

Power Of Attorney Form

POWER OF ATTORNEY INSTRUCTIONS:

1. Complete this form if you are appointed by another individual to act on his/her behalf with respect to a President's Choice Financial account held with President's Choice Bank.
2. Send this form, along with the Power of Attorney documentation to President's Choice Financial:
 - By mail to: PC Financial
PO Box 101, Station A Toronto,
Ontario M5W 1A2

Mandatory fields are marked with *

I _____ [POA Name]* will be acting as Power of Attorney for _____ [customer name]* for the President's Choice Financial account with card number _____ (last 8 digits of PC Financial Mastercard or PC Money Account card)*.
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Information about the Power of Attorney (to be completed by the Power of Attorney. Complete full names, partial names or initials will be rejected.)

Last Name*: _____ First Name*: _____

Middle Name: _____ Date of Birth* (DD/MM/YYYY): _____

Street Number*: _____ Street Name*: _____ Unit Number: _____
[Cannot be a general delivery address such as a PO Box or Rural Road]

City/Town*: _____ Province*: _____ Postal Code*: _____

Occupation: _____ Power of Attorney Signature: _____

If you would like to use a PO Box or General Delivery address please complete the "Mailing Address" section below.

Mailing address, if different from residential address:

Street Number: _____ Street Name: _____ Unit Number: _____

PO Box/Rural Route: _____ City/Town: _____ Province: _____ Postal Code: _____

Power of Attorney is a customer of President's Choice Bank: YES NO

If YES, please insert last 8 digits of PC Financial Mastercard or PC Money Account card _____

If NO, please complete the attached Identification Verification Form with the assistance of a solicitor or notary.

Power Of Attorney Identification Verification Form

I, the undersigned solicitor or notary, attest that (a) I accept and understand that I am acting as an agent on behalf of President's Choice Bank for the purpose of ascertaining the identity of the power of attorney named below; (b) I am currently in good standing and entitled to practice law without restriction; (c) I have personally met with the power of attorney; and (d) I have reviewed one valid and current original identification document from the Approved List below which has been verified by me in accordance with the *Proceeds of Crime (Money Laundering) and Terrorist Financing Regulations*. I include a **clear** and **legible** notarized photocopy of both sides of the identification document and have recorded below the following information for the power of attorney.

Information about the Power of Attorney (to be completed by the undersigned solicitor or notary). **Please complete full names - partial names or initials will be rejected.**

Last Name: _____ First Name: _____

IDENTIFICATION TYPE*: _____ IDENTIFICATION NUMBER*: _____

PLACE OF ISSUANCE*: _____ DATE OF EXPIRY* (DD/MM/YYYY): _____

COUNTRY OF ISSUANCE*: _____

Signed at the City of: _____ Province: _____

Solicitor / Notary Last Name*: _____ Solicitor / Notary First Name*: _____

Signature*: _____ Date (DD/MM/YYYY)*: _____

Acting as Agent for President's Choice Bank

Approved List

Canadian or Foreign Passport

Permanent Resident Card

Certificate of Canadian Citizenship (issued prior to 2012)

Provincial Driver's Licence

British Columbia ID/Enhanced ID

British Columbia Services Card

Quebec Health Card

Saskatchewan Non-Driver Photo ID

Manitoba Enhanced Identification Card

Ontario Photo Card

Yukon General Identification Card

Alberta Photo Identification Card

Nova Scotia Identification Card

Prince Edward Island Voluntary ID

New Brunswick Photo ID Card

Newfoundland and Labrador Photo Identification Card

Northwest Territories General Information

Nunavut General Identification Card

Secure Certificate of Indian Status

Certificate of Indian Status

**NOTARIAL CERTIFICATE
OF TRUE COPY**

CANADA
PROVINCE OF _____

I, _____,
[name of notary]

a duly appointed notary public for the Province of _____, residing at the
City of _____ in the Province of _____,

certify as follows:

1. I have compared the attached document with a document produced and shown to me and purporting to be the original

Identification Type _____

2. The attached document is a true copy of the original.
3. IN TESTIMONY WHEREOF I have hereunto subscribed my name and affixed my seal of office.

DATE: _____

A Notary Public for the
Province of _____

Print Name

PRESIDENT'S CHOICE BANK

Power of Attorney

1. I, _____
(Name of Accountholder, also referred to as the "Donor")
hereby appoint:

Name of Attorney

as my true and lawful attorney (the "Attorney"), for and in my name to do and perform from time to time any or all of the following acts and things in respect of any business or dealings involving President's Choice Bank (the "Bank"):

- (a) to open any new account or close any existing account registered in my name;
- (b) to create, accept, endorse and deal with any bill of exchange, promissory note, cheque, term deposit instrument and order for the payment of money, and financial instrument;
- (c) to borrow money and to give any security for any debt or liability incurred or to be incurred on my behalf;
- (d) to pay and receive all money and give receipts and releases therefore;
- (e) to transfer and assign all insurance policies either effected in my name or transferred to me by others;
- (f) to receive and give receipts and releases for any securities howsoever held for my account;
- (g) to purchase, sell and in every way deal with securities of every kind and description through the Bank or otherwise and to pay or receive the purchase money therefore and to give receipts therefore;
- (h) to authorize the Bank to accept in my name all or any drafts and bills of exchange;
- (i) to settle all books, statements and accounts and sign the Bank's form of confirmation of balance and any receipt or release therefore;
- (j) to receive any notice, notification, writ or process on my behalf;
- (k) to appoint any substitute attorney with written notice thereof to the Bank and to revoke any such substitution with written notice of such revocation to the Bank;

- (l) to execute and deliver all deeds and other documents necessary for the purposes aforesaid and to request and authorize the Bank to guarantee both the signature and authority to sign of my attorney on any and all papers, deeds and documents as mentioned herein; and
 - (m) to generally transact with the Bank any business my attorney may see fit, as lawfully and effectually as I could have done if personally present.
2. Except as provided in Clause 3 below, I declare that this power of attorney is to continue notwithstanding any subsequent mental incapacity, mental infirmity, legal incapacity or mental incompetence on my part, in accordance with, as applicable, the Enduring Powers of Attorney Act in New Brunswick; the Enduring Powers of Attorney Act in Newfoundland; the Substitute Decisions Act, 1992 in Ontario; the Powers of Attorney Act, 2002 in Saskatchewan; the Powers of Attorney Act in Prince Edward Island; the Powers of Attorney Act in Alberta; the Powers of Attorney Act in Nova Scotia; the Powers of Attorney Act in the Northwest Territories; the Consolidation of Powers of Attorney Act in Nunavut; the Power of Attorney Act in British Columbia; the Enduring Power of Attorney Act in the Yukon; and The Powers of Attorney Act in Manitoba.
3. If I am a resident of the province of Quebec, I am aware that this power of attorney will be automatically revoked in the event of any subsequent mental incapacity, mental infirmity, legal incapacity or mental incompetence on my part, in accordance with the *Civil Code of Quebec in Quebec*.
4. I revoke any power of attorney previously given by me, as it applies to any business or dealings involving the Bank.
5. Subject to Clause 4 above, the execution of this document will not revoke any other continuing power of attorney previously executed by me and I declare that, pursuant to s. 12(1)(d) of the Substitute Decision Act, 1992, in Ontario, I shall have multiple continuing powers of attorney.
6. I hereby ratify and confirm and agree to ratify and confirm all and whatever my Attorney or any substitute shall do or cause to be done under or by virtue hereof. The Bank may continue to deal with my Attorney until notice of revocation hereof has been given in writing to the Bank.
7. **If I am a resident of the Yukon or Northwest Territories, I confirm that I have reviewed the explanatory notes attached hereto as Schedule "A", and I hereby incorporate such notes into this power of attorney.**
8. I confirm that it is my express wish that this form and all amendments and other documents thereto be drawn up in English. Je confirme ma demande expresse que le présent formulaire ainsi que toutes les modifications et tous les autres documents s'y rattachant soient rédigés en anglais.

I have signed this power of attorney in the presence of the witness(es) whose name(s) appear below.

Signed at _____ this _____ day of _____, 20_____.
(City/Town)

Signature of Accountholder

Important Information Before Signing: Prior to signing this power of attorney, please review the “Instructions for Execution” below in order to determine whether or not you require one (1) or two (2) witnesses and who such witness or witnesses may or may not be.

Ontario and Saskatchewan residents MUST have two witnesses sign below. British Columbia residents must have two witnesses unless a witness is a lawyer or notary public. All other donors may have one witness.

WITNESSES TO DONOR’S SIGNATURE: (signed in the presence of the Donor and, in the case of two (2) witnesses, in the presence of each other)

If the Donor is a resident of New Brunswick, by signing below the witness hereby declares as follows:

- a) I am a practising member of the Law Society of New Brunswick;
- b) I have reviewed the provisions of this enduring power of attorney with the Donor;
- c) I was present when the enduring power of attorney was signed by the Donor (or by such other person who signed the form on behalf of the Donor in accordance with the requirements of s. 4(2) of the Enduring Powers of Attorney Act); and
- d) I am of the opinion that the Donor had the capacity to make this enduring power of attorney.

Witness Signature _____

Print name _____

Address _____

Occupation _____

Witness Signature _____

Print name _____

Address _____

Occupation _____

British Columbia and Yukon: Signature of Attorney required below for Donors who are residents of British Columbia and the Yukon, and witness(es) to Attorney’s signature required for British Columbia.

If the Donor is a resident of the Yukon, by signing below the Attorney hereby acknowledges and states as follows:

- a) Pursuant to this enduring power of attorney, the Donor has appointed me as his/her/their attorney for property with respect to any business or dealings involving President’s Choice Bank, as set out in paragraph 1 above of this enduring power of attorney;
- b) I have been made aware of the responsibilities of acting as an attorney under the Enduring Power of Attorney Act, RSY 2002, c 73; and
- c) I hereby agree to undertake these responsibilities.

Signed at _____ this _____ day of _____, 20_____.
(City/Town)

Signature of Attorney

WITNESSES TO ATTORNEY’S SIGNATURE FOR **BRITISH COLUMBIA** DONORS:
(signed in the presence of the Attorney and, in the case of two (2) witnesses, in the presence of each other)

Witness Signature _____

Print name _____

Address _____

Occupation _____

Witness Signature _____

Print name _____

Address _____

Occupation _____

INSTRUCTIONS FOR EXECUTION (please review prior to signing the Power of Attorney)

1. The Donor must sign the power of attorney in the presence of the witness(es) and the witness(es) must sign in the presence of the Donor and, if there are two witnesses, in the presence of each other.
2. The following people **cannot** be witnesses: the Attorney or the Attorney's spouse or partner; the spouse, partner or child of the Donor or someone that the Donor treats as his or her child; a person whose property is under guardianship or who has a guardian of the person; a person under the legal age of majority in their own province or territory; a person or the spouse of a person who signs this power of attorney document on behalf of the Donor. In Saskatchewan, the following additional people cannot be witnesses: the Donor's or Attorney's child, parent, legal guardian, brother, sister, grandparent, grandchild, uncle, aunt, nephew or niece. In British Columbia, the following additional people cannot be witnesses: an employee or agent of the Attorney, unless the Attorney is a lawyer, a member in good standing of the Society of Notaries Public of British Columbia, the Public Guardian and Trustee, or a financial institution authorized to carry on trust business under the Financial Institutions Act of British Columbia.
3. For residents of Ontario and Saskatchewan, this form needs to be signed in the presence of two witnesses. For residents of British Columbia, this form needs to be signed in the presence of two witnesses, unless a witness is a lawyer or a member in good standing of the Society of Notaries Public of British Columbia in which case one witness is sufficient. In all other provinces and territories one witness will suffice. In the case of the province of Manitoba, the one witness must be: an individual registered, or qualified to be registered, under section 3 of *The Marriage Act* to solemnize marriages; a judge of a superior court of the province; a justice of the peace or provincial judge; a duly qualified medical practitioner; a notary public appointed for the province; a lawyer entitled to practice in the province; a member of the Royal Canadian Mounted Police; or a police officer with a police service established or continued under *The Police Services Act*. In the case of the province of New Brunswick, the one witness must be a lawyer who is a practicing member of the Law Society of New Brunswick.
4. For the province of Saskatchewan only, witnesses must complete the Non-lawyer Witness Certificate, attached hereto as Appendix "B".
5. For the territory of the Yukon only, this form must be accompanied by a certificate of legal advice signed by a lawyer that states at least the following: that the Donor attended before the lawyer providing the certificate; that the Donor appeared to the lawyer to understand the nature and effect of the document; that the lawyer is satisfied that the Donor is an adult; that the Donor signed the enduring power of attorney, or acknowledged the Donor's signature, in the presence of the lawyer (or that the enduring power of attorney was signed on behalf of the Donor, as provided for in s. 3(3) of the Enduring Power of Attorney Act, in the presence of the lawyer and the Donor, and under the direction of the Donor, and with the Donor's acknowledgement to the lawyer that the Donor was physically incapable of signing the enduring power of attorney); that the Donor acknowledged to the lawyer that the Donor gave the enduring power of attorney voluntarily; and, that the lawyer is satisfied by examination of the Donor that the Donor

understood the explanatory notes referred to in s. 3(1)(b)(iii) of the Enduring Power of Attorney Act and set out in Schedule "A" attached hereto.

6. For the province of British Columbia only, the Attorney named in the power of attorney must sign the power of attorney prior to acting as the Donor's attorney and must do so in the presence of two witnesses, unless a witness is a lawyer or a member in good standing of the Society of Notaries Public of British Columbia in which case one witness will suffice. The Attorney does not need to sign the power of attorney in the presence of the Donor.
7. For the territory of the Yukon only, the Attorney named in the power of attorney shall sign above to acknowledge: (i) their appointment by the Donor; and (ii) that they have been made aware of the responsibilities of acting as an attorney under the Enduring Power of Attorney Act and have agreed to undertake these responsibilities.
8. If the account is a joint account the consent and signature of the joint accountholder is required. One of the accountholders on a joint account cannot appoint an attorney without the consent of the other joint account holder(s).
9. Any changes or deletions to this document require the initials of the Donor and witness(es).

SCHEDULE “A”

For Residents of the Yukon:

NOTES ON THE ENDURING POWER OF ATTORNEY

Read These Notes Before Signing This Document

1. 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.
2. Unless you state otherwise in the document, your attorney will have very wide powers to deal with your property on your behalf. The attorney will also be able to use your property to benefit your spouse and dependent children. You should consider very carefully whether or not you wish to impose any restrictions on the powers of your attorney.
3. This document is an “enduring” power of attorney, which means that it will not come to an end if you become mentally incapable of managing your own affairs. At that point your attorney will have a duty to manage your affairs and will not be able to resign without first obtaining permission from the court. The power of attorney comes to an end if you die or your attorney dies.
4. This document takes effect as soon as it is signed and witnessed. If you do not want your attorney to be able to act on your behalf until after you become mentally incapable of managing your own affairs, you should say so in this document.
5. You may cancel this power of attorney at any time, as long as you are mentally capable of understanding what you are doing.

For Residents of the Northwest Territories:

EXPLANATORY NOTES FOR THE ASSISTANCE OF THE DONOR

Read These Notes Before Signing This Document

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 Supreme Court of the Northwest Territories.
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. 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.

SCHEDULE "B"

For Saskatchewan Residents Only

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)