

Schedule 2

Manitoba

Form of Enduring Power of Attorney

The use of this form is voluntary. Please be advised that this form may not be appropriate for use by all persons, as it provides only one option of how an Enduring Power of Attorney may be made. In addition, it does not constitute legal advice. For further information, please obtain legal advice.

My Enduring Power of Attorney template

About the donor (Person authorizing access)

Last name:

First name:

Address:

RE: Enduring Power of Attorney

Dear Sir or Madam:

I, the undersigned, (first name, last name): _____,
revoke any previous enduring power of attorney made by me and do hereby appoint (first name,
last name): _____ to act as my attorney subject to the
conditions and restrictions provided below.

Conditions and Restrictions (including compensation, if applicable)

Attach, sign and date additional pages if required (*This part may be left blank*).

This enduring power of attorney is to continue notwithstanding any mental incapacity or infirmity of the undersigned donor that occurs after the execution of this enduring power of attorney.

Signed donor and witness on (date): _____

Donor Name

Donor Signature

Witness Name

Witness Signature