

**Limited Continuing Power of Attorney**  
(Made in accordance with the *Substitutes Decision Act, 1992*)

To: Her Majesty the Queen in right of Ontario, as represented by the Minister of Training, Colleges and Universities ("the Ministry")

1. I, \_\_\_\_\_ appoint:  
(print full name of person giving the power of attorney)  
\_\_\_\_\_ to be my attorney  
(print the full name of the person you appoint)

to enter into and endorse, on my behalf, the Certificate of Loan/Grant Approval and Eligibility form relating to a student loan offered by the Government of Ontario through the Ontario Student Assistance Program. I confirm that my attorney may do so even if I am mentally incapable.

2. I acknowledge and agree that my attorney, by entering into and endorsing the Certificate of Loan/Grant Approval and Eligibility form, binds me to all terms, conditions and obligations associated with such form including all repayment obligations.
3. I confirm that both I and my attorney are at least 18 years old.
4. I understand that this continuing power of attorney will be the only power of attorney accepted by the Ministry for the purposes of the Ontario Student Assistance Program. The execution of this document, however, 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.
5. Subject to paragraph 6, this continuing power of attorney will come into effect on the date it is signed and witnessed and will be valid for 1 year.
6. I understand that my attorney may act on my behalf until:
- this continuing power of attorney expires or the Ministry receives written notice of my death, bankruptcy, termination by a court order, court appointment of a guardian of my property or revocation by me of this power of attorney; or
  - the Ministry receives written notice of the resignation, death, bankruptcy or mental incapacity of my attorney.

Any notice of revocation by me must be in writing, signed, dated and witnessed in the same way as this continuing power of attorney. All other notices must be in writing, signed and dated. All notices, including any notice of revocation, must be forwarded to the National Student Loans Service Centre – Public/Private Institutions Division. Until any notice has been given and acknowledged in writing by the Ministry all that my attorney will do in accordance with this power of attorney is fully accepted and confirmed.

7. My attorney is not entitled to compensation for acting pursuant to this continuing power of attorney.
8. Signature of Person giving the Continuing Power of Attorney

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(sign your name in the presence of two witnesses)

Address: \_\_\_\_\_  
(insert your full current address)

9. Witness Signature

Notes:

- Both witnesses must be present together when you sign.
- Both witnesses must sign their names in your presence and in the presence of each other.
- The following people cannot be witnesses: the attorney or his or her spouse or partner; the spouse, partner or child of the person making the document, 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; a person under the age of 18.

**Witness # 1:** Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

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

\_\_\_\_\_ Date: \_\_\_\_\_

**Witness # 2:** Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

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

\_\_\_\_\_ Date: \_\_\_\_\_

**Signature of Attorney**

10. \_\_\_\_\_ Date: \_\_\_\_\_  
(sign name of attorney)