

A guided tour of the BC government's representation agreement (section 9) form

Part 3 of 3:

A guide for people who want to complete an enhanced representation agreement using the BC government's form

This document takes you through [the government of BC's enhanced representation agreement \(section 9\) form](#). It explains what information you will have to provide, and where.

For general information about enhanced representation agreements, see the document [what you need to know about enhanced representation agreements](#).

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BRITISH COLUMBIA

REPRESENTATION AGREEMENT (SECTION 9)

Made under Section 9 of the Representation Agreement Act.

The use of this form is voluntary. Be advised that this form may not be appropriate for use by all persons, as it provides only one option of how a Representation Agreement may be made. In addition, it does not constitute legal advice. For further information, please consult the Representation Agreement Act and Representation Agreement Regulation or obtain legal advice.

This form reflects the law at the date of publication. Laws can change over time. Before using this form, you should review the relevant legislation to ensure that there have not been any changes to the legislation or section numbers.

The notes referenced in this Representation Agreement are found at the end of this Agreement and are provided for information only.

1. THIS REPRESENTATION AGREEMENT IS MADE BY ME, THE ADULT:

Full Legal Name of the Adult	Date (YYYY / MM / DD)
Full Address of the Adult	

2. REVOCATION OF PREVIOUS INSTRUMENTS
(See Note 1 – actions that must be taken to revoke a previous Representation Agreement)
(See Note 2 – effect of revocation on previous Representation Agreements)

I revoke all of the following made by me.

- all previous Representation Agreements granting authority under section 7 of the Representation Agreement Act;
- all previous Representation Agreements granting authority under section 9 of the Representation Agreement Act.

3. REPRESENTATIVE
(See Note 3 – who may be named as Representative)

I name the following person to be my Representative:

Full Legal Name of Representative
Full Address of Representative

4. ALTERNATE REPRESENTATIVE (OPTIONAL)
(See Note 3 – who may be named as Representative)
(Strike out this provision if you do not want to appoint an Alternate Representative.)

If my Representative

- dies,
- resigns in accordance with the Representation Agreement Act,
- is my spouse, as defined in the Representation Agreement Act, at the time that I make this Representation Agreement, and our marriage or marriage-like relationship subsequently terminates as set out in the Representation Agreement Act, or
- becomes incapable,

then I name the following person to be my Alternate Representative:

Full Legal Name of Alternate Representative
Full Address of Alternate Representative

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Please note: The representation agreement form must be completed in English.

This section introduces the form. It explains the form is voluntary, may not suit for every situation, and is not legal advice. It points out there are notes at the end of the agreement.

Section 1 is where you put your name, address and date of birth. Use the same information as is on your government issued identification (*for example, your BC driver's licence, BC services card, or passport*).

Section 2 says that when this form is completed, it replaces any previous representation agreements.

This is explained in **Notes 1 and 2** below. They point out you need to give your previous representative written notice to cancel a previous representation agreement. A copy of your new representation agreement would work for that.

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BRITISH COLUMBIA

REPRESENTATION AGREEMENT (SECTION 9)

Made under Section 9 of the *Representation Agreement Act*.

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This form reflects the law at the date of publication. Laws can change over time. Before using this form, you should review the relevant legislation to ensure that there have not been any changes to the legislation or section numbers.

The notes referenced in this Representation Agreement are found at the end of this Agreement and are provided for information only.

1. THIS REPRESENTATION AGREEMENT IS MADE BY ME, THE ADULT:

Full Legal Name of the Adult	Date (YYYY / MM / DD)
Full Address of the Adult	

2. REVOCATION OF PREVIOUS INSTRUMENTS
(See Note 1 – actions that must be taken to revoke a previous Representation Agreement)
(See Note 2 – effect of revocation on previous Representation Agreements)

I revoke all of the following made by me.

- all previous Representation Agreements granting authority under section 7 of the *Representation Agreement Act*;
- all previous Representation Agreements granting authority under section 9 of the *Representation Agreement Act*.

3. REPRESENTATIVE
(See Note 3 – who may be named as Representative)

I name the following person to be my Representative:

Full Legal Name of Representative
Full Address of Representative

4. ALTERNATE REPRESENTATIVE (OPTIONAL)
(See Note 3 – who may be named as Representative)
(Strike out this provision if you do not want to appoint an Alternate Representative.)

If my Representative

- dies,
- resigns in accordance with the *Representation Agreement Act*,
- is my spouse, as defined in the *Representation Agreement Act*, at the time that I make this Representation Agreement, and our marriage or marriage-like relationship subsequently terminates as set out in the *Representation Agreement Act*, or
- becomes incapable,

then I name the following person to be my Alternate Representative:

Full Legal Name of Alternate Representative
Full Address of Alternate Representative

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Section 3 is where you put the name and address of the person you are naming as your representative. Put their full legal name and address as they appear on their government issued identification.

Note 3 explains who can be named as your representative and alternate. You can only name one representative and one alternate representative with this form. If you want to name more than one representative or alternate, you need to use a different form.

Your representative and alternate must be age 19 or older. They can't be someone who is paid (either by you or through their employer) to provide health care or personal care services to you. (The exception to this is if they are your child, parent or spouse).

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BRITISH COLUMBIA

REPRESENTATION AGREEMENT (SECTION 9)

Made under Section 9 of the *Representation Agreement Act*.

The use of this form is voluntary. Be advised that this form may not be appropriate for use by all persons, as it provides only one option of how a Representation Agreement may be made. In addition, it does not constitute legal advice. For further information, please consult the *Representation Agreement Act* and Representation Agreement Regulation or obtain legal advice.

This form reflects the law at the date of publication. Laws can change over time. Before using this form, you should review the relevant legislation to ensure that there have not been any changes to the legislation or section numbers.

The notes referenced in this Representation Agreement are found at the end of this Agreement and are provided for information only.

1. THIS REPRESENTATION AGREEMENT IS MADE BY ME, THE ADULT:

Full Legal Name of the Adult	Date (YYYY / MM / DD)
Full Address of the Adult	

2. REVOCATION OF PREVIOUS INSTRUMENTS
(See Note 1 – actions that must be taken to revoke a previous Representation Agreement)
 (See Note 2 – effect of revocation on previous Representation Agreements)

I revoke all of the following made by me.

- all previous Representation Agreements granting authority under section 7 of the *Representation Agreement Act*;
- all previous Representation Agreements granting authority under section 9 of the *Representation Agreement Act*.

3. REPRESENTATIVE
(See Note 3 – who may be named as Representative)

I name the following person to be my Representative:

Full Legal Name of Representative
Full Address of Representative

4. ALTERNATE REPRESENTATIVE (OPTIONAL)
(See Note 3 – who may be named as Representative)
 (Strike out this provision if you do not want to appoint an Alternate Representative.)

If my Representative

- dies,
- resigns in accordance with the *Representation Agreement Act*,
- is my spouse, as defined in the *Representation Agreement Act*, at the time that I make this Representation Agreement, and our marriage or marriage-like relationship subsequently terminates as set out in the *Representation Agreement Act*, or
- becomes incapable,

then I name the following person to be my Alternate Representative:

Full Legal Name of Alternate Representative
Full Address of Alternate Representative

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Section 4 talks about an alternative representative and when they may need to step in for the representative.

If you want to name an alternate representative, this section is where you put their name and address. Use their full legal name as it appears on their government issued identification. If you don't want to name an alternate, draw a line through this section.

The section says when the alternate can act:

- if your representative dies
- if your representative resigns
- if your representative becomes incapable
- if your representative is your spouse and your relationship ends after this agreement is made.

If you want different conditions for when your alternate representative can act, you need to use a different form.

BRITISH COLUMBIA

5. EVIDENCE OF AUTHORITY OF ALTERNATE REPRESENTATIVE
(See Note 4 – statutory declaration for evidence of authority of Alternate Representative)
(Strike out this provision if you are not appointing an Alternate Representative.)

A statutory declaration made by me, my Representative, or my Alternate Representative (if one is named), declaring that one of the circumstances referenced in section 4 of this Representation Agreement has occurred, and specifying that circumstance, is sufficient evidence of the authority of my Alternate Representative to act in place of my Representative.

6. AUTHORITY OF REPRESENTATIVE
(See Note 5 - what a Representative may and may not do)

Pursuant to section 9 (1) (a) of the *Representation Agreement Act*, I authorize my Representative to do anything that the Representative considers necessary in relation to my personal care and health care.

7. INSTRUCTIONS OR WISHES (OPTIONAL)
(See Note 6 - consultation with a health care provider)

The following are my instructions or wishes with respect to decisions that will be made within the areas of authority given to my Representative under this Representation Agreement:

8. EFFECTIVE DATE
This Representation Agreement becomes effective on the date it is executed.

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Section 5 explains the legal declaration (called a statutory declaration) that must be made to allow your alternate representative to replace your representative. You, your representative or your alternate can make the legal declaration, at the time it is needed.

Note 4 points out that a sample declaration form is included with this representation agreement form. See page 5.

Section 6 says that you are giving your representative the power to make decisions or take actions about your **health care and personal care**, in the event you cannot make these decisions yourself.

Note 5 lists what your representative may and may not do on your behalf. This list includes that your representative can give or refuse consent to health care needed to keep you alive.

Further information on the decisions your Representative can and cannot make is provided in “[What you need to know about enhanced representation agreements](#)”.

If you want to choose or limit the decisions your representative can make, you need to use a different form.

BRITISH COLUMBIA

5. EVIDENCE OF AUTHORITY OF ALTERNATE REPRESENTATIVE

(See Note 4 - statutory declaration for evidence of authority of Alternate Representative)

(Strike out this provision if you are not appointing an Alternate Representative.)

A statutory declaration made by me, my Representative, or my Alternate Representative (if one is named), declaring that one of the circumstances referenced in section 4 of this Representation Agreement has occurred, and specifying that circumstance, is sufficient evidence of the authority of my Alternate Representative to act in place of my Representative.

6. AUTHORITY OF REPRESENTATIVE

(See Note 5 - what a Representative may and may not do)

Pursuant to section 9 (1) (a) of the *Representation Agreement Act*, I authorize my Representative to do anything that the Representative considers necessary in relation to my personal care and health care.

7. INSTRUCTIONS OR WISHES (OPTIONAL)

(See Note 6 - consultation with a health care provider)

The following are my instructions or wishes with respect to decisions that will be made within the areas of authority given to my Representative under this Representation Agreement:

8. EFFECTIVE DATE

This Representation Agreement becomes effective on the date it is executed.

Section 7 is where you can write your instructions or wishes for your representative to follow. Writing down your wishes or instructions is voluntary.

You may prefer to write your instructions or wishes in a separate document so you can update them easily if needed. Whether you write them on this form or somewhere else, your representative must still follow them.

Note 6 explains that you may wish to consult your health-care provider to understand your options and choices when writing your instructions or wishes.

Section 8 explains that your representation agreement becomes active the day you, your witnesses, your representative and your alternate (if you have one) sign it.

BRITISH COLUMBIA

9. SIGNATURES

ADULT AND WITNESS SIGNATURES

ADULT'S SIGNATURE
 • The Adult must sign and date in the presence of both Witnesses.

Signature of Adult _____ Date Signed (YYYY / MM / DD) _____
 Print Name _____

WITNESSES TO ADULT'S SIGNATURE
 (See Note 7 – information for witnesses)

WITNESS NO. 1
 • Witness No. 1 must sign in the presence of the Adult and Witness No. 2.

Signature of Witness No. 1 _____ Date Signed (YYYY / MM / DD) _____
 Print Name _____
 Address _____

WITNESS NO. 2
 • Not required if Witness No. 1 is a lawyer or member in good standing of the Society of Notaries Public of British Columbia.
 • Witness No. 2 must sign in the presence of the Adult and Witness No. 1.

Signature of Witness No. 2 _____ Date Signed (YYYY / MM / DD) _____
 Print Name _____
 Address _____

If witness is a lawyer or member of the Society of Notaries Public of British Columbia, check relevant box below:
 lawyer
 member of the Society of Notaries Public of British Columbia

REPRESENTATIVES' SIGNATURES
 (See Note 8 – when a Representative may exercise authority under this Representation Agreement)

REPRESENTATIVE

Signature of Representative _____ Date Signed (YYYY / MM / DD) _____
 Print Name _____

ALTERNATE REPRESENTATIVE
 (Strike out if an Alternate Representative is not appointed.)

Signature of Alternate Representative _____ Date Signed (YYYY / MM / DD) _____
 Print Name _____

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Section 9 is where you sign and date the form in front of your witnesses, and where your witnesses sign the form. Your witnesses also need to provide their legal name and address. Refer to their government issued identification to write their information correctly.

You do not need a second witness if your first witness is a lawyer or a notary public.

Note 7 explains who can and cannot be a witness, the number of witnesses required, and what to do if the witness objects to the agreement.

Your witnesses cannot be:

- the person you are naming as a representative or alternate representative
- a spouse, child or parent of the person you are naming as a representative or alternate representative
- an employee of the person you are naming as a representative or alternate representative (unless your representative or alternate Representative is a lawyer, notary public, or the Public Guardian and Trustee of BC)
- someone under age 19
- someone who does not understand how you communicate (unless there is an interpreter present)

BRITISH COLUMBIA

9. SIGNATURES

ADULT AND WITNESS SIGNATURES

ADULT'S SIGNATURE
 • The Adult must sign and date in the presence of both Witnesses.

Signature of Adult	Date Signed (YYYY / MM / DD)
Print Name	

WITNESSES TO ADULT'S SIGNATURE
 (See Note 7 – information for witnesses)

WITNESS NO. 1
 • Witness No. 1 must sign in the presence of the Adult and Witness No. 2.

Signature of Witness No. 1	Date Signed (YYYY / MM / DD)
Print Name	
Address	
If witness is a lawyer or member of the Society of Notaries Public of British Columbia, check relevant box below: <input type="checkbox"/> lawyer <input type="checkbox"/> member of the Society of Notaries Public of British Columbia	

WITNESS NO. 2
 • Not required if Witness No. 1 is a lawyer or member in good standing of the Society of Notaries Public of British Columbia.
 • Witness No. 2 must sign in the presence of the Adult and Witness No. 1.

Signature of Witness No. 2	Date Signed (YYYY / MM / DD)
Print Name	
Address	

REPRESENTATIVES' SIGNATURES
 (See Note 8 – when a Representative may exercise authority under this Representation Agreement)

REPRESENTATIVE		ALTERNATE REPRESENTATIVE (Strike out if an Alternate Representative is not appointed.)	
Signature of Representative	Date Signed (YYYY / MM / DD)	Signature of Alternate Representative	Date Signed (YYYY / MM / DD)
Print Name		Print Name	

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This section is where your representative must sign and date the form. If you name an alternate representative, they must also sign and date the form. They do not have to sign it at the same time as you or your witnesses.

If you have not appointed an alternate representative, draw a line through that part.

Note 8 explains that your representative must sign the form before they can act on your behalf.

BRITISH COLUMBIA

STATUTORY DECLARATION FOR EVIDENCE OF AUTHORITY OF ALTERNATE REPRESENTATIVE

This statutory declaration may be completed by the adult, the representative, or the alternate representative, as evidence of the authority of the alternate representative to act in place of the representative. This statutory declaration would be completed if one of the circumstances in which the alternate representative is authorized to act in place of the representative occurs to establish the authority of the alternate representative.

CANADA
PROVINCE OF BRITISH COLUMBIA

IN THE MATTER OF the *Representation Agreement Act* re: a Representation Agreement made by

_____ naming _____ as Representative
name of Adult name of Representative

TO WIT:

I, _____
Name

of _____
Full Address

SOLEMNLY DECLARE THAT:

a. I am the *(strike out the descriptions that do not apply):*
 adult who made the representation agreement
 representative named under the representation agreement
 alternate representative named under the representation agreement.

b. One of the circumstances referenced in the Representation Agreement in which the alternate representative is authorized to act in place of the representative has occurred, specifically *(describe the specific circumstance resulting in the alternate representative having authority to act):*

AND I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

DECLARED BEFORE ME AT

_____ location _____
Declarant's Signature

on _____ date _____

 Signature of Commissioner for taking Affidavits
 for British Columbia

 Commissioner for taking Affidavits for British Columbia
(Apply stamp, or type or legibly print name of commissioner)

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This is a statutory declaration (mentioned in **Note 4**) that could be used to allow your alternate representative to act.

It should only be used at the time your representative is being replaced by your alternate representative. It should not be completed at the time you are completing your representation agreement.

In section (a), indicate who is making the declaration: you (the adult who made the representation agreement), the representative, or the alternate representative.

In section (b) put the reasons the alternate representative is being asked to act. It needs to be a reason listed in section 4 of the Representation Agreement.

In this section, the person making the declaration must sign it. They must sign before a commissioner for taking affidavits in British Columbia (who must also sign).

Lawyers and notaries public are always commissioners. Other people can also be appointed as a commissioner.

The information in this document is not legal advice. This information is specific to people living in British Columbia, Canada.

It is also available in [Traditional Chinese](#), [Simplified Chinese](#) and [Punjabi](#).

This document was developed by the BC Centre for Palliative Care, a non-profit organisation in British Columbia. Reviewed for legal accuracy by Krista James, National Director, Canadian Centre for Elder Law and Staff Lawyer, BC Law Institute. March 2021.



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