

## PERSONAL MANDATE IN CASE OF INCAPACITY

This Personal Mandate made by:

Name: \_\_\_\_\_ [give full name]

Address: \_\_\_\_\_ [give full address]  
\_\_\_\_\_, Québec

Date of birth: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

### 1. Appointment of Personal Mandatary

I appoint the following person as mandatary of my person pursuant to the Civil Code of Québec:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### 2. Substitute Mandatary

If my mandatary dies or is otherwise unable or unwilling to act for any reason, I appoint the following person as substitute mandatary of my person in his/her place:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### 3. Coming Into Force

This Personal Mandate only comes into force when it is homologated by order of the appropriate Court.

### 4. Authority and Duties of Personal Mandatary

(a) General Matters:

(i) My personal mandatary shall have sole power and authority to make all decisions necessary to ensure my personal protection and to provide for my mental and physical well-being without limitation.

(ii) I direct my mandatary at all times when acting under this Mandate to respect my values and beliefs, my ability to make decisions for myself, and the standard of living I enjoyed before I became incapacitated.

**THIS IS A 4-PAGE FILE.**