



To: Her Majesty the Queen in Right of Canada, as represented by the Minister of Human Resources and Skills Development (“Canada”).

To: Her Majesty the Queen in Right of Canada, as represented by the Minister of Human Resources and Skills Development (“Canada”) and Her Majesty the Queen in Right of the Province of British Columbia as represented by the Minister of Advanced Education and the Minister of Finance (“BC”).

LIMITED or SPECIAL POWER OF ATTORNEY

This LIMITED or SPECIAL POWER OF ATTORNEY is given by:

_____ (Full name of donor/grantor/mandator) _____ (Address)

I hereby appoint _____ of _____
(Full name of attorney/mandatary/donee) (Address)

to be my attorney/mandatary/donee or in the event that my attorney/mandatary/donee is unable to act by reason of his/her mental incapacity, court order, resignation or death, I appoint (this may be left blank)

_____ of _____
(Full name of substitute attorney/mandatary/donee) (Address)

to enter into and endorse, on my behalf, a Direct Loan Agreement (Full-time or Part-time) with Canada, or a Master Student Financial Assistance Agreement with both Canada and BC, and to obligate me to repay the loan(s), according to the terms of such agreement(s).

I acknowledge that this power may be exercised for the accommodation or benefit of third persons or of my attorney/mandatary/donee or substitute attorney/mandatary/donee with or without consideration.

I understand that my attorney/mandatary/donee or substitute attorney/mandatary/donee must be at least 19 years old.

In accordance with the applicable *Powers of Attorney Act* or other applicable provincial legislation (in British Columbia, the *Power of Attorney Act*; in New Brunswick, the *Property Act*; in Newfoundland and Labrador, the *Enduring Powers of Attorney Act*; in Ontario, the *Substitute Decisions Act, 1992*; in Quebec, the *Civil Code of Québec*, in Saskatchewan, *The Powers of Attorney Act, 2002*), I declare that this limited or special power of attorney may be exercised during any subsequent legal incapacity or mental incompetency, mental incapacity or mental infirmity, on my part.

Save and except for the purpose of entering into and endorsing a Direct Loan Agreement with Canada, or a Master Student Financial Assistance Agreement with both Canada and BC, the execution of this document will not revoke any other continuing powers of attorney previously executed by me and I expressly provide that there may be multiple continuing powers of attorney. (*Applicable where Power of Attorney given in Ontario only*).

You may deal with my attorney/mandatary/donee or substitute attorney/mandatary/donee, as the case may be, until you receive notice of my death or bankruptcy or notice of termination by court order or until notice of revocation by me of this power of attorney has been given in writing to you. You may deal with my attorney/mandatary/donee until you receive notice of the resignation, death, bankruptcy or mental incapacity of my attorney/mandatary/ donee. You may deal with my substitute attorney/mandatary/donee, when applicable, until you receive notice of the resignation, death, bankruptcy or mental incapacity of my

substitute attorney/mandatory/ donee. Until such notice has been given and acknowledged, all that my attorney/mandatory/donee or substitute attorney/mandatory/donee, as the case may be, will do in accordance with this power of attorney is fully accepted and confirmed.

[I have expressly requested that this document be drawn up in the English language. J'ai expressément demandé que ce document soit rédigé en anglais.] (Applicable where Power of Attorney given in *Quebec only*).

In this document, "you" means, in respect of a Direct Loan Agreement, Canada, and in respect of a Master Student Financial Assistance Agreement, both Canada and BC.

This Document has been signed and delivered by me at _____
this _____, _____, _____
(Month) (Day) (Year)

_____ Signature of Party giving Power of Attorney	
Signed by the Party giving the Power of Attorney in the presence of:	
_____ Signature of Witness	_____ Signature of Witness
_____ Print Name and Address and Title of Witness	_____ Print Name and Address and Title of Witness
Witnessing Requirements: <ul style="list-style-type: none">• 2 Witnesses required in all provinces• Witnesses must not be the donor, attorney, substitute attorney, spouse or partner of the attorney or substitute attorney, child of the person giving power of attorney, or someone the person treats as his or her child. Witnesses in all jurisdictions must be adults.• In Saskatchewan, the two witnesses must not be family members of either the grantor or the attorney and this power of attorney must also be accompanied by witness certificates in the prescribed form.• In Quebec, witnesses must not have any interest in the act.• Witnesses may be employees of the Government of Canada, any Financial Institution acting as an agent of disbursement on behalf of the Government of Canada or of the Service Provider (pursuant to section 6.2 of the <i>Canada Student Financial Assistance Act</i>), except in Manitoba. In Manitoba, if the enduring clause will apply, the witness must be one of the following:<ul style="list-style-type: none">- An individual registered under the <i>Marriage Act</i> to solemnize marriages;- An individual qualified to be registered under the <i>Marriage Act</i> to solemnize marriages;- A judge of the superior court;- A justice of the peace, magistrate or provincial judge;- A qualified medical practitioner;- A notary public;- A lawyer- A member of the RCMP;- A peace officer.	
_____ (Signature of attorney/mandatory/donee)	
_____ (Signature of substitute attorney/mandatory/donee)	