



PRINCE EDWARD ISLAND
ÎLE-DU-PRINCE-ÉDOUARD

**POWERS OF ATTORNEY AND PERSONAL
DIRECTIVES ACT
POWERS OF ATTORNEY AND PERSONAL
DIRECTIVES REGULATIONS**

PLEASE NOTE

This document, prepared by the ***Legislative Counsel Office***, is an office consolidation of this regulation, current to November 1, 2025. It is intended for information and reference purposes only.

This document is ***not*** the official version of these regulations. The regulations and the amendments printed in the ***Royal Gazette*** should be consulted on the Prince Edward Island Government web site to determine the authoritative text of these regulations.

For more information concerning the history of these regulations, please see the ***Table of Regulations*** on the Prince Edward Island Government web site (www.princeedwardisland.ca).

If you find any errors or omissions in this consolidation, please contact:

Legislative Counsel Office
Tel: (902) 368-4292
Email: legislation@gov.pe.ca



POWERS OF ATTORNEY AND PERSONAL DIRECTIVES REGULATIONS

Table of Contents

Section	Page
1. Prohibition against acting as attorney or agent	5
2. Definition, accounting period.....	5
3. Optional simple form of power of attorney.....	6
SCHEDULE	7
FORM 1 POWER OF ATTORNEY	7
FORM 2 POWER OF ATTORNEY	8
FORM 3 PERSONAL DIRECTIVE	10



POWERS OF ATTORNEY AND PERSONAL DIRECTIVES ACT

CHAPTER P-16.1

POWERS OF ATTORNEY AND PERSONAL DIRECTIVES REGULATIONS

Pursuant to section 41 of the *Powers of Attorney and Personal Directives Act* R.S.P.E.I. 1988, Cap. P-16.1, Council made the following regulations:

1. Prohibition against acting as attorney or agent

For the purposes of subclause 11(2)(a)(iii) and clause 25(2)(c) of the Act, the following criminal offences are prescribed:

- (a) an offence described in Part VIII of the *Criminal Code* (Canada) relating to an assault [s.265 – s.270], sexual assault [s.271 – s.273] or other acts of violence [s.279 – s.283], intimidation [s.423], criminal harassment [s.264] or uttering threats [s.264.1];
- (b) an offence described in section 322 or sections 330 to 332 of the *Criminal Code* (Canada) relating to theft;
- (c) an offence described in Part X of the *Criminal Code* (Canada) relating to fraud;
- (d) an offence described in section 336 of the *Criminal Code* (Canada) relating to criminal breach of trust. (EC927/25)

2. Definition, accounting period

- (1) In this section, “**accounting period**” means the relevant period referred to in subsection 15(4) of the Act.

Form and contents of accounting

- (2) For the purposes of section 17 of the Act, an accounting shall be in writing and, subject to the extent of the attorney’s authority under the power of attorney, include the following information:
 - (a) a list of the following, as of the starting date of the accounting period:
 - (i) the principal’s property, including the value or an estimate of the value of each item and the name of any co-owner, and
 - (ii) the principal’s liabilities, including the amount or an estimate of the amount of each liability;
 - (b) a list of the principal’s sources of income during the accounting period and, for each source of income,
 - (i) the amount of any payments received, and

- (ii) the dates on which any payments were received;
- (c) where an attorney has invested a principal's funds in accordance with a power of attorney, a statement of
 - (i) all money invested during the accounting period,
 - (ii) all money received by way of repayment of or realization upon the investments, in whole or in part, during the accounting period, and
 - (iii) the balance of the remaining investments on the end date of the accounting period;
- (d) a list of any gifts given by the attorney on behalf of the principal during the accounting period and, for each gift,
 - (i) the date the gift was given,
 - (ii) the reason for the gift,
 - (iii) the amount or value of the gift, and
 - (iv) the name of the gift's recipient;
- (e) a statement of any money paid to an attorney by an attorney during the accounting period, including
 - (i) the date the money was paid,
 - (ii) the amount,
 - (iii) the recipient,
 - (iv) a description of the reason for payment, and
 - (v) where the money was paid as reimbursement for an expense, a description of the expense being reimbursed;
- (f) a list of decisions made, actions taken, and consents given by the attorney in respect of the principal during the accounting period;
- (g) all bank statements, invoices, bills, correspondence and other records necessary to provide a complete account of the actions taken by the attorney in relation to the principal's property and financial affairs during the accounting period, including acquiring or disposing of property, discharging, or incurring liabilities and receiving, paying, giving or transferring money. (EC927/25)

3. Optional simple form of power of attorney

- (1) A power of attorney may be in Form 1 set out in the Schedule.

Optional detailed form of power of attorney

- (2) A power of attorney may be in Form 2 set out in the Schedule.

Optional form of personal directive

- (3) A personal directive may be in Form 3 set out in the Schedule. (EC927/25)

SCHEDULE**FORM 1
POWER OF ATTORNEY**

THIS POWER OF ATTORNEY is made by [Name of Principal] of [Place] on [Date].

I designate [Name of Attorney] of [Place] to be my Attorney in accordance with the *Powers of Attorney and Personal Directives Act* and to do anything on my behalf that I can lawfully do by an attorney.

OR

I designate [Name of Attorney] of [Place] and [Name of Attorney] of [Place] to be my Attorneys together/together and separately/alternatively (*choose one*) in accordance with the *Powers of Attorney and Personal Directives Act* and to do on my behalf anything that I can lawfully do by an attorney.

(*The following paragraph may be included if the principal wishes the authority granted by this power of attorney to continue if the principal ceases to have capacity to make decisions in respect of financial matters:*)

In accordance with the *Powers of Attorney and Personal Directives Act*, I declare that this Power of Attorney may be exercised during any subsequent legal incapacity on my part.

This Power of Attorney is subject to the following conditions and restrictions: (*list any*)

Signed by me in the presence of my witness at
[Place] in the Province of Prince Edward Island,
this [Day] of [Month], [Year].

.....
Name of Principal

.....
Signature of Principal

.....
Address of Principal

.....
Name of Witness

.....
Signature of Witness

.....
Address of Witness

Acknowledgement (*optional*)

I acknowledge that I have received a copy of this Power of Attorney and that I am qualified to act as Attorney under section 11 of the *Powers of Attorney and Personal Directives Act*.

.....
 Name of Attorney Signature of Attorney

.....
 Address of Attorney
 (EC927/25)

FORM 2 POWER OF ATTORNEY

THIS POWER OF ATTORNEY is made by [Name of Principal] of [Place] on [Date].

Effective Date (*Choose option A or B*)

A. This Power of Attorney takes effect with respect to financial matters immediately upon delivery to my Attorney/on [Date] (*choose one*) and it shall remain in effect if I subsequently cease to have capacity to make decisions with respect to those matters.

B. This Power of Attorney takes effect with respect to financial matters when it is determined that I do not have capacity to make decisions with respect to those matters.

Revocation of Previous Powers of Attorney (*optional*)

I revoke all previous powers of attorney made by me.

Designation of Attorney (*Choose option A or B*)

A. I designate [Name of Attorney] of [Place] to be my Attorney in accordance with the *Powers of Attorney and Personal Directives Act*.

B. I designate [Name of Attorney] of [Place] and [Name of Attorney] of [Place] to be my Attorneys together/together and separately/alternately (*choose one*) in accordance with the *Powers of Attorney and Personal Directives Act*.

Areas of Authority (*Choose option A or B*)

A. I give my Attorney(s) the authority to do anything on my behalf that I may lawfully do by attorney.

B. I give my Attorney(s) the authority to make decisions on my behalf respecting the following financial matters:

Specific instructions (*optional*)

I instruct my Attorney(s) to carry out the following specific instructions when making decisions about my financial matters:

Other information (optional)

I provide the following information to help my Attorney(s) understand my wishes, beliefs and values when making decisions about my financial matters:

Notification of Acting

After my Attorney(s) start(s) acting under this Power of Attorney, my Attorney(s) shall give notice that the Attorney(s) is/are acting under this Power of Attorney to me and the following persons or classes of persons:

Access to Will (optional)

I authorize my Attorney(s) to access a copy of my will from any person who has a copy of it, including a lawyer.

Attorney Compensation (choose option A or B)

A. My Attorney(s) is/are entitled to be reimbursed for any out-of-pocket expenses my Attorney(s) may reasonably incur in acting pursuant to this Power of Attorney, but my Attorney(s) will not be entitled to any other remuneration.

B. My Attorney(s) is/are entitled to be reimbursed for any out-of-pocket expenses my Attorney(s) may reasonably incur in acting pursuant to this Power of Attorney, and my Attorney(s) will be entitled to remuneration by order of the Prothonotary or on the following basis:

Accounting (optional)

In the event of my incapacity and on request by any of the following persons, my Attorney(s) shall provide an accounting to that person in accordance with section 15 of the *Powers of Attorney and Personal Directives Act*:

My Attorney(s) shall not provide an accounting to the following persons:

Signatures

Signed by me in the presence of my witness at
[Place] in the Province of Prince Edward Island,
this [Day] of [Month], [Year].

.....
Name of Principal

.....
Signature of Principal

.....
Address of Principal

.....
Name of Witness

.....
Signature of Witness

.....
Address of Witness

Acknowledgement (optional)

I acknowledge that I have received a copy of this Power of Attorney and that I am qualified to act as Attorney under section 11 of the *Powers of Attorney and Personal Directives Act*.

.....
Name of Attorney

.....
Signature of Attorney

.....
Address of Attorney

.....
Telephone Number of Attorney

.....
Email Address of Attorney
(EC927/25)

**FORM 3
PERSONAL DIRECTIVE**

THIS PERSONAL DIRECTIVE is made by [Name of Principal] of [Place] on [Date].

Effective Date

This Personal Directive takes effect in respect of personal matters when it is determined that I do not have the capacity to make decisions in respect of those matters.

Revocation of Previous Personal Directive (optional)

I revoke all previous personal directives made by me.

Designation of Agent (Choose option A or B)

A. I designate [Name of Agent] of [Place] to be my Agent in accordance with the *Powers of Attorney and Personal Directives Act*.

B. I designate [Name of Agent] of [Place] and [Name of Agent] of [Place] to be my Agents together/together and separately/alternately (*choose one*) in accordance with the *Powers of Attorney and Personal Directives Act*.

Areas of Authority (Choose option A or B)

A. I give my Agent(s) the authority to make all decisions on my behalf in respect of personal matters that I may lawfully make by agent.

B. I give the following Agent(s) the authority to make decisions on my behalf in respect of the following personal matters:

Accommodation: [Name of Agent(s)]

Persons with whom I may live and associate: [Name of Agent(s)]

Participation in social activities: [Name of Agent(s)]
Participation in educational activities: [Name of Agent(s)]
Participation in employment activities: [Name of Agent(s)]
Other personal matters: [Name of Agent(s)]

Specific Instructions (optional)

I instruct my Agent(s) to carry out the following specific instructions when making decisions about my personal matters:

Other Information (optional)

I provide the following information to help my Agent(s) understand my wishes, beliefs and values when making decisions about my personal matters:

Agent Compensation

My Agent(s) is/are entitled to be reimbursed for any out-of-pocket expenses my Agent(s) may reasonably incur in acting pursuant to this Personal Directive, but my Agent(s) will not be entitled to any other remuneration.

Notification of Acting

After my Agent(s) start(s) acting under this Personal Directive, my Agent(s) shall give notice that the Agents(s) is/are acting under this Personal Directive to me and the following persons or classes of persons:

Signatures

Signed by me in the presence of my witness at
[Place] in the Province of Prince Edward Island,
this [Day] of [Month], [Year].

.....
Name of Principal

.....
Signature of Principal

.....
Address of Principal

.....
Name of Witness

.....
Signature of Witness

.....
Address of Witness

Acknowledgement (optional)

I acknowledge that I have received a copy of this Personal Directive and that I am qualified to act as Agent under section 25 of the *Powers of Attorney and Personal Directives Act*.

.....

Name of Agent

Signature of Agent

.....
Address of Agent

.....
Telephone Number of Agent

.....
Email address of Agent
(EC927/25)