

Know your Client Information Sheet

Name: _____ Marital Status: _____

Spouse: _____ # of Dependants: _____

Address: _____

Tel. #: _____ Bus. #: _____

SIN #: _____ Spouse SIN #: _____

D.O.B.: _____ Spouse D.O.B.: _____

Occupation: _____ Spouse's Occupation: _____

Annual Income: _____ Spouse's Income: _____

Bank Name: _____ Branch Address: _____

Children:	Name	D.O.B.	S.I.N.

Investment Objectives

Liquidity _____% Income _____% Long-Term _____% Aggressive _____% Estate Preservation _____%

Investment Experience: Nil Some Extensive

Does client presently own individual stocks Y or N past ownership Y or N
 Previously held mutual funds: Y or N # of years owned MF _____
 Name of funds owned: _____

Horizon: _____ years to retirement

Investment Knowledge

Poor Fair Good Very Good Sophisticated

Risk Tolerance

Negligible _____% Low _____% Medium _____% High _____% Very High _____%

