

Provide as much detail as you can to assist us in creating the best possible customized investment advice for you. Do not leave questions unanswered. Not applicable must be marked "N/A". For multiple lined answers tab to the next line. For the net worth section the first three columns only accept numbers, and the last both numbers and letters. Contact us for any help needed.

**KNOW YOURSELF: FAMILY FACTS AND FIGURES** (Questions 1 – 19)

1. NAME: \_\_\_\_\_ 1a. MARITAL STATUS: \_\_\_\_\_

2. SPOUSE NAME (if applicable): \_\_\_\_\_

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

 4. CONTACT: \_\_\_\_\_  
                             Residence Phone                      Business Phone  
  
                             Cell Phone                      E-mail Address  
  
                             Cell Phone (spouse)                      E-mail Address (spouse)                      Business Phone (spouse)

 5. SOCIAL INSURANCE NUMBER: \_\_\_\_\_  
                                                                                             Self                                              Spouse

 6. DATE OF BIRTH: \_\_\_\_\_  
                                             Self (MM/DD/YYYY)                      Spouse (MM/DD/YYYY)

 7. CITIZENSHIP: \_\_\_\_\_  
                                             Self                      Spouse

 8. DEPENDENTS: \_\_\_\_\_  
                                     Name                      Date of Birth                      SIN#  
  
                                     Name                      Date of Birth                      SIN#  
  
                                     Name                      Date of Birth                      SIN#

 9. EMPLOYMENT (Self): \_\_\_\_\_  
                                                                     Employer Name                      Type of Business  
  
                                     Position/Title                      Annual Income                      Length at Company

 10. Are you a member of a pension plan?    Yes     No 
*If yes, describe the plan:* \_\_\_\_\_

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?

\_\_\_\_\_

\_\_\_\_\_

How often do you want a formal review? \_\_\_\_\_

**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 communications and account statements? Yes  No

**SIGNATURE SECTION**

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date