

# Enduring Power of Attorney for Personal Care

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*This is a form for making an enduring power of attorney for personal care in accordance with the Enduring Powers of Attorney Act in New Brunswick. You cannot use this form to appoint an attorney for property. If you would like to make an enduring power of attorney that appoints an attorney for property, you will need help from a lawyer. Before you fill out this form, you should read the PLEIS-NB guide called **Enduring Powers of Attorney**.*

Name \_\_\_\_\_

Address \_\_\_\_\_ City/Prov. \_\_\_\_\_

Postal Code \_\_\_\_\_ Tel. \_\_\_\_\_ Email \_\_\_\_\_

## A. Appointment of attorney

*If you would like to appoint one person as your attorney for personal care, check the first box. If you would like to appoint two or more persons as your attorneys for personal care, check the second box.*

- I appoint the following person to act as my attorney for personal care in accordance with the *Enduring Powers of Attorney Act*:

Name \_\_\_\_\_

Address \_\_\_\_\_ City/Prov. \_\_\_\_\_

Postal Code \_\_\_\_\_ Tel. \_\_\_\_\_ Email \_\_\_\_\_

- I appoint the following persons to act as my attorneys for personal care in accordance with the *Enduring Powers of Attorney Act*:

Name \_\_\_\_\_

Address \_\_\_\_\_ City/Prov. \_\_\_\_\_

Postal Code \_\_\_\_\_ Tel. \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City/Prov. \_\_\_\_\_

Postal Code \_\_\_\_\_ Tel. \_\_\_\_\_ Email \_\_\_\_\_

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## A. Appointment of attorney *(continued)*

Name \_\_\_\_\_

Address \_\_\_\_\_ City/Prov. \_\_\_\_\_

Postal Code \_\_\_\_\_ Tel. \_\_\_\_\_ Email \_\_\_\_\_

## B. Appointment of alternate attorney *(optional)*

- I appoint the following person to act in place of the attorney for personal care (or one of the attorneys for personal care) I appointed above if the attorney for personal care resigns or the authority of the attorney for personal care is terminated:

Name \_\_\_\_\_

Address \_\_\_\_\_ City/Prov. \_\_\_\_\_

Postal Code \_\_\_\_\_ Tel. \_\_\_\_\_ Email \_\_\_\_\_

## C. Authority of attorney

### Scope of authority *(check one)*

- I give my attorney(s) for personal care authority to act on my behalf in relation to all personal care matters, including health care.
- I give my attorney(s) for personal care authority to act on my behalf in relation to the following personal care matters:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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## D. Decisions by attorneys

If you appointed one attorney for personal care in section A, skip to section E. If you appointed two or more attorneys for personal care in section A, check one of the following boxes.

My attorneys for personal care must make decisions by unanimous agreement.

My attorneys for personal care may make decisions as follows:

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## E. Notice (optional)

My attorney(s) for personal care must make reasonable efforts to give notice to the following person(s) when my attorney(s) for personal care begin(s) to act:

Name \_\_\_\_\_

Address \_\_\_\_\_ City/Prov. \_\_\_\_\_

Postal Code \_\_\_\_\_ Tel. \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City/Prov. \_\_\_\_\_

Postal Code \_\_\_\_\_ Tel. \_\_\_\_\_ Email \_\_\_\_\_

## F. Appointment of monitor (optional)

I appoint the following person as my monitor:

Name \_\_\_\_\_

Address \_\_\_\_\_ City/Prov. \_\_\_\_\_

Postal Code \_\_\_\_\_ Tel. \_\_\_\_\_ Email \_\_\_\_\_

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## G. Revocation (optional)

I revoke all of my previous enduring powers of attorney for personal care.

## H. Signatures

*Sign and date the form in the presence of two witnesses. If you are unable to sign and date the form, someone else can do so on your behalf. They must do this at your direction, in your presence and in the presence of two witnesses.*

*The following people cannot sign on your behalf and cannot act as a witness: a person who is under the age of 19; a person you appointed as an attorney for personal care; the spouse, common-law partner or child of a person you appointed as an attorney for personal care.*

\_\_\_\_\_  
Name (grantor or person signing on grantor's behalf)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (witness 1)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (witness 2)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date