

TAMMY MORIN NAKASHIMA, NOTARY PUBLIC

Date instructions received: _____, 20____

INSTRUCTIONS FOR REPRESENTATION AGREEMENT

Some things you should know before getting started:

- The Representation Agreement is no longer valid if the Representative dies, becomes incompetent or resigns.
- The Representative can make health care and personal care decisions for you, or assist you with those decisions.
- The Representative must act in the best interests of the Adult and use any instructions or known beliefs or wishes as a guide as far as practicable. (Those instructions, when in writing, are often referred to as a Health Care Directive, or Instructions for My Representative).
- Some people may want to give their Representative(s) authority to override their decisions, especially those with bi-polar conditions or schizophrenia. Please let us know if you want this authority in your Agreement.
- A Power of Attorney can only be used for financial and business purposes.
- An enhanced Representation Agreement can only be used for health care and personal care decisions.
- A standard Representation Agreement is for **ROUTINE** management of financial matters and **ROUTINE** health care decisions, and is generally used for people who may not have capacity to do a Power of Attorney. The Notary will interview you and help you decide which agreement is best suited to your needs.

Your Full Legal Name(s): _____

Occupation: _____

Your Address: _____

Phone Number(s): _____

The person(s) who will be your Representative:

Full Legal Name: _____

Occupation: _____

Relationship to you: _____

Address: _____

If you wish to appoint more than one Representative, please indicate their information below:

2nd Representative's Full Legal Name: _____
Occupation: _____
Relationship to you: _____
Address: _____

3rd Representative's Full Legal Name: _____
Occupation: _____
Relationship to you: _____
Address: _____

Do you want multiple Representatives to be able
to act separately Yes ____ No ____
must act together Yes ____ No ____

Bear in mind that if they must act together, if one of them becomes incapable or dies, the document would then be void and you might not be competent at the time to make a new Representation Agreement.

If they must act together, under what circumstances would one Representative be authorized to act alone

- ____ One of the Representatives dies
- ____ One of the Representatives becomes incapable or very ill
- ____ One of the Representatives moves away
- ____ If one of the Representatives refuses to act

Where there are multiple Representatives, indicate how you would like your Representatives to resolve a conflict:

- ____ Consult a family friend (name) _____
- ____ Consult a notary or lawyer (name) _____
- ____ Consult another professional (name) _____

Do you want the Representative to be able to help make decisions or make decisions about where you might live if you cannot remain in your home?
Yes ____ No ____

Do you want your Representative to be able to act during any subsequent mental infirmity on your part?
Yes ____ No ____

If applicable, do you want your Representative to distribute personal effects prior to your death, should you become incapable and are subsequently living in a care facility?

Yes ____ No ____

If yes, have you made up a memorandum to identify who should get certain items?

Yes ____ No ____

Sometimes the duties of the Representative can be a heavy load and can require many hours of visits, consultations with medical professionals, taking you to the doctor and other appointments, and keeping records. Do you want your Representative(s) to be paid for this time?

Yes ____ No ____

If yes, indicate:

- ____ Out of Pocket expenses only (ferries, airfare, long distance, etc.)
- ____ A reasonable hourly rate for time spent on your behalf (currently \$_____)
- ____ A fee arrangement (generally for professionals) based on
 - ____ Capital fee of _____% of value of trust property, and
 - ____ An annual income fee of _____% of income earned, and
 - ____ An annual care and management fee of _____% calculated on the average value of the trust property

You have the option of appointing a Monitor. The Monitor is someone who will review the activities of the Representative and report any concerns to the Public Guardian and Trustee. Would you like to appoint a Monitor in your Representation Agreement?

Yes ____ No ____

If yes, the person who will be your Monitor:

Full Legal Name: _____

Occupation: _____

Relationship to you: _____

Address: _____

Do you want your Monitor to be paid?

Yes ____ No ____

If you have a fee agreement with a professional, please be sure to bring it with you to the interview.

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