



Investor Profile and Questionnaire

Company Name

Date

INVESTMENT STRATEGIES

Identifying a portfolio strategy that provides the right balance between conflicting objectives, security, income and growth, is one of the most important decisions that you will need to make and regularly re-evaluate.

This questionnaire is designed to help in identifying a portfolio strategy with the highest probability of success in meeting your investment goals.

While our objective is to capture all information relevant to the development of your investment strategy, no questionnaire is perfect. Feel free to make notes or provide any additional information that you think we should know about you. There are no right or wrong answers. In some cases, we have provided a selection of answers to choose from, but if none appeal to you, please make a note or write in your own response.

We hope you will find this a valuable process that prompts you to reflect on your own thoughts and philosophy about investing. Many clients have told us that they enjoyed the process and the resulting discussions. As with most things in life, the quality of the output depends on the quality of the inputs, so take a break from demands of your day and enjoy the journey!

TELL US ABOUT YOU AND YOUR FAMILY....

Title (Mr. / Mrs. / Miss / Ms. / Dr. / Other)

Full Name:

Address:

City: _____ Province: _____ Postal Code:

Years at this address: _____ Proportion of typical year spent at this address:

Home Telephone: _____ Business Telephone: _____ Email:

Date of birth (dd/mm/yyyy): _____ Citizenship: _____ Occupation: _____

Other Professional Advisors:

| Name | Type | Email | Phone | Permission to contact |
|------|------|-------|-------|--|
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Immediate Family:

| Name | Relationship | Date of birth | Marital Status | Dependent |
|------|--------------|---------------|----------------|--|
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please describe any special needs or concerns regarding your family members:

Tell us about your family:

Tell us about your current work situation:

What personal interests do you have?

Tell us about any groups, causes or charities that you support:

What is your passion in life?

Tell us about your plans for retirement:

Please describe how you view the role of your investments in your life, now and in the future: _____

TELL US ABOUT YOUR INVESTMENT EXPERIENCES AND EXPECTATIONS...

What is the best investment you ever made and why?

What was your response?

What is the worst investment you ever made and why?

What was your response?

INVESTMENT STRATEGIES

What does risk mean to you?

What is your most pressing challenge?

What worries you most about your current financial situation?

How would you describe yourself as an investor?

Please rate your ability to tolerate ups and downs in the value of your investments on a scale of 1-10, with 1 being

low, and 10 being a very high level of comfort: _____

Please choose the statement that best describes your knowledge of investments:

- I have very little knowledge and rely heavily on the recommendations of others.
- I have limited knowledge and don't follow financial markets.
- I have a basic understanding of various types of investments (GICs, Stocks, Bonds, and Mutual Funds), but no interest in following financial markets.
- I have a good working knowledge of various types of investments, their relative risks, and regularly follow financial markets.
- I have a thorough understanding of a wide range of financial instruments and markets.

TELL US ABOUT YOUR GOALS AND RISK PREFERENCES...

How will you be using the majority of this portfolio? Check all that apply.

- To fund current lifestyle
- To fund future retirement
- To fund major purchases
- To leave an estate for my family
- To fund charitable bequests
- Other

INVESTMENT STRATEGIES

How would you characterize the main goal for your portfolio?

- To ensure my portfolio remains secure.
 - To have modest growth but avoid fluctuating returns.
 - To balance growth and security, and keep pace with inflation
 - To provide growth potential, and to accept some fluctuation in return
 - The sole objective is to maximize long-term growth.
 - Other
-

What long-term annual return do you expect from your investment portfolio over the next 10 years?

- 3.0% - 3.9%
- 4.0% - 5.4%
- 5.5% - 6.9%
- 7.0% - 8.4%
- 8.5% and above

What is your investment time horizon?

- 3 years or less
- 4-8 years
- 8-10 years
- 10-20 years
- More than 20 years

What is the maximum decline you can tolerate in your portfolio before re-evaluating your risk tolerance?

- Up to 5%
- 10%
- 15%
- 20%
- 25% or more

Assume the value of your portfolio declined by 25% over the course of a bear market. How would this affect your lifestyle and financial goals?

- My lifestyle would not be compromised and my main financial goals (e.g. retirement or bequests) would remain safely achievable.
- I would be able to maintain my lifestyle, but would have to alter my main financial goal(s) by extending the date or scaling them back.
- I would have to change my current lifestyle by saving more or spending less to maintain a high probability of achieving my main financial goal(s).
- I would be forced to scale back my lifestyle and re-evaluate my financial goals.
- My lifestyle and/or goals would be seriously compromised.

Realizing there will be downturns in the market, in the event of a significant loss, how long are you prepared to stick to your investment strategy in anticipation of a recovery in value?

- Less than 6 months
- 6 months to 1 year
- 1 to 2 years
- 2 to 3 years
- 3 years or more

INVESTMENT STRATEGIES

Realizing that any market-based investments may move up or down in value over time, with which of the hypothetical portfolios below would you feel most comfortable?

| | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Average Annual Return |
|-----------------------------|-----------|-----------|-----------|-----------|--------|--------------------------|
| <input type="checkbox"/> A. | 3% | 3% | 3% | 3% | 3% | 3% |
| <input type="checkbox"/> B. | 2% | 6% | 6% | -1% | 7% | 4% |
| <input type="checkbox"/> C. | -6% | 7% | 21% | 2% | 8% | 6% |
| <input type="checkbox"/> D. | 14% | -9% | -4% | 28% | 18% | 8.5% |
| <input type="checkbox"/> E. | -15% | -9% | 18% | 40% | 31% | 11% |

Over a 12 month period, a 7% rate of return is achieved. How satisfied would you be with this result?

- Very dissatisfied
- Dissatisfied
- Neither satisfied nor dissatisfied
- Satisfied
- Very satisfied

Over a 12 month period, a -7% rate of return is realized. How satisfied would you be with this result?

- Very dissatisfied
- Dissatisfied
- Neither satisfied nor dissatisfied
- Satisfied
- Very satisfied

TELL US ABOUT YOUR ASSETS AND LIABILITIES...

Please provide copies of recent account statements including adjusted cost base and any deferred sales charges pending if available.

Please provide details of your other assets not captured on account statements. Please indicate for each any plans to liquidate.

Real Estate:

| Type | Market Value | Mortgage | Owner | Purpose (e.g lifestyle, investment, bequests) |
|------|--------------|----------|-------|---|
| | | | | |
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Life Insurance:

| Life insured (owner if different) | Death benefit | Cash value | Premiums |
|-----------------------------------|---------------|------------|----------|
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Estimated market value of your total household, non-real estate assets:

Current asset manager(s):

INVESTMENT STRATEGIES

Business or private equity holdings (details including type, estimated value and cost base).

Please provide details about other assets or liabilities:

Estimated amount of your annual expenses and/or liabilities:
(details include expenses for mortgages, loans, medical, travel, education, etc.)

Do you anticipate any significant changes to your expenses and liabilities in the near future? If so, please describe.

INVESTMENT STRATEGIES

Any special tax issues or strategies implemented or being considered:
(eg. Use of trusts, spousal or corporate loans, capital gains or other assets, gifting or loss carry forward strategies)

TELL US ABOUT YOUR LIQUIDITY NEEDS AND EXPECTED CASH FLOWS...

What is your objective for any current cash balances?

Current and previous two years' income
(before tax)

Type
(salary, commission, dividends, rental income, pensions, etc.)

| | | | |
|----|----|--|--|
| 20 | \$ | | |
| 20 | \$ | | |
| 20 | \$ | | |

Capital losses carried forward: _____

RRSP carry forward room: _____

Current or future contributions and withdrawals

Please list any regular needs from or additional savings to this portfolio:

| Type (contribution or withdrawal) | Account (owner and type) | Amount \$ | Frequency (monthly, quarterly, annual or ad hoc) | Beginning (at age or year) | Ending (at age or year) |
|--------------------------------------|-----------------------------|--------------|---|-------------------------------|----------------------------|
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INVESTMENT STRATEGIES

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By signing below, I declare that the information provided is true and complete to the best of my knowledge.

Client Name: _____ Investment Strategies Inc. _____

Date: _____

Date: _____

Signature: _____

Signature: _____