

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 and EQ Bank (a trademark of Equitable Bank). Any reference to '**EQ Bank**', '**the Bank**', '**our**', '**we**' or '**us**' mean Equitable Bank.

Please note that the individual authorized to act as your attorney for property must complete the attached Identification Verification Form before we can take any instructions from them.

Part I – Appointment of Attorney

I, _____ (the '**Grantor**') 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
(*Print or type the name of the person you appoint here.*)

property with the 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 the Bank:

- receive, approve or confirm statements;
- receive all notices and demands of any kind addressed or intended for me;
- withdraw funds and make transfers from my accounts;
- borrow money by way of refinance, line of credit, or equity release;
- sign any agreements with the Bank on my behalf (including but not limited to account agreements, refinance agreements, interest rate reset agreements, renewal agreements and any other account documentation); and
- act on my behalf in any other matter regarding my accounts with the 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 the 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 the 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 Grantor: _____ **Date:** _____

Note: The following people cannot be witnesses: the attorney or his or her spouse or partner; the spouse, partner, or child of the donor, 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; or a person under the age of 18.

Witness:
Signature: _____
Print Name: _____
Address: _____

Occupation: _____
Date: _____

Witness:
Signature: _____
Print Name: _____
Address: _____

Occupation: _____
Date: _____

* * * *

IDENTIFICATION VERIFICATION FORM

I, the undersigned solicitor or notary, 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 listed below; (ii) I am currently in good standing and entitled to practice law without any restrictions; (iii) I have personally met with the individual; and (iv) I have examined **one valid and current** original identification document from the list in Appendix A which 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 the individual.

Details about the Power of Attorney/Estate Trustee:

LAST NAME	FIRST NAME	SECOND NAME	DATE OF BIRTH MMM DD YYYY
HOME ADDRESS		CITY, PROVINCE/STATE	COUNTRY
IDENTIFICATION TYPE	IDENTIFICATION NUMBER	PROVINCE/STATE & COUNTRY OF ISSUANCE	EXPIRY DATE, IF AVAILABLE
OCCUPATION ¹ (include title and industry)			
PRIVACY CONSENT: You agree that Equitable Bank, or any insurer engaged by it, may collect, use and disclose your information in accordance with the terms of its Privacy Agreement and federal legislation, including providing information to third parties. A copy of Equitable Bank's Privacy Agreement has been or will be provided to you and is available on Equitable Bank's website at www.equitablebank.ca and in its offices. You may also request a copy of the Privacy Agreement by calling 1-866-407-0004.			
POWER OF ATTORNEY/ESTATE TRUSTEE SIGNATURE			

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

Name (please print): _____ **Date:** _____

¹ Vague descriptions such as "Business-for-Self", "self-employed", "consultant", "investor", "business owner", "businessman", "entrepreneur" or "Signing Officer" are **not acceptable**. The occupation must clearly reflect the nature of the work and the industry in which it is performed.

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) Passport
- (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 legislation
- (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 a 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 Identification Verification Form. In addition, the lawyer, notary public, commissioner of oaths or similar person's good standing must be confirmed.