

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 trade name 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 property with the same
(Print or type the name of the person you appoint here.)
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: _____

* * * *

Instructions for Agent: The name of the individual must be recorded exactly as it appears on the government-issued photo identification document. If the individual is not physically present for identification verification, then you must also provide a secondary piece of ID in accordance with Appendix A. You cannot use an identification document more than once and the identification type must be clear as to the source and type of information. **Please do not send copies of any ID documents.**

AGENT CONFIRMATION	
I, the undersigned, attest that (1) I understand and accept that I am acting as an Agent on behalf of Equitable ¹ and its co-lenders, successors and assigns for the purpose of verifying the identity of the individual(s) listed below; (2) I am a lawyer/notary currently in good standing and entitled to practice within the regulations of my profession without any restrictions; and (3) I have examined and verified the current source(s) of reliable and independent identification documents in accordance with the instructions set out herein and have recorded the required information for the individual noted below.	
Signature of Agent: _____	
Name (please print): _____ Date: _____	

INDIVIDUAL'S IDENTIFICATION INFORMATION (Complete in all cases)				
SELECT ALL THAT APPLY <input type="checkbox"/> Borrower <input type="checkbox"/> Guarantor <input type="checkbox"/> Signing Officer <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Estate Trustee				
FIRST NAME	MIDDLE NAME	LAST NAME	DATE OF BIRTH (i.e. Oct-19-1988)	
			M	M
			D	D
			Y	Y
			Y	Y
THIRD PARTY CERTIFICATION (check the appropriate box) I hereby certify that this account:				
<input type="checkbox"/> Will NOT be used by, or on behalf of, or be for the benefit of, a third party as defined in Appendix A.				
<input type="checkbox"/> Will be used by, or on behalf of, or be for the benefit of, a third party as defined in Appendix A.				
SIGNATURE OF INDIVIDUAL *				

PHOTO ID (Complete in all cases)				
ID TYPE	ID NO.	CITY/PROV OF ISSUE	COUNTRY OF ISSUE	EXPIRY (If Applicable)
				M
				M
				M
				D
				D
				Y
				Y
				Y
				Y

SECONDARY ID (Complete only if the individual is not physically present for ID verification)				
ID TYPE	ID SOURCE	ID # / ACCT or REF #.	CITY/PROV OF ISSUE	EXPIRY (If Applicable)
				M
				M
				M
				D
				D
				Y
				Y
				Y
				Y

* **PRIVACY CONSENT:** You agree that Equitable¹, 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 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.

APPENDIX A
Photo Identification Types

Only Canadian government-issued photo identification is acceptable, unless otherwise specified below.

- (1) Citizenship Card (not Canadian Citizenship Certificate) issued prior to 2012
- (2) Driver's Licence
- (3) Health Card ²
- (4) Military ID Card
- (5) NEXUS Card
- (6) Passport (Canadian or foreign) ³
- (7) Permanent Resident Card
- (8) Provincial or territorial photo identification card
- (9) Secure Certificate of Indian Status

Secondary Identification Types

You must provide a secondary piece of identification if the individual is not physically present for identification verification. You must ensure that (1) the full name of the individual appears on the document; (2) the document has an identification/account/reference number which is not masked, truncated or redacted; (3) the information on the document matches the information provided by the individual; (4) the document is current or the most recent version (most recent billing period); you cannot use screen shots of a website; and (5) the document must be issued by a Canadian governmental body (federal, provincial or municipal) or a Canadian service provider or a Canadian financial institution (bank, trust or loan company, caisse populaire or credit union).

- (1) Driver's Licence
- (2) Provincial or territorial photo identification card
- (3) Account statement for GIC, RRSP, TFSA, deposit or chequing account ⁴
- (4) CRA benefits statements or CRA income statement
- (5) Loan account statement (for example: mortgage or line of credit) ⁴
- (6) Property tax statement/bill
- (7) Utility bill (water, hydro, internet, cable, phone, or gas)

Third Party Determination

A third party is the person or entity, other than the account holder or those authorized and approved by the Bank to give instructions about the account, that instructs another person or entity to conduct a transaction or activity on their behalf. As such, the third party is the instructing party to the transaction or activity and is also understood to be the "on behalf of" party.

THIRD PARTY INFORMATION		
NAME		DATE OF BIRTH (<i>i.e. Oct-19-1988</i>) M M M D D Y Y Y Y
OCCUPATION/NATURE OF BUSINESS		INCORPORATION NO. (<i>If Applicable</i>)
ADDRESS		CITY
PROVINCE	COUNTRY	POSTAL CODE
TELEPHONE NO.	RELATIONSHIP BETWEEN ACCOUNT HOLDER AND THIRD PARTY	

¹ Equitable means Equitable Bank, a wholly owned subsidiary of EQB Inc., Equitable Trust, a wholly owned subsidiary of Equitable Bank and EQ Bank, a trademark of Equitable Bank.

² A provincial health card is acceptable, but only if it is not prohibited by provincial legislation. Currently Ontario, Manitoba, New Brunswick, Nova Scotia and P.E.I. prohibit use of the health card for identification purposes. In Quebec, a health card cannot be requested as a source of identification but is acceptable if presented by the individual for identification purposes.

³ The place of issuance for a Passport is deemed to be the country/jurisdiction which originally issued the document. The place of issuance for a Canadian passport, renewed or issued in any foreign country, is still deemed to be "Canada".

⁴ Accounts with Equitable Bank cannot be used as a source of information.