

11. EMPLOYMENT (Spouse): _____
Employer Name _____ Type of Business _____
Position/Title _____ Annual Income _____ Length at Company _____

12. Are they member of a pension plan? Yes No

If yes, describe the plan: _____

13. At what age do you plan to retire? _____
Self _____ Spouse _____

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

If you answered yes, please provide details: _____

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

If yes, please provide details: _____

16. Are you or any member of your household a Politically Exposed Person (PEP)? Yes No

If yes, please provide details: _____

17. Is your/your spouse's general health good? Yes No

Please provide any details you would like us to know: _____

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

19. PROFESSIONAL ADVISORY CONTACT INFORMATION

Accountant: _____ Contact Info: _____

Lawyer: _____ Contact Info: _____

Other: _____ Contact Info: _____

FINANCIAL INFORMATION (Questions 20 - 25)

20.

	Client	Spouse	Joint	Details
<u>Real Estate</u>				
Principal Residence				
Cottage				
Rental Properties				
<u>Registered Plans</u>				
RRSP/RRIF				
Locked-in Plans/RPP				
TFSA				
<u>Non-Registered Plans</u>				
Investments				
Leveraged Investments				
Savings Accounts				
Long Term Deposits				
<u>Investments for Dependants</u>				
RESP				
In Trust For				
<u>Business Assets</u>				
<u>Other Assets</u>				
<u>Debts</u>				
Mortgage (residence)				
Other mortgages				
Investment Loan				
Other Loan (e.g. auto)				
Credit Card				
Other Debts				

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 Not Sure

22. What are your financial goals? Please be as specific as possible.

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 26 A-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, real estate, GICs)

- 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? (select one):

- 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: _____
- Do you wish custom management for them? Yes No Not Sure

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 34)

34. If we are meeting three years from today for a review how will you measure success? What aspects of our service will be most important to you?

PRIVACY & COMMUNICATIONS (Questions 35 - 38)

35. Do you wish to have your family accounts grouped together under one on-line access view? Yes No

36. Do you wish one member of the household to be the regular point of contact? Yes No

If you answered yes please provide the name of this person _____

37. Do you wish to allow on-line access to a third party? Yes No

If you answered yes, please provide the following information:

Name: _____ Company: _____

38. Do you prefer electronic delivery of your account statements? Yes No

SIGNATURE SECTION

Client Name

Signature

Date

Client Name

Signature

Date

CastleMoore Inc.

Signature

Date