

Kindly complete the Questionnaire and provide us with as much detail as you can to assist us in providing you with bespoke investment advice. Please do not leave questions unanswered unless an answer is not applicable in which cases write "N/A".

**KNOW YOURSELF: FAMILY FACTS AND FIGURES (Questions 1 – 18)**

1. NAME: \_\_\_\_\_

2. SPOUSE: \_\_\_\_\_

3. ADDRESS: \_\_\_\_\_

\_\_\_\_\_

4. CONTACT: \_\_\_\_\_

Residence Phone                      Business Phone

Cell Phone                              E-mail Address

Cell Phone (spouse)              E-mail Address (spouse)              Business Phone (spouse)

Best times for us to call if we have any questions about this data: \_\_\_\_\_

5. SOCIAL INSURANCE NUMBER \_\_\_\_\_

Self                                      Spouse

6. DATE OF BIRTH: \_\_\_\_\_

Self (MM/DD/YYYY)              Spouse (MM/DD/YYYY)

7. CITIZENSHIP: \_\_\_\_\_

8. DEPENDENTS: \_\_\_\_\_

Name                              Age                              SIN#

\_\_\_\_\_  
Name                              Age                              SIN#

\_\_\_\_\_  
Name                              Age                              SIN#

\_\_\_\_\_  
Name                              Age                              SIN#

9. EMPLOYER: \_\_\_\_\_

\_\_\_\_\_  
Type of Business                      Position/Title

10. ANNUAL INCOME: \_\_\_\_\_

11. Are you a member of a pension plan? Yes No

If yes, describe the plan: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. At what age do you plan to retire? \_\_\_\_\_

**SPOUSAL INFORMATION**

13. A) EMPLOYER: \_\_\_\_\_

\_\_\_\_\_ Type of Business Position/Title

B) ANNUAL INCOME: \_\_\_\_\_

C) Are they member of a pension plan? Yes No

D) If yes, describe the plan: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E) At what age do they plan to retire? \_\_\_\_\_

14. Do you have a close tie/affiliation with any public company? Yes No

If you answered yes, please provide details: \_\_\_\_\_

15. Do you own options granted by a public corporation? Yes No

If yes, please provide details: \_\_\_\_\_

16. Is your general health good? Yes No

17. Do you anticipate any changes to your overall financial circumstances in the future?

\_\_\_\_\_  
\_\_\_\_\_

18. PROFESSIONAL ADVICE CONTACT INFORMATION

Accountant \_\_\_\_\_

Lawyer \_\_\_\_\_

Other(s) \_\_\_\_\_

**FINANCIAL INFORMATION** (Questions 19-25)

19. Net Worth (please list below or provide list)

REAL ESTATE

INVESTMENTS *(Please include recent statements as an attachment if preferred)*

LIFE/LONG TERM DISABILITY INSURANCE *(amounts and cash values):*

OTHER ASSETS, COLLECTIBLES, CHATTLES

COMPANIES

LIABILITES, MORTGAGES, LOANS *(Soft liabilities; alimony, allowances etc.)*

**ESTIMATED NET WORTH** \$ \_\_\_\_\_

20. Are the portfolio assets used as collateral for a loan or line of credit?    Yes                  No

*If yes, how much?* \$ \_\_\_\_\_ *Lending Institution* \_\_\_\_\_

21. Do you have an up to date financial plan?    Yes                  No

NAME OF PLANNER \_\_\_\_\_

CONTACT \_\_\_\_\_

*If no, would you like a referral to one?*    Yes                  No

22. What are your financial goals?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

23. Amount of money you anticipate needing, if any, to have available from your investment portfolio for emergency purposes (i.e., within a few days): \_\_\_\_\_
24. Amount of money you anticipate needing, if any, for an expected major expenditure:  
\$ \_\_\_\_\_ If so, when? \_\_\_\_\_
25. Do you require periodic payments from your investment portfolio? as follows:  
Monthly \$ \_\_\_\_\_ Quarterly \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

**KNOW YOURSELF: INVESTMENT EXPERIENCE** (Questions 26A-D)

26. A) How do you rate your investment knowledge?  
None  Limited  Average  Sophisticated
- B) What types of investments have you made in the past? (e.g. mutual funds, stocks, bonds, commodities or futures, options, real estate, GICs, CDs, tax shelters)  
\_\_\_\_\_  
\_\_\_\_\_
- C) Outline your investment experience, likes and dislikes. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- D) Have you lost significant capital from equity investments in the past?  
Please Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**KNOW YOURSELF: RISK TOLERANCE** (Questions 27, 28)

27. INVESTMENT RISK ASSESSMENT

Which of the following statements best describes your attitude towards risk?

Conservative: The safety of my investments is paramount, and I am unwilling to take investment risks. I recognize that I will receive a lower rate of return.

Balanced: I require capital growth to offset inflation and am willing to accept some investment risk.

Growth: I can accept normal market volatility with the goal of achieving long term growth in line with the historical markets returns.

Aggressive Growth: I have a long time horizon and believe that I can achieve superior returns by taking above average risks.

Speculative Growth: I have experience investing in the markets and understand the relationship between returns and volatility. I am seeking maximum returns but will accept significant losses.

28. Are there any tax considerations or liabilities? Yes No  
If yes, \$ \_\_\_\_\_ When \_\_\_\_\_

**KNOW YOURSELF: PERSONAL PREFERENCES** (Questions 29 – 33)

29. Are there any restrictions on the sale of existing investments? Yes No  
If yes, give details: \_\_\_\_\_

30. Are there any restrictions on the purchase or sale of any securities? Yes No  
If yes, give details: \_\_\_\_\_

31. Is there anything we should have asked you about your financial position that we didn't ask?  
\_\_\_\_\_  
\_\_\_\_\_

32. How much time do you currently spend monitoring or managing your investments?  
Hours per week \_\_\_\_\_ Do you enjoy this task? \_\_\_\_\_

33. Do you enjoy reading, learning and research investments, new companies, and financial opportunities?

**KNOW YOURSELF: EXPECTATIONS** (Question 35)

35. If we are meeting three years from today to review things what will have had to have occurred for you to think our progress has been a success?

**SIGNATURE SECTION**

\_\_\_\_\_  
Client Name(s)

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Client Signature

Date \_\_\_\_\_

\_\_\_\_\_  
CastleMoore Inc.

Date \_\_\_\_\_