

POWERS OF ATTORNEY ACT

R-023-2006

Registered with the Registrar of Regulations

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POWERS OF ATTORNEY REGULATIONS

The Commissioner, on the recommendation of the Minister, under section 28 of the *Powers of Attorney Act* and every enabling power, makes the annexed *Powers of Attorney Regulations*.

1. For the purposes of subsection 3(4) of the Act, a member of a prescribed professional group means:
 - (a) medical practitioners;
 - (b) psychologists registered under the *Psychologists Act*; and
 - (c) after obtaining the written approval of the Public Trustee, medical practitioners qualified to practice in a province or territory other than Nunavut.

2. The Schedule sets out forms and provides information which must be used under subsection 12 (1) of the Act or may be used under subsection 12 (2) of the Act, as follows:
 - (a) Form A is the form for a springing power of attorney;
 - (b) Form B is the form for an enduring power of attorney;
 - (c) Form C is the form for a declaration;
 - (d) Form D is the form for a revocation; and
 - (e) Form E is the form for a renunciation.

3. These regulations come into force on the day on which the *Powers of Attorney Act*, S.Nu. 2005,c.9 comes into force.

SCHEDULE

(Paragraph 2(a))

**FORM A
SPRINGING POWER OF ATTORNEY**

This power of attorney is given on

_____ by _____ of
(date) (donor)

(donor's address)

READ THIS INFORMATION BEFORE SIGNING

1. This document is a SPRINGING POWER OF ATTORNEY that will not come into effect until some time in the future. You may choose any date or event that will bring it into effect, but you must clearly state that date or event in this document. You should ensure the date or event can be clearly ascertained. You may designate one or more "declarant(s)" to declare in writing that the date or event has occurred. For example, if you have stated in this document that it will come into effect on your mental incapacity, you may designate one or more individuals to declare that you are mentally incapacitated. If you do not name any declarants, or if the named declarants are unable or unwilling to provide a declaration, then two persons who are doctors or psychologists in Nunavut or with the written consent of the Public Trustee, doctors qualified to practice in a province or territory other than Nunavut may declare that you are mentally incapacitated. At that point this document would come into effect and your attorney would have legal authority to manage your affairs.
2. You must be nineteen years of age or older to give a power of attorney.
3. The effect of this document is to authorize the person you have named as your attorney to act on your behalf with respect to your property and financial affairs. This could include your lands, houses, bank accounts, pensions, RRSPs, stock and mutual fund investments, vehicles and anything else you own.
4. Unless you state otherwise in this document, your attorney will have very wide powers to deal with the types of property listed above. The attorney will also be able to use your property to provide support for your spouse and dependant children. Because your power of attorney may operate when you are mentally incapacitated, you should consider very carefully whether or not you wish to impose any restrictions on the powers of your attorney.
5. Your attorney should be someone you know and trust completely and who is very capable of handling financial matters. Your attorney could seriously deplete or eliminate your financial assets.
6. You may not appoint as your attorney a person who is under the age of nineteen years, is mentally incapacitated or is an undischarged bankrupt.
7. You may revoke this power of attorney at any time, as long as you are mentally capable of understanding what you are doing.
8. This power of attorney will come to an end on your bankruptcy or death, on the attorney's bankruptcy, mental incapacity or death, or on the occurrence of other circumstances as provided in the *Powers of Attorney Act*.

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| 9. | You may name a "recipient" to receive reports on your financial affairs, in the form of an accounting, from your attorney. The recipient would then be able to review the reports to ensure that your attorney is properly handling your affairs. |
| 10. | Your attorney should sign the acceptance at the end of this document to indicate that he or she agrees to being appointed as your attorney and that he or she is aware of his or her duties. |
| 11. | Neither your attorney, nor his or her spouse, may sign as the witness to your signature on this document. |

A. APPOINTMENTS AND DIRECTIONS:

1. (a) I appoint _____ of _____
(name) (address)
to be my attorney in accordance with the *Powers of Attorney Act*.

Fill in or add optional provisions as appropriate

<p>If the donor wishes to appoint joint attorneys:</p> <p>(b) In addition to the person I have appointed as my attorney under paragraph (a), I appoint the following person(s) to act jointly with that person as my attorney(s):</p> <p>_____ of _____ (name) (address)</p> <p>_____ of _____ (name) (address)</p> <p>If the donor wishes to name an alternate attorney:</p> <p>2. If a person I have appointed as my attorney under paragraph 1(a) or (b) is or becomes unable to act, then I appoint the following person to act in place of that person:</p> <p>_____ of _____ (name) (address)</p>

3. (a) In accordance with the *Powers of Attorney Act*, I declare that this power of attorney is a springing power of attorney that shall not come into effect until
- _____

(set out clearly the date or event that will bring this document into effect)

Fill in or add optional provisions as appropriate

To name one or more declarants:	
(b) I name the following person(s) as declarant(s) to provide a written declaration that the date or event that will bring this document into effect, as specified in paragraph (a), has occurred:	
_____ of _____ <i>(name of declarant)</i>	_____ of _____ <i>(address of declarant)</i>
_____ of _____ <i>(name of declarant)</i>	_____ of _____ <i>(address of declarant)</i>
To name a recipient:	
4. I name the following person as a recipient who may request reports on my financial affairs from my attorney, and to whom my attorney must provide an accounting if those reports are requested:	
_____ of _____ <i>(name of recipient)</i>	_____ of _____ <i>(address of recipient)</i>
To provide for the attorney(s) to receive compensation:	
5. I authorize my attorney(s) to take annual compensation from my property in accordance with the <i>Trustee Fee Regulations</i> made under the <i>Guardianship and Trustee Act</i> .	
To revoke a previous power of attorney:	
6. I revoke the power of attorney previously given by me on _____ appointing _____ <i>(date)</i> <i>(name of attorney being revoked)</i>	

7. This power of attorney authorizes my attorney to do on my behalf anything that I can lawfully do by an attorney, subject only to the conditions or restrictions stated below.

Optional: State desired conditions or restrictions

Donor's statement of conditions or restrictions: _____ _____ _____ _____ _____ _____
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B. SIGNATURE AND WITNESS:

Both the donor and witness must be present when the following signatures are given, and neither an attorney, nor the spouse of an attorney named in this document, may be a witness.

(donor's signature)

(witness' signature)

C. CERTIFICATION:

I, _____, of
(print witness' name)

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

CERTIFY:

- (a) I was personally present and witnessed the signing of this springing power of attorney by _____, on _____.
(date)
- (b) I am certain it was _____ who signed because
 - i. I have known _____ for ____ years, or
 - ii. The following identification was provided _____.
- (c) _____ was, in my belief, of the full age of nineteen years on the date of signing.
- (d) In my opinion, at the time that he or she signed this document, _____ understood the nature and effect of a power of attorney generally, and all the information, appointments and directions specifically included here, and signed for no improper purpose.

(witness' signature)

D. ACCEPTANCE

I, _____, of
(attorneys' name)

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

having been appointed under a power of attorney by _____
(donor)
on _____ under the *Power of Attorney Act* hereby accept
(date)

the appointment as attorney.

(attorney's signature)

**FORM B
ENDURING POWER OF ATTORNEY**

(Paragraph 2(b))

This power of attorney is given on

_____ by _____ of
(date) (donor)

(donor's address)

READ THIS INFORMATION BEFORE SIGNING

1. This document is an ENDURING POWER OF ATTORNEY that takes effect as soon as it is signed and witnessed. It will continue during your lifetime and it will not come to an end if you become mentally incapacitated in the future, unless you have revoked it before that time. If you become mentally incapacitated, your attorney will have a duty to manage your affairs and will not be able to resign without first obtaining permission from the Nunavut Court of Justice.
2. You must be nineteen years of age or older to give a power of attorney.
3. The effect of this document is to authorize the person you have named as your attorney to act on your behalf with respect to all your property and financial affairs. This could include your lands, houses, bank accounts, pensions, RRSPs, stock and mutual fund investments, vehicles and anything else you own.
4. Unless you state otherwise in this document, your attorney will have very wide powers to deal with the types of property listed above. The attorney will also be able to use your property to provide support for your spouse and dependant children. Because your power of attorney may operate when you are mentally incapacitated, you should consider very carefully whether or not you wish to impose any restrictions on the powers of your attorney.
5. Your attorney should be someone you know and trust completely and who is very capable of handling financial matters. Your attorney could seriously deplete or eliminate your financial assets.
6. You may not appoint as your attorney a person who is under the age of nineteen years, is mentally incapacitated or is an undischarged bankrupt.
7. You may revoke this power of attorney at any time, as long as you are mentally capable of understanding what you are doing.
8. This power of attorney will come to an end on your bankruptcy or death, on the attorney's bankruptcy, mental incapacity or death, or on the occurrence of other circumstances as provided in the *Powers of Attorney Act*.
9. You may name a "recipient" to receive reports on your financial affairs, in the form of an accounting, from your attorney. The recipient would then be able to review the reports to ensure that your attorney is properly handling your affairs.
10. Your attorney should sign the acceptance at the end of this document to indicate that he or she agrees to being appointed as your attorney and that he or she is aware of his or her duties.
11. Neither your attorney, nor his or her spouse, may sign as the witness to your signature on this document.

A. APPOINTMENTS AND DIRECTIONS:

1. (a) I appoint _____ of _____
(name) (address)
to be my attorney in accordance with the *Powers of Attorney Act*.

Fill in or add optional provisions as appropriate

<p>If the donor wishes to appoint joint attorneys:</p> <p>(b) In addition to the person I have appointed as my attorney under paragraph (a), I appoint the following person(s) to act jointly with that person as my attorney(s):</p> <p>_____ of _____ (name) (address)</p> <p>_____ of _____ (name) (address)</p> <p>If the donor wishes to name an alternate attorney:</p> <p>2. If a person I have appointed as my attorney under paragraph 1(a) or (b) is or becomes unable to act, then I appoint the following person to act in place of that person:</p> <p>_____ of _____ (name) (address)</p>

3. In accordance with the *Powers of Attorney Act*, I declare that this power of attorney is an enduring power of attorney that shall take effect as soon as it is signed and witnessed, and this power of attorney shall continue in effect during my lifetime whether or not I become mentally incapacitated in the future, unless revoked by me before that time.

Fill in or add optional provisions as appropriate

<p>To name a recipient:</p> <p>4. I name the following person as a recipient who may request reports on my financial affairs from my attorney, and to whom my attorney must provide an accounting if those reports are requested:</p> <p>_____ of _____ (name of declarant) (address of declarant)</p> <p>To provide for the attorney(s) to receive compensation:</p> <p>5. I authorize my attorney(s) to take annual compensation from my property in accordance with the <i>Trustee Fee Regulations</i> made under the <i>Guardianship and Trustee Act</i>.</p> <p>To revoke a previous power of attorney:</p> <p>6. I revoke the power of attorney previously given by me on _____ appointing _____ (date) (name of attorney being revoked)</p>

7. This power of attorney authorizes my attorney to do on my behalf anything that I can lawfully do by an attorney, subject only to the conditions or restrictions stated below.

Optional: State desired conditions or restrictions

<p>Donor's statement of conditions or restrictions:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

B. SIGNATURE AND WITNESS:

Both the donor and witness must be present when the following signatures are given, and neither an attorney, nor the spouse of an attorney named in this document, may be a witness.

<hr/> <p><i>(donor's signature)</i></p>	<hr/> <p><i>(witness' signature)</i></p>
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C. CERTIFICATION:

I, _____, of _____

(print witness' name)

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

CERTIFY:

- (a) I was personally present and witnessed the signing of this enduring power of attorney by _____, on _____.

(date)

- (b) I am certain it was _____ who signed because
 - i. I have known _____ for ____ years, or
 - ii. The following identification was provided _____.
- (c) _____ was, in my belief, of the full age of nineteen years on the date of signing.
- (d) In my opinion, at the time that he or she signed this document, _____ understood the nature and effect of a power of attorney generally, and all the information, appointments and directions specifically included here, and signed for no improper purpose.

(witness' signature)

D. ACCEPTANCE

I, _____, of
(attorneys' name)

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

having been appointed under a power of attorney by _____
(donor)

on _____ under the *Power of Attorney Act* hereby accept
(date)

the appointment as attorney.

(attorney's signature)

**FORM C
DECLARATION**

(Paragraph 2(c))

I, _____, of _____,
(name)
_____,
(street address) (city) (province / territory) (postal code)

Modify as necessary if there is more than one declarant.

I, _____, of _____,
(name)
_____,
(street address) (city) (province / territory) (postal code)

Complete the appropriate statement below.

am named in the power of attorney of _____
(name of donor)
dated _____ to declare that the date or event specified in the
power of attorney has occurred, bringing the power of attorney into effect.

or

am a member of the following professional group prescribed in section 1 of the *Power of Attorney Regulations*:
(check only one)
 a psychologist registered under the *Psychologists Act*;
 a medical practitioner qualified to practice in Nunavut;
 a medical practitioner qualified to practice in a province or territory other than Nunavut.

I declare that the date or event specified in the power of attorney or in the *Power of Attorney Act* has occurred, as follows:

(Signature of declarant)

(date)

**FORM D
REVOCATION**

(Paragraph 2(d))

I _____ revoke the power of attorney given by me to
_____ on _____.
(name) (date)

Optional: Registration Information

The power of attorney was filed in the Land Titles Office for the
_____ Registration District, on _____, as
instrument number _____.

SIGNATURE AND WITNESS:

Both the donor and a witness must be present when the following signatures are given, and neither an attorney, nor the spouse of an attorney named in this document, may be a witness

(donor's signature) (witness' signature)

CERTIFICATION:

I, _____, of

(print witness' name)

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

CERTIFY:

- (a) I was personally present and witnessed the signing of this revocation by _____, on _____.
(date)
- (b) I am certain it was _____ who signed because
 - i. I have known _____ for ____ years, or
 - ii. The following identification was provided _____.
- (c) _____ was, in my belief, of the full age of nineteen years on the date of signing.
- (d) In my opinion, at the time that he or she signed this document, _____ understood the nature and effect of a power of attorney generally, and all the information, appointments and directions specifically included here, and signed for no improper purpose.

(witness' signature)

**FORM E
RENUNCIATION**

(Paragraph 2(e))

I, _____, of
(attorneys' name)

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

having been appointed under a power of attorney by _____
(donor)

on _____ hereby renounce the appointment as attorney
(date)

under section 12 and subsection 24(2) of the *Power of Attorney Act*.

(attorney's signature)