed at the beginning of the accounting period.

POWERS OF ATTORNEY

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FORM I
[Clause 3(i)]

Accounting by a Personal Attorney

(For an accounting required pursuant to section 17 of the Act, the accounting is to be for a period of one year. For an accounting mentioned in section 18 of the Act, the accounting is to be for the period requested. An accounting may refer to major decisions relating to such matters as the grantor's home, training and education, social activities and daily living.)

I _____, of _____, _____,
MAKE OATH AND SAY (OR DECLARE):

1. THAT I am the property attorney for _____
(the "grantor").
2. THAT the information set out in this Accounting is true and complete to the best of my knowledge and belief, and is for the period from _____ to _____.
(period of accounting).

SWORN (OR DECLARED)

before me at _____
Saskatchewan, this _____ day
of _____, 20 _____



(Signature of Property Attorney)

A Commissioner for Oaths for Saskatchewan
My commission expires _____

FORM J
[Clause 3(j)]

Revocation of Enduring Power of Attorney

I revoke the Enduring Power of Attorney previously given by me on _____
(date)

appointing _____
(name of attorney)

as my *(check one)* personal attorney property attorney personal and property attorney

(Signature of grantor) _____
(date)

I, _____,
(name)

of _____
(street address) *(city)* *(province)* *(postal code)*

certify:

(a) that I witnessed the signing of this revocation of Enduring Power of Attorney by _____
(name of grantor)

dated _____ ;

(b) that in my opinion the grantor understood the nature and effect of an Enduring Power of Attorney, and the effect of terminating an Enduring Power of Attorney, at the time that he or she signed this document.

(Signature of witness) _____
(date)

POWERS OF ATTORNEY

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FORM K
[Clause 3(k)]

Accounting by a Property Attorney

(A final accounting is required pursuant to section 18.1 of the Act. In order to provide an appropriate accounting, property attorneys should keep all relevant documentation, including cancelled cheques, invoices, bank statements, copies of titles and relevant letters.)

I _____, of _____, _____,

MAKE OATH AND SAY (OR DECLARE):

1. THAT I was the property attorney for _____
(grantor's name)

between _____ and _____ (dates).

2. THAT I provided an accounting to _____
(name of person to whom accounting was provided, if applicable)

for the period _____ to _____ on _____.
(date of the last accounting, if applicable)

3. THAT the information set out in this Final Accounting of the grantor's property is true and complete to the best of my knowledge and belief, and is for the period from _____ to _____.
(period of accounting or period since last accounting, if applicable)

SWORN (OR DECLARED)

before me at _____
Saskatchewan, this _____ day
of _____, 20 _____

(Signature of Property Attorney)

A Commissioner for Oaths for Saskatchewan
My commission expires _____

ASSETS OF GRANTOR AT BEGINNING OF ACCOUNTING PERIOD

A. Financial Institution Accounts

Financial Institution	Account Number	Jointly Owned With (if applicable)	Value
-----------------------	----------------	---------------------------------------	-------

- 1.
- 2.
- 3.

Total Value:

B. Term Deposits

Financial Institution	Interest Rate	Maturity Date	Jointly Owned With (if applicable)	Face Value
-----------------------	---------------	---------------	---------------------------------------	------------

- 1.
- 2.
- 3.

Total Value:

C. Uncashed Cheques

Issuer	Jointly Payable to (if applicable)	Value
--------	---------------------------------------	-------

- 1.
- 2.
- 3.

Total Value:

D. Cash on Hand

Total Value:

E. Real Estate

Legal Description	Jointly Owned with: <i>(if applicable)</i>	Value
-------------------	---	-------

- 1.
- 2.
- 3.

Total Value:

F. Stocks and Investment Funds

Company	Number of Shares or Units	Jointly Owned With <i>(if applicable)</i>	Value
---------	---------------------------	--	-------

- 1.
- 2.
- 3.

Total Value:

G. Bonds

Issuer	Interest Rate	Maturity Date	Jointly Owned With <i>(if applicable)</i>	Face Value
--------	---------------	---------------	--	------------

- 1.
- 2.
- 3.

Total Value:

H. RRSP, RRIF

Company	Description/Policy Number	Value
---------	---------------------------	-------

- 1.
- 2.
- 3.

Total Value:

I. Life Insurance *(owned by the adult or if the adult is beneficiary)*

Company	Description/Policy Number	Value
---------	---------------------------	-------

- 1.
- 2.
- 3.

Total Value:

J. Vehicles

Description	Jointly Owned With <i>(if applicable)</i>	Value
-------------	--	-------

- 1.
- 2.
- 3.

Total Value:

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K. Other Personal Property

Description	Jointly Owned With <i>(if applicable)</i>	Value
1.		
2.		
3.		
		Total Value:
TOTAL VALUE OF ABOVE-LISTED ASSETS (A to K): \$ _____		

L. Monthly Payments Received by the Adult *(annuities, pensions, salary)*

Paid By	Description	Jointly Owned With <i>(if applicable)</i>	Monthly Amount
1.			
2.			
3.			
			Total Monthly Amount:

M. Funds Held in a Discretionary Trust for the Benefit of the Adult

Estate of	Trustee	Amount
1.		
2.		
3.		
		Total Amount:

DEBTS OF THE GRANTOR AT BEGINNING OF ACCOUNTING PERIOD**A. Financial Institution Loans**

	Owing to	Description	Security Held, if any	Amount Owing
1.				
2.				
3.				
				Total Amount Owing:

B. Credit Cards

	Owing to	General Description of Purchases	Amount Owing
1.			
2.			
3.			
			Total Amount Owing:

C. Mortgages

	Owing to	Description <i>(term, interest rate, land description)</i>	Amount Owing
1.			
2.			
3.			
			Total Amount Owing:

D. Other Debts

	Owing to	Description	Security Held, if any	Amount Owing
1.				
2.				
3.				
				Total Amount Owing:

TOTAL AMOUNT OF ABOVE-LISTED DEBTS (A to D): \$ _____

ACTIVITY DURING PERIOD OF ACCOUNTING

A. Funds Received During Accounting Period:

	Date Received	Received From	Description	Amount
1.				
2.				
3.				
4.				
5.				

Total Funds Received:

B. Funds Spent During Accounting Period:

	Date Spent	Paid To	Description	Owing
1.				
2.				
3.				
4.				
5.				

Total Funds Spent:

ASSETS OF GRANTOR AT END OF ACCOUNTING PERIOD

Note all changes to the grantor's assets as they existed at the beginning of the accounting period.

DEBTS OF GRANTOR AT END OF ACCOUNTING PERIOD

Note all changes to the grantor's debts as they existed at the beginning of the accounting period.

FORM L
[Clause 3(l)]
Final Accounting by a Personal Attorney

(A final accounting is required pursuant to section 18.1 of the Act. A final accounting may refer to major decisions relating to such matters as the grantor's home, training and education, social activities and daily living.)

I _____, of _____, _____,

MAKE OATH AND SAY (OR DECLARE):

1. THAT I was the personal attorney for _____
(grantor's name)

between _____ and _____ (dates).

2. THAT I provided an accounting to _____
(name of person to whom accounting was provided, if applicable)

for the period _____ to _____ on _____
(date of the last accounting, if applicable)

3. THAT the information set out in this Final Accounting is true and complete to the best of my knowledge and belief, and is for the period from _____ to _____
(period of accounting or period since last accounting, if applicable)

SWORN (OR DECLARED)

before me at _____

Saskatchewan, this _____ day

of _____, 20 _____

A Commissioner for Oaths for Saskatchewan

My commission expires _____

} _____
(Signature of Personal Attorney)

