

ENDURING POWER OF ATTORNEY INSTRUCTION QUESTIONNAIRE

Please complete as much as possible of this questionnaire before we meet. It will provide me with essential information and help me to identify the topics I should discuss with you. Please feel free to call us if you have any questions.

PART 1 — INFORMATION ABOUT YOU

Name (full):	
Other names you are or have been known by: (e.g. you go by your middle name or your name is Margaret but you go by Peggy)	
Address	
Date of birth	
Marital status	
Telephone no. (home or cell):	Telephone no. (work):
Email address:	
Correspondence to be sent to: <input type="checkbox"/> home <input type="checkbox"/> other:	
<p>Real Estate holdings (a) Residence In your name In spouse/partner's name In joint names</p> <p>Street Address:</p> <p>Legal Description, if known Please provide civic address and legal description:</p>	<p>2nd property (if applicable) (b) Residence In your name In spouse/partner's name In joint names</p> <p>Street Address:</p> <p>Legal Description, if known Please provide civic address and legal description:</p>

PART 2 — YOUR INSTRUCTIONS**ATTORNEY**

Who do you want to appoint as your Attorney?

Full name	
Address	
Phone number	
email	
Occupation	
Relationship to you	

Who (if anyone) do you want to appoint as your Alternate Attorney?

Full name	
Address	
Phone number	
email	
Occupation	
Relationship to you	

COMING INTO EFFECT

When do you want the Enduring Power of Attorney to come into effect?

_____ Immediately

or

_____ If and when you are unable to manage your financial affairs due to mental or physical infirmity