



Name: _____

Email: _____

RISK TOLERANCE

1. How would you describe your level on investment knowledge?

- Extensive Good Fair Limited Nil

2. Do you read financial papers?

- Yes To some extent Not at all

3. Certain types of investments fluctuate in value. To achieve potentially higher returns, what level of fluctuation are you willing to accept?

- Dramatic Moderate None

4. What is the worst 1 year return you could tolerate?

- 0% - 5% 1% - 5% loss 5% - 10% loss 10% - 20% loss >20% loss

5. What is the worst 1 year return you have ever experienced?

- 0% - 5% 1% - 5% loss 5% - 10% loss 10% - 20% loss >20% loss

6. How frequently do you review the performance of you investments?

- Monthly Quarterly Annually Occasionally Rarely

7. What percentage of you portfolio must not be subject to any negative fluctuations?

Non-registered

- 80% to 100% 60% to 80% 40% to 60% 20% to 40% 20% or less

Registered

- 80% to 100% 60% to 80% 40% to 60% 20% to 40% 20% or less

8. What percentage of your portfolio would you wish to be totally liquid?

Non-registered

- 80% to 100% 60% to 80% 40% to 60% 20% to 40% 20% or less

Registered

- 80% to 100% 60% to 80% 40% to 60% 20% to 40% 20% or less

9. What percentage of your portfolio will be needed to fund anticipated expenses, major purchases, or other needs during the next 5 years?

Non-registered

- 80% to 100% 60% to 80% 40% to 60% 20% to 40% 20% or less

Registered

- 80% to 100% 60% to 80% 40% to 60% 20% to 40% 20% or less

10. If you were to experience a sudden reduction in income, would you liquidate investments before reducing your standard of living?

Non-registered

- Definitely Probably Maybe Probably not No

Registered

- Definitely Probably Maybe Probably not No

11. If one of your investments earned 20% or more within 12 months or less, would you sell it to lock in the gain?

- Definitely Probably Maybe Probably not No

12. In a typical year, what percentage of your portfolio would you routinely reposition?

- 80% to 100% 60% to 80% 40% to 60% 20% to 40% 20% or less

13. Do you choose investments that are highly rated based on recent performance?

- Definitely To some extent Not a key factor

14. What is the most important thing about money to you?

15. How much, per month, do you wish to have at retirement?

16. Are you satisfied with your current rates of return?

17. Per month, how much do you wish your family to have should you die too soon? How important is this for you?

18. What rate of inflation should we assume?

19. Are you satisfied with the amount you are saving for the education of your children?

20. What are the most important things we can do to help you?

21. To improve your future, you will take the following actions:

22. Please specify anything else to be considered (e.g. inheritance):

AREAS OF CONCERN

	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Notes
Charitable giving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Children's education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Critical Illness insurance needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Debt elimination / management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dependant survivor income needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Disability insurance needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Estate planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Life insurance needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Major purchases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Retirement income planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Will and trust planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PROFESSIONAL ADVISORS

	Name	Address	Phone #
Accountant			
Banker			
Executor			
Investment advisor			
Lawyer			
Life insurance agent			

DOCUMENTS

	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> To Follow	Notes
Corporate financial statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Current tax assessment notice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Insurance policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Investment / RRSP statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Living Will	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mortgage / loan documents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pension statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Power of Attorney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tax return for past 2 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Will and Trust documents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	