

What is a Power of Attorney?

When you assign a **Power of Attorney** you authorize someone else to have access to or to act on your behalf on matters concerning your student funding, including all Alberta student loans (cashed by EDULINX) and grants made for educational purposes, and/or in regards to your student funding information. A Power of Attorney remains in effect until you revoke (cancel) it. You may want to assign a Power of Attorney if:

- you are studying out of country
- you are studying out of province
- you want someone else to act on your behalf

Important points regarding a Power of Attorney

- For instructions regarding a Power of Attorney for Alberta student loans you cashed at a lending institution, talk to the lending institution holding your loan.
- The person that you designate as your attorney under a Power of Attorney **cannot** sign for you on a paper student funding application, or on the Electronic Confirmation of Financial Information letter if you applied online. Students Finance requires an original signature from you on these documents.
- Students Finance strongly recommends that only the provincial government Power of Attorney form for Alberta student funding be submitted. Power of Attorney forms from lawyers may be accepted, however, please be aware that there may be delays in reviewing and processing these non-government forms and/or there may be restrictions on the power granted with these legal documents.

Key definitions to help you fill out the form correctly

Who is the "donor"? The "donor" is you, the student. You must be at least 18 years of age. If you are physically unable to sign, another person may sign on your behalf at your direction, and in the presence of both yourself and the witnesses. The designated attorney, or the spouse or adult interdependent partner of the designated attorney cannot sign on your behalf. You must be mentally capable of understanding the nature and effect of the Power of Attorney on the date it is signed.

Who is the "attorney"? The "attorney" is the person you designate and authorize to act on your behalf and must be an adult at the time you execute the Power of Attorney. For example, if you designate and authorize your father to act on your behalf, then your father is the "attorney". The actions of your "attorney" are legally binding on you.

Who is the "witness"? The "witness" can be anyone **except** for the following:

- A person under the age of 18 years of age;
- The person designated as your attorney;
- The spouse or adult independent partner of the person designated as your attorney;
- The person, or the spouse or adult independent partner of the person, signing the Power of Attorney on your behalf if you are physically unable to sign the Power of Attorney; or
- You, your spouse or adult independent partner, your child or person treated as your child.

Easy steps to complete the Power of Attorney form

- 1) Print and read this form. **If you are studying outside of Alberta or Canada, complete the Power of Attorney form before you leave Alberta.**
- 2) Complete the donor's name and address. (Your legal name and address.)
- 3) Complete the attorney's name and address. (This is the person you want to designate and authorize to act on your behalf.)
- 4) Have the attorney sign the form and complete the Relationship of Attorney to the Donor line.
- 5) Sign the Power of Attorney form in the presence of two witnesses (see above restrictions on who can be a witness).
- 6) Have both witnesses sign and complete the Power of Attorney form, in your presence and each other's presence.
- 7) Make photocopies of the form and distribute as follows:
 - a) The original copy to your attorney to keep in a secure place
 - b) One copy to Students Finance, PO Box 28000 Stn Main, EDMONTON AB T5J 4R4
 - c) One copy to EDULINX who will sign as the Authorized Agent for the Minister of Advanced Education and Technology in Alberta. The address for EDULINX is: EDULINX, PO Box 4050, Mississauga STN A, Mississauga ON L5A 4M9
 - d) Keep one copy for your records

Questions?

This Power of Attorney has been prepared for your convenience and the Government of Alberta makes no representation whatsoever about the form, usability, or validity of this Power of Attorney. For general questions with respect to the submission of this document, contact the Student Funding Contact Centre:

- By phone: 780-427-3722 in Edmonton, or toll free in Canada 1-800-222-6485
- By e-mail: use the secure *e-Contact service* on alis.alberta.ca/econtact

However, if you have any questions about the use or effect of this document, you should seek the advice of a lawyer who can advise you about the validity and the consequences of using this document.

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**POWER OF ATTORNEY
For Alberta Student Funding**

This **POWER OF ATTORNEY** is given by me, _____
(Full legal name of the student, the “Donor”)
of _____
(Address)

1. **Appointment:** I appoint _____
(Full legal name of the attorney, the “Attorney”)
of _____
(Address)

as my lawful attorney to do anything on my behalf that I may lawfully do by an attorney in respect of all student loans, grants and other funding (collectively the “Alberta Student Loans”) made available to me for educational purposes by Her Majesty the Queen in right of Alberta as represented by the Minister of Advanced Education and Technology (“Students Finance”), but excluding the signing and submission of any student funding application to Students Finance (whether in paper or electronic form, including without limitation the submission of the Electronic Confirmation of Financial Information letter).

- 2. **Personal Information:** I consent to the disclosure of my personal information by Students Finance to my Attorney for use in relation to the exercise of my Attorney’s powers under this Power of Attorney.
- 3. **Previous Power of Attorney:** This Power of Attorney does not revoke any Power of Attorney that I have previously signed, except that this Power of Attorney shall solely govern over any matters in respect of the Alberta Student Loans. Students Finance shall be entitled to rely solely upon this Power of Attorney.
- 4. **Termination:** This Power of Attorney shall terminate upon Students Finance receiving written notice of: (a) my termination of this Power of Attorney, (b) my Attorney’s resignation, death, bankruptcy or mental incapacity or infirmity, or (c) my mental incapacity or infirmity, together with such supporting documents as may be required by Students Finance. I acknowledge that until Students Finance receives such notice and supporting documents all acts of my Attorney in accordance with this Power of Attorney will be binding on me.
- 5. **Representations and Warranties:** I and my Attorney (by signing below) jointly and severally represent and warrant to Students Finance that: (a) my Attorney and I are 18 years of age or older, and (b) my Attorney and I have the mental capacity to understand the nature and effect of this Power of Attorney.
- 6. **Indemnity:** I and my Attorney (by signing below) jointly and severally indemnify and hold harmless Students Finance, and its directors, officers, employees and agents, against any and all claims, losses, liabilities and expenses (including legal costs on a solicitor and client basis) that Students Finance incurs in any way relating to its actions under, or in reliance upon, this Power of Attorney.
- 7. **Acceptance:** This Power of Attorney is subject to the acceptance and approval of Students Finance or its agents.

This Document has been **signed and delivered** by the **Donor** (Student) named in this Power of Attorney in the **presence of two Witnesses:**

_____ Dated the _____ day of _____, 20____.
Signature of Donor (Student) giving the Power of Attorney

Signed by two Witnesses in the presence of the Donor (Student):
(For Witnessing Requirements, see “Who is the ‘Witness?’” on the instruction sheet attached to this form)

By signing below, each Witness confirms that they are eligible witnesses as described in the attached instruction sheet.

_____ Dated the _____ day of _____, 20____.
Signature of First Witness

Print full legal name and address of First Witness

_____ Dated the _____ day of _____, 20____.
Signature of Second Witness

Print full legal name and address of Second Witness

By signing below, the Attorney does hereby give to Students Finance the representations, warranties and indemnity set out in paragraphs 5 and 6 above for good and valuable consideration, the receipt of which is hereby acknowledged.

_____ Dated the _____ day of _____, 20____.
Signature of Attorney named in this Power of Attorney
(cannot sign on behalf of Donor (Student))

Print full legal name and address of the Attorney

Relationship of Attorney named in this Power of Attorney to the Donor (Student)