FAIELLA FINANCIAL GROUP

Date:_____________ □ New Account □ New Plan

Ownership Information: □Mr. □Mrs. □Dr. □Company
For Charitable Organization: Not for Profit Account? □
If yes, is it a Registered Charity? □
If yes, is it Soliciting Public Fund? □

Last Name | Initial | First Name

Company Name (If Applicable)

Date of Birth (dd/mm/yy) | Social Insurance Number

Address

City | Province | Postal Code

Home Phone | Work Phone | Other Phone

Cellular | E-Mail Address

Confirmation of Identity

□ Passport □ D.L. □ Birth Certificate □ Others

ID Ref #___________________________________ Place of issue:___________

Occupation:____

Account Type Information

□ Open □Regular RRSP □Spousal RRSP/RRIF
□ RRIF □ LRIF/LIF □LIRA
□ Individual RESP □Family RESP □ TFSA
□ Other _____________

Joint/Spousal Information: □Mr. □Mrs. □Ms. □Dr.

□ **JTWROS**

Last Name | Initial | First Name

Date of Birth (dd/mm/yy) | Social Insurance Number

Relationship | Address

Child's Name | D.O.B. (dd/mm/yy) | S.I.N.

Child's Name | D.O.B. (dd/mm/yy) | S.I.N.

Confirmation of Identity (Joint/Spousal)

□ Passport □ D.L. □ Birth Certificate □ Others

ID Ref#____ Place of issue:________

Joint/Spouse's Occupation:____

Income	Net Worth	Objectives	Portfolio Risk Rating
□<\$30,000 □\$30,000 - \$50,000 □ \$50,000 - \$70,000 □ \$70,000 - \$100,000 □>\$100,000 □Accredited Investor	□ <\$20,000 □ \$20,000 - \$35,000 □ \$35,000 - \$60,000 □ \$60,000 - \$100,000 □ \$100,000 - \$200,000 □ >\$200,000	□ Safety □ Income □ Balanced □ Growth □ Aggressive Growth □ Speculation	Very Low _____% Low _____% Low to Moderate _____% Moderate _____% Moderate to High _____% High _____% Total _____%
Knowledge	**Intended Use of Investment**	**Liquidity (Years)**	**Advisor Disclosure**
□ Novice (very low) □ Fair (low) □ Good (moderate) □ Advanced (high)	□ Retirement Savings □ Estate Planning □ Income Generation □ Children's Education □ Investment of retained earnings of a corporation □ Guaranteed Income for Life	□ 10 – 15 yrs. □ Lifetime	(a) Have you any family or business relationship with this client(s)? Y/N (b) Any proprietary interest in this account (except commissions)? Y/N (c) Will any other person(s) have Power of Attorney on this account? Y/N (d) Will any other person(s) have a financial interest in this account? Y/N (e) Will a LAF/LTA be used for this account? Y/N

X____
Client Signature | Date (dd/mm/yy)

X____
Client Signature | Date (dd/mm/yy)

____
Associate Signature | Date (dd/mm/yy)

Rocco Faiella | 3340-40146
Associate Name (print) | Dealer/Rep #

____
Designated Office/Branch Manager | Date (dd/mm/yy)

Client Disclosure:

Are you or any members of your family considered a Politically Exposed Foreign Person (PEFP)? Y/N

Examples of PEFP

Non-Canadian current or former heads of government, members of legislatures and heads of political parties, deputy ministers, ambassadors, senior military officers, heads of state-owned companies and institutions, and members of the judiciary.

AdvisorNotes:____
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