



MEMBER

***Tiah M. Workman***  
**NOTARY PUBLIC**

#102 – 6551 Aulds Road  
Nanaimo, BC V9T 6K2

Tel: (250) 390-7681

Fax: (250) 390-7683

email: [tiahw@notaries.bc.ca](mailto:tiahw@notaries.bc.ca)

website: [www.nanaimonotary.bc.ca](http://www.nanaimonotary.bc.ca)

**REPRESENTATION AGREEMENT CHECKLIST**

**1. What do you want your representative to make decisions about?**

**Health care decisions that may be required like:**

- Routine medical and dental care
- Medical tests
- Major surgery
- Treatment for serious illness or injury
- Palliative care or end of life care and treatment

**Personal care decisions like:**

- Living arrangements
- Family and friend visitations
- Admission to care facility

**Management of your financial affairs including:**

- Payment of everyday living expenses
- Receiving and depositing income
- Selling of personal effects
- Arrangements for investments
- Buying, selling and mortgaging land (Use a Power of Attorney)
- Conducting business affairs (Use a Power of Attorney)

**Managing legal affairs such as:**

- Retaining or instructing a lawyer
- Signing legal documents or contacts

**2. When do you want the agreement to take effect?**

- On the date it is signed, or
- at a later date:

**3. What is the *triggering event* that activates the agreement?**

- Mental incapacity, or  Other

**4. How will people know the event has happened?**

- Confirmation from a physician who has examined me within past 30 days  
 My representative can make this determination  
 My monitor can make this determination

**5. Who will be your representative?**

Identify the full name, address, occupation, and date of birth and phone number(s) of your representative

If you are naming more than one representative, the same information is required:

Areas of decision making responsibility for each representative

- Financial  
 Health and Personal Care  
 Either representative can make all decisions  
 Other

**6. How they will make decisions?**

- Must act together, or  May act separately

**7. How disagreements will be resolved?**

- If they cannot decide together, Monitor has deciding vote  
 Must be unanimous or now decision can be made  
 Other

**Do you want to name an alternate Representative?**  Yes  No

If yes, identify the full name, address, occupation, and date of birth and phone numbers for your alternate representative:

Specify the circumstances in which the alternate will act

**Do you want to have a Monitor?**       Yes    No

If yes, identify the full name, address, occupation, date of birth and phone numbers for your Monitor

If you do not want a monitor you must state this fact in the agreement

*(Please note: Limited agreements covering financial affairs in which the representative is not a spouse require a monitor or a consultation certificate)*

**Do you want to provide any specific instructions to your Representative in your agreement that will guide them when they are making decisions on your behalf?**

- About health care
- About financial affairs
- About legal affairs
- About personal care
- About pet care
- About contributions you are making on behalf of minor children
- About care and maintenance of dependent adults or children in your care

**Do you want your representative to be paid?**   Yes       No

If yes, state the amount and how the fee will be paid and from what source

**Where do you go from here?**

Take this document to Tiah M. Workman, Notary Public, for a consultation and to have the agreement drafted. Once you have read it over and approved it, the Notary will make arrangements for the proper witnessing of the agreement.