

Custom RA9 Form Request

\$85.00 per form | Fee includes cost to register completed form

This is for requesting a Custom Representation Agreement under section 9 (RA9).

IMPORTANT: Open and complete this page using Acrobat Reader. To download the free Reader click <https://get.adobe.com/reader/>

Select ONE of the following:

TERMINOLOGY: Independently = one or both, to give flexibility. Unable = due to permanent condition like death or temporary condition like illness.

RA9— for adults who understand the nature and consequences of their RA9 at the time of making it.				
✓	Form Type	Number of Representatives	Number of Alternates	Areas of Authority
	If NO options, use Basic RA9 and neatly cross out Alternate.	1 Representative	No Alternate <i>Neatly cross out fields for listing Alternate and where they sign.</i>	<p>The Custom RA9 has the same authorities for health care and personal care as the Basic RA9 (except those listed below under Optional)</p> <p>The Basic RA9 is for naming 1 Representative and 1 Alternate. It does not include optional authorities.</p> <p>An RA9 does NOT include any financial authorities — see 'Planning for Legal & Financial Affairs' further down the webpage from the Basic RA9 at www.nidus.ca > click middle photo/heading and scroll to the end.</p>
	A with options	1 Representative	No Alternate	
	B with options	1 Representative	1 Alternate	
	C with or no options	1 Representative	2 Alternates <i>Alts. will both move up if Rep. is unable, and may act independently</i>	
	D with or no options	1 Representative	2 Alternates <i>Alts. will move up one at a time (Alt #1, Alt #2)</i>	
	E with or no options	2 Representatives <i>Reps. may act independently</i>	No Alternate	
	F with or no options	2 Representatives <i>Reps. may act independently</i>	1 Alternate <i>Alt. moves up if both Reps. are not available</i>	
	G with or no options	3 Representatives <i>Reps. may act independently</i>	No Alternate	
	Other	<i>If selections above do not fit your situation, for example you want to name a Monitor, please check with Nidus about a different set up. Email info@nidus.ca</i>		

OPTIONAL – Check one or more of the following options to be added to the RA9 set-up selected above (the following is not the legal wording).

	Authority to make temporary arrangements for the care and education of my minor children and others I support.
	Authority to interfere with my religious practices.
	Statement to permit my spouse's authority as representative to continue even if our relationship breaks down or ends.
	Statement to say my representative will be the one to determine my current wishes and if they are reasonable; statement that my representative may bypass their legal duty to follow my current wishes or instructions if they are different from those I expressed while capable.
	Statement to refer to written wishes I expressed in a separate document such as a living will or advance care plan.
	If you need to include specific wording such as — naming person(s) you do not want involved in your care or if you have a faith-based instruction (e.g. as Jehovah Witness, Christian Science) please email us to clarify — info@nidus.ca

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This is for requesting a Custom Representation Agreement under section 9 (RA9) — with different set-ups than the Basic RA9 and/or including optional statements.

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▶ _____
Type/Print Adult's Legal Name Above — as it should appear on the Custom RA9 (required). This is the person the Agreement belongs to; (not the representative). There are no refunds if you put the wrong name as the Custom RA9 is based on this.

▶ _____
Type/Print Name of Adult requesting this form if different from name on first line.

▶ _____
A Phone Number (required)

▶ _____
An Email Address (required for sending Custom RA form)

The adult will be making a revocation (cancelling) of a previous Agreement.
Read the [Revocation](#) information and sample form at www.nidus.ca > Information > Representation Agreement

▶ _____
If the previous Agreement is registered, enter the Nidus ID on line above.

I accept the [Terms and Conditions](#) for the Custom RA9.

Please email details to pay by e-Transfer (autodeposit to Nidus' non-profit account). I do not bank with Tangerine.

Please email me a PayPal invoice to pay online with my credit card or funds from my PayPal Account.

I will pay by cheque and mail it to: **Nidus, 1440 West 12th Ave, Vancouver, BC V6H 1M8**

COMPLETE — 'Save As' to your computer (give different title), return to Nidus ▶ Email: info@nidus.ca
Allow at least 5 business days after payment to receive Custom form.