Schedule 4

Newfoundland & Labrador

Form of Enduring Power of Attorney (for property)

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 author) | orizing access) |
|--|--|
| Last name: | |
| First name: | |
| Address: | |
| RE: Enduring Power of Attorney | ý |
| Dear Sir or Madam: | |
| I, the undersigned, (first name, | last name): |
| | ower of attorney made by me and do hereby appoint (first name, |
| last name): | to act as my attorney subject to the |
| last name):conditions and restrictions provi | ded below. |
| · | ncluding compensation, if applicable) pages if required (This part may be left blank). |
| | |
| | is to continue notwithstanding any mental incapacity or infirmity curs after the execution of this enduring power of attorney. |
| Signed donor and witness on (da | nte): |
| | |
| Donor Name | Donor Signature |
| | |
| Witness Name | Witness Signature |