Manitoba
Education and Advanced Learning
Manitoba Student Aid
401-1181 Portage Avenue, Winnipeg, Manitoba, Canada R3G 0T3
T 204-945-6321 **F** 204-948-1210

POWER OF ATTORNEY

This POWER OF ATTORNEY is given by: _____
(Name of student, hereinafter "the Donor")

of _____
(Address)

I appoint _____
(Full name of Attorney) **(See Reverse for Details)**

of _____
(Address)

to be my attorney to act in my name, for my benefit, and to do anything on my behalf that I may lawfully do by an attorney in relation to the Manitoba Student Aid Program, including but not limited to student loan and/or student financial information. I appoint my attorney to enter into and endorse, on my behalf, a Loan Agreement with the Manitoba Student Aid Program and to obligate me to repay this loan, according to its terms. This appointment is made by me in accordance with s. 79(c) of The Freedom of Information and Protection of Privacy Act. For greater certainty, but without limiting the generality of the foregoing, Manitoba Student Aid may disclose to my attorney any and all of my personal information relevant to the Manitoba Student Aid Program. Similarly, my attorney may consent to the disclosure of my personal information to Manitoba Student Aid or to any third parties for the purposes of the Manitoba Student Aid Program.

This power may be exercised for the accommodation or benefit of third parties or of my attorney or any subsequent attorney with or without consideration.

Subject to the laws of the province of Manitoba, this Power of Attorney may be exercised during any subsequent legal incapacity or mental infirmity or incapacity of mine. This Power of Attorney shall remain in force until you receive notice of my death, or until due notice in writing of its revocation is given to my attorney and to Manitoba Student Aid. Until such notice, the acts of my attorney in accordance with this Power of Attorney will be binding on me.

This Power of Attorney does not necessarily revoke any Power of Attorney that I have previously signed, but if a previous Power of Attorney has clauses that are inconsistent with this one, the terms of this one prevail.

I hereby ratify and confirm all acts of my attorney in connection with this Power of Attorney. I will indemnify and hold Manitoba Student Aid, its directors, offices and employees harmless against, and I will pay promptly on demand, any loss, liability or expense (including legal costs) Manitoba Student Aid incurs or may be under, or any claim made against Manitoba Student Aid which relate in any way to Manitoba Student Aid's actions under this Power of Attorney.

_____ Dated the _____ day of _____, 20___.
Signature of Donor

Signed by the Donor in the presence of:

_____
Signature of Witness **(See Reverse for Details**)

_____
Name and address of Witness

_____
Signature of Attorney

_____
Relationship of Attorney to the Donor

Witnessing Requirements:

- The Witness must be one of the following:
    - an individual registered or qualified to be registered under s. 3 of The Marriage Act to solemnize marriages in the province of Manitoba;
    - a judge of the superior court;
    - a justice of the peace, magistrate or provincial court judge;
    - a duly qualified medical practitioner;
    - a notary public appointed for the province of Manitoba;
    - a lawyer entitled to practice in the province of Manitoba;
    - a member of the Royal Canadian Mounted Police; or
    - a member of a municipal police force in the province of Manitoba who exercises the powers of a peace officer.
- The Witness must not be the Attorney, or the Attorney's spouse or common law partner.

Attorney Requirements:

- The Attorney must meet the following qualifications:
    - Be an adult
    - Be mentally competent
    - not be an undischarged bankrupt