

Complete this form if you wish to provide another individual with authorization to act on your behalf with respect to all your financial dealings and accounts at Equitable Bank.

Please also complete the 'Attorney Identification Verification' page.

Part I – Appointment of Attorney

I, _____ (the "Donor") hereby **APPOINT**:
(Print or type your full name here.)

_____ to be my attorney for property.
(Print or type the name of the person you appoint here.)

If the person I have appointed, cannot or will not be my attorney because of refusal, resignation, death, mental incapacity, or removal by the course, I **SUBSTITUTE**:

_____ to act as my attorney for property with the
(Print or type the name of the person you appoint here.)

same authority as the person he or she is replacing.

Part II – Powers, Conditions and Restrictions

I AUTHORIZE my attorney for property to do on my behalf anything in respect of property that I could do if capable of managing property, except make a will, subject to the law and to any conditions or restrictions contained in this document. I confirm that he/she may do so even if I am mentally incapable.

I understand that my attorney will have the power and authority to do the following for me through accounts with Equitable Bank:

- receive statements, and approve/confirm them;
- receive all notices and demands of any kind addressed or intended for me;
- withdraw funds and make transfers from my accounts;
- sign any agreements with Equitable Bank on my behalf (including but not limited to account agreements, refinance agreements, renewal agreements and any other account documentation); and
- act on my behalf in any other matter regarding my accounts with Equitable Bank.

Part III – Ending the Power of Attorney

I ACKNOWLEDGE that this Power of Attorney is binding on me as well as on my heirs, executors, administrators, successors and assigns and that Equitable Bank will continue to operate under this Power of Attorney until it receives notice that it has ended by either having received my written notice of revocation made in accordance with applicable law or proof of my death.

This Power of Attorney will continue if I become legally incapacitated and will not automatically revoke any previous general or continuing Power of Attorney I may have given as I specifically authorize the ability for Equitable Bank to operate under multiple Powers of Attorney.

Unless otherwise stated, this continuing Power of Attorney will come into effect on the date it is signed and witnessed.

Signature of Donor: _____ Print Name of Donor: _____

Date: _____

[Note: The following people cannot be witnesses: the attorney or his or her spouse or partner; the spouse, partner, or child of the person making the document, or someone that the person 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 age of 18]

Witness #1:

Signature: _____

Print Name: _____

Address: _____

Date: _____

Witness #2:

Signature: _____

Print Name: _____

Address: _____

Date: _____

* * * * *

Identification Verification for Power of Attorney (to be completed by a solicitor/Quebec notary)

I, the undersigned, attest that (i) I understand and accept that I am acting as an agent on behalf of Equitable Bank for the purpose of ascertaining the identity of the individual(s) listed below; (ii) I am currently in good standing and entitled to practice law without any restrictions; (iii) I have personally met with each individual; and (iv) I have examined **one valid and current** original identification document from the list in Appendix A and has been verified by me in accordance with the *Proceeds of Crime (Money Laundering) and Terrorist Financing Regulations* of Canada. I attach a photocopy of both sides of the identification document hereto, and have recorded below the following information for each individual.

Information about Power of Attorney

LAST NAME		FIRST NAME	SECOND NAME	DATE OF BIRTH
HOME ADDRESS				
IDENTIFICATION TYPE	IDENTIFICATION NUMBER		PROVINCE/STATE & COUNTRY OF ISSUANCE	EXPIRY DATE, IF AVAILABLE
OCCUPATION				
POWER OF ATTORNEY SIGNATURE:				

Signature of Solicitor/Quebec notary (acting as an Agent): _____

Name (please print): _____ Date: _____

Firm Name & Address (please print): _____

Appendix A – List of Acceptable Identification Documents

Obtain one piece of **government-issued photo identification, federal, provincial, or territorial**, from the list below.

- (1) Driver's Licence, including Enhanced Driver's License where issued by participating provinces
- (2) Passportⁱ
- (3) Canadian Citizenship Card (**not Canadian Citizenship Certificate**) issued prior to 2012
- (4) Permanent Resident Card
- (5) Possession and Acquisition License (PAL) — issued by the Canadian Federal government under the *Firearms Act*.
- (6) Armed Forces ID issued by the Government of Canada – for current enlisted personnel only; not civilian or reserve
- (7) FAST Card
- (8) NEXUS Card
- (9) Provincial Health Card, but only if it contains a photograph and is not prohibited by provincial legislationⁱⁱ
- (10) Provincial or territorial identification card issued by any of the following:
 - the Ministry of Transportation of Ontario (Ontario Photo Card)
 - the Insurance Corporation of British Columbia;
 - Alberta Registries;
 - Saskatchewan Government Insurance;
 - Manitoba Public Insurance
 - the Department of Service Nova Scotia and Municipal Relations;
 - the Department of Transportation and Public Works of the Province of Prince Edward Island;
 - Service New Brunswick; or
 - the Department of Government Services and Lands of the Province of Newfoundland and Labrador

Notes:

- i) The place of issuance for a Passport is deemed to be the country/jurisdiction which originally issued the document
- ii) We can accept an individual's provincial health card, but only if it is not prohibited by provincial legislation.
- iii) All identification documents must be current to be acceptable.
- iv) Currently Ontario, Manitoba, Nova Scotia and P.E.I. prohibit use of the health card for identification purposes. *In Quebec, we cannot request to see a client's health card, but we may accept it if the client wants to use it for identification purposes.
- v) Valid foreign ID, if equivalent to an acceptable type of Canadian identification document, is acceptable.
- vi) Where the individual is not physically present in Canada, a third party (e.g., lawyer, notary public, commissioner of oaths or similar person) who is attesting to the individual's identity on our behalf has to be properly instructed in writing to act as our agent and has to complete and sign the IVF Form. In addition, the lawyer, notary public, commissioner of oaths or similar person's good standing must be confirmed.

Politically Exposed Person (PEP):

A PEP is a person who is a "senior political figure" or "head of an international organization", any member of his/her "immediate family," or any of his/her "close personal or business associates". The "head of an international organization" means the head of an international organization that is established by the governments of states or the head of an institution of any such organization.

A **senior political figure** is an individual who holds or has ever held in the past, one of the following offices or positions in or behalf of **Canada** or a **foreign** country:

- Governor General, lieutenant governor or head of state or government;
- a member of the executive council of government, Senate or House of Commons or member of a legislature;
- a deputy minister (or equivalent rank);
- an ambassador or an ambassador's attaché or counselor;
- a military general (or higher rank);
- holder of any prescribed office or position;
- a president of a corporation that is wholly owned directly by her Majesty in right of Canada or a province; or president of a state owned company or bank;
- a head of government agency;
- a judge;
- a leader or president of a political party in a legislature; or
- mayor

PEP also includes the senior political figure's or the head of an international organization's **immediate family members** as described below:

- spouse or common law partner;
- child; brother, sister, half-brother or half-sister;
- mother or father; or
- spouse's or common-law partner's mother or father