



GP WEALTH MANAGEMENT

INDEPENDENT THINKING WORKING FOR YOU

Wealth Plan Questionnaire

Client Name:

Financial Advisor:

Date:

Introduction

We have yet to meet anyone who has told us that they really enjoyed filling out this questionnaire. However, the importance of taking the time required to accurately document your situation cannot be overstated. Most of us spend upwards of 2,000 hours per year working to make money. We hope that you will agree that it's sensible to devote a few hours each year to planning the most effective use of the money that you have worked so hard to earn. This is the first step in the process. To keep your time to a minimum in filling out this questionnaire, we would like to offer these suggestions:

1. Assemble the information in the check list below.
2. Once you have rounded up most of these items, begin the exercise. We can fill in the gaps later for any information that you are unable to locate at the present time.
3. As you are going through the questions, mark any items about which you are not sure and we will go over them in more detail when we next meet.

We feel sure that as you look back on this exercise you will view it as a major step forward in achieving your goals!

Information Check List	Client	Spouse
Investment Statements	<input type="checkbox"/>	<input type="checkbox"/>
RRSP'S Statements	<input type="checkbox"/>	<input type="checkbox"/>
Group Benefits Booklet	<input type="checkbox"/>	<input type="checkbox"/>
Pension Booklet	<input type="checkbox"/>	<input type="checkbox"/>
Latest Pension Contribution Statement	<input type="checkbox"/>	<input type="checkbox"/>
Pay Stub	<input type="checkbox"/>	<input type="checkbox"/>
Wills	<input type="checkbox"/>	<input type="checkbox"/>
Power of Attorney	<input type="checkbox"/>	<input type="checkbox"/>
Life Insurance Policies	<input type="checkbox"/>	<input type="checkbox"/>
Disability Policies	<input type="checkbox"/>	<input type="checkbox"/>
Latest Tax Returns	<input type="checkbox"/>	<input type="checkbox"/>
Mortgage Information Statements	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>

1 Objectives and Priorities

Goals
Low-High

← →

1 2 3 4 5

Short to Medium Term Savings Goals

Saving to buy or upgrade residence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saving to purchase a major item: car, boat, vacation property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saving for a major holiday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Medium to Long Term Savings Goals

Saving for post-secondary education for children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Save or maintain a disciplined savings/investment program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saving for a normal retirement at the age of-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saving for an early retirement at the age of-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Achieve financial independence at age-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drawing a regular income / cashflow from my investments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Financial Goals

Reduce debt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduce taxable income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintain estate for spouse/children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintain adequate disability insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change my career	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

From the list above identify your five most important financial objectives?

Time Horizon

1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____

2 Net Worth Statement

		Client	Spouse				
Liquid Assets	Cash (Savings)/Short Term Deposits	_____	_____				
	Life Insurance Cash Value	_____	_____				
	TFSA	_____	_____				
	RRSP/RIF	_____	_____				
	DPSP's	_____	_____				
	Education Funds	_____	_____				
	Non-Registered (GIC/Bonds/Mutual Funds/Stocks)	_____	_____				
	Other	_____	_____				
	Total (Liquid Assets)	_____	_____				
	Fixed Assets	Residence	_____	_____			
Real Estate/Recreational Property		_____	_____				
LIRA/LIF/LRIF		_____	_____				
Pension Plans (DCC/DBP)		_____	_____				
Business Interest		_____	_____				
Tax Shelters /Other		_____	_____				
Vehicles		_____	_____				
Furnishings /Collectibles/Furs/Jewellery		_____	_____				
Other		_____	_____				
Total (Fixed Assets)		_____	_____				
Short Term	Credit Cards	_____	_____				
	Lines of Credit	_____	_____				
	Accrued Taxes/Other	_____	_____				
Long Term	Mortgages	_____	_____				
	Automobile Loans	_____	_____				
	Investment Loans	_____	_____				
	Other	_____	_____				
	Total (Liabilities)	_____	_____				
Net Worth	_____	_____	_____	_____			
	Liquid Assets	+	Fixed Assets	-	Liabilities	=	Net Worth

Details of Mortgage, Bank Loans and Other Debts

Owner	Purpose/Lender	Amount	Payment	Rate	Maturity	Tax Deduct
(Example) Spouse	Car, CIBC	\$10,000	\$250.00	12%	04/2020	No
① _____	_____	_____	_____	_____	_____	_____
② _____	_____	_____	_____	_____	_____	_____
③ _____	_____	_____	_____	_____	_____	_____
④ _____	_____	_____	_____	_____	_____	_____

③ Income & Expense Statement

Income (Monthly)	Client	Spouse	Total (Monthly)
Employment	_____	_____	_____
Self-Employment	_____	_____	_____
Rental Income	_____	_____	_____
Company Pension	_____	_____	_____
Canada Pension (CPP)	_____	_____	_____
OAS	_____	_____	_____
Other Income	_____	_____	_____
Total Gross Income	_____	_____	_____
Deductions (Monthly)	Client	Spouse	Total (Monthly)
FED & PROV. Taxes	_____	_____	_____
CPP Premiums	_____	_____	_____
U.I.C. Premiums	_____	_____	_____
Group Life	_____	_____	_____
Group Disability	_____	_____	_____
Health & Dental	_____	_____	_____
Group RSP	_____	_____	_____
Company Pension Plan	_____	_____	_____
Taxable Benefits	_____	_____	_____
Net Income	_____	_____	_____

Income & Expense Statement (continued)

Basic Expenditures	Amount	Annual	Monthly
Housing	Mortgage/Rent	<input type="checkbox"/>	<input type="checkbox"/>
	Property Taxes	<input type="checkbox"/>	<input type="checkbox"/>
	Property Insurance	<input type="checkbox"/>	<input type="checkbox"/>
	Heat, Hydro & Water	<input type="checkbox"/>	<input type="checkbox"/>
	Property Maintenance	<input type="checkbox"/>	<input type="checkbox"/>
	Other (home improvements)	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	Loan/Lease Payment	<input type="checkbox"/>	<input type="checkbox"/>
	Insurance/Plates	<input type="checkbox"/>	<input type="checkbox"/>
	Fuel	<input type="checkbox"/>	<input type="checkbox"/>
	Maintenance	<input type="checkbox"/>	<input type="checkbox"/>
Loan Payments	Credit Cards	<input type="checkbox"/>	<input type="checkbox"/>
	Lines Of Credit	<input type="checkbox"/>	<input type="checkbox"/>
	Investment Loans	<input type="checkbox"/>	<input type="checkbox"/>
	Other Debts	<input type="checkbox"/>	<input type="checkbox"/>
Personal Insurance	Life/ Disability/ Health Insurance	<input type="checkbox"/>	<input type="checkbox"/>
	Auto/Home Insurance	<input type="checkbox"/>	<input type="checkbox"/>
	Mortgage/Debt insurance	<input type="checkbox"/>	<input type="checkbox"/>
Household Expenses	Groceries	<input type="checkbox"/>	<input type="checkbox"/>
	Restaurants	<input type="checkbox"/>	<input type="checkbox"/>
	Clothing Purchases	<input type="checkbox"/>	<input type="checkbox"/>
	Dry Cleaning	<input type="checkbox"/>	<input type="checkbox"/>
	Telephone/Cable TV/Other	<input type="checkbox"/>	<input type="checkbox"/>
Lifestyle/Other	Donations	<input type="checkbox"/>	<input type="checkbox"/>
	Personal Gifts	<input type="checkbox"/>	<input type="checkbox"/>
	Regular Vacations	<input type="checkbox"/>	<input type="checkbox"/>
	Entertainment/ Recreation	<input type="checkbox"/>	<input type="checkbox"/>
	Other	<input type="checkbox"/>	<input type="checkbox"/>
Support Payments	Alimony	<input type="checkbox"/>	<input type="checkbox"/>
	Child care/Support	<input type="checkbox"/>	<input type="checkbox"/>
Capital Accumulation	Short Term Savings Funds	<input type="checkbox"/>	<input type="checkbox"/>
	Education Funds	<input type="checkbox"/>	<input type="checkbox"/>
	Retirement Funds	<input type="checkbox"/>	<input type="checkbox"/>
	Other	<input type="checkbox"/>	<input type="checkbox"/>

④ Protection and Estate Planning

My Views	essential	fairly important	little value	N/A
① Owning adequate life insurance is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
② My spouse considers a good life insurance program to be...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
③ In the event of my death, paying off all loans and mortgages is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
④ When I die, for my family to be able to maintain their standard of living is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Estate Planning	Yes	No	Not Sure	N/A
① I am well informed about estate planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
② I have made specific plans for asset distribution in the event of my death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
③ My will is current and consistent with my estate plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
④ My life insurance is consistent with my total estate plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⑤ I know what income my family will receive from the proceeds of my estate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⑥ I understand how taxes will be applied to my estate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⑦ My estate plan provides for inflation and standard of living changes that will occur over time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⑧ I require assistance in organising my estate plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Life Insurance: Client

Carrier/When Purchased	Amount	Premium	Type (Term, Group, Whole Life, etc.)
① _____	_____	_____	_____
② _____	_____	_____	_____
③ _____	_____	_____	_____

Life Insurance: Spouse

Carrier/When Purchased	Amount	Premium	Type (Term, Group, Whole Life, etc.)
① _____	_____	_____	_____
② _____	_____	_____	_____
③ _____	_____	_____	_____

Do you currently carry mortgage insurance?

Client **Spouse**
 Yes No Yes No

How much money would your spouse require if she/he were widowed?

Of which she/he could continue to earn:

Example: Family income of \$100,000

Required family income for surviving spouse is \$75,000 of which she/he could continue to earn \$50,000 leaving a shortfall of \$25,000 per year for the next 20 years.

Disability Planning

Please indicate

	Client			Spouse		
	Yes	No	Not Sure	Yes	No	Not Sure
① My employer provides sufficient income replacement income if I should become disabled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
② I carry personal accident or sickness/disability income insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
③ I have an adequate disability income program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
④ If I should ever become disabled a replacement income would be essential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Disability Insurance: Client

Carrier/When Purchased	Amount	Premium	Type (Guaranteed or Renewable)
① _____	_____	_____	_____
② _____	_____	_____	_____

Disability Insurance: Spouse

Carrier/When Purchased	Amount	Premium	Type (Guaranteed or Renewable)
① _____	_____	_____	_____
② _____	_____	_____	_____

⑤ Retirement Planning

- ① At what age are you planning to retire? _____
- ② Where are you planning to retire? _____
- ③ What kind of income will you need to support your lifestyle?
e.g. \$60,000 annually or percentage of current income _____
- ④ To what age must your retirement fund last, approximately? e.g. 85 _____

⑥ Education Planning

- ① What are your hopes for your children? _____
- ② Special education/development needs? _____
- ③ Would you like them to attend University? Yes No
- ④ Have you established a plan for this purpose? Yes No
- ⑤ Are you familiar with the different education savings plans available? Yes No

7 Investment Planning

The questionnaire consists of 15 questions and is divided into 5 categories: Investment Time Horizon, Investment Knowledge and Investment Objectives with one question in each category, Risk Capacity with 6 questions and Risk Attitude with 6 questions. The Investment Profile questions should be completed for each of your savings objectives. Once you check the reply that is most appropriate for each question, follow the instructions to determine your profile and a suggested investment asset mix or portfolio.

- Short term savings Other savings Education savings Retirement savings

List all Plan ID# related to objective: _____

Investment Time Horizon

The length of your investment time horizon impacts the types of investments that may be suitable for you. If for instance you had a time horizon of greater than three years, you would have a greater degree of flexibility when building a portfolio (although risk tolerance and investment objectives must also be considered). If you have a short time horizon, more conservative investments like GICs or money market funds may be a more suitable option for you.

1. When do you expect a need to withdraw a significant portion (30% or more) from your investment portfolio?

- (1) Less than 1 year (4) 5-10 years
(2) 1-3 years (5) 10 years or more
(3) 3-5 years

Subtotal

Investment Knowledge

If you have a high level of investment knowledge, you have a good understanding of the relative risk of various types of investments and understand how the level of risk taken affects potential returns. If you have very little knowledge of investments and financial markets, speculative and high-risk investments and strategies are likely not suitable options for you.

2. Which statement best describes your knowledge of investments?

- (1) I have very little knowledge of investments and financial markets and consider myself "Novice". (3) I have average investment knowledge; understand different investment products, follow financial markets and consider myself "Good".
(2) I have some knowledge of investments and financial markets and consider myself "Fair". (4) I have extensive investment knowledge; understand different investment products and follow financial markets closely and consider myself "Sophisticated".

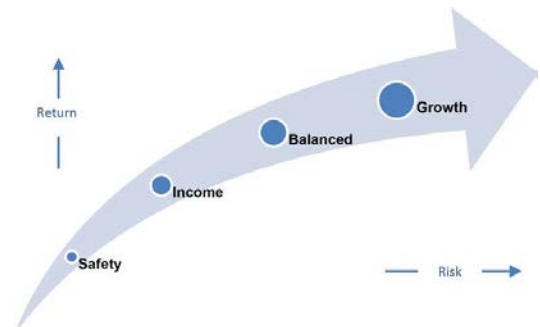
Subtotal

Investment Objectives

Investment objectives are the goal or result you want to achieve from investing. Understanding your investment goals helps determine the types of investments best suited to meet your needs. The investment products used to meet different goals have varying levels of risk and potential returns.

3. What is your primary goal for this portfolio?

- (1) I want to keep the money I have invested safe from short-term losses or readily available for short-term needs. (Safety)
(2) I want to generate a steady stream of income from my investments and I am less concerned about growing the value of my investments. (Income)
(3) I want to generate some income with some opportunity for the investments to grow in value. (Income and Growth)
(4) I want to generate long-term growth from my investments. (Growth)



Subtotal

Risk Capacity (Questions 4-9)

Your financial situation including your assets, debt and the amount and stability of your income are all important when determining how much risk you can take with your investments. In addition, the larger the portion of your total assets that you are investing, the more conservative you might wish to be with this portion of your portfolio.

4. What is your annual income (from all sources)?

- (0) Less than \$25,000 (5) \$75,000 - \$99,999
(2) \$25,000 - \$49,999 (7) \$100,000 - \$124,999
(4) \$50,000 - \$74,999 (10) \$125,000 or more

5. Your current and future income sources are?

- (1) Unstable
(4) Somewhat stable
(8) Stable

6. How would you classify your overall financial situation?

- (0) No savings and significant debt.
(2) Little savings and a fair amount of debt.
(5) Some savings and some debt.
(7) Some savings and little or no debt.
(10) Significant savings and little or no debt.

7. Estimate your net worth by adding Liquid Asset (cash and investments) plus Fixed Assets (home and other real estate less total Liabilities (mortgages, personal loans, credit card debt and all other debts)?

- (0) Less than \$50,000 (6) \$250,00 - \$499,999
(2) \$50,000 - \$99,999 (8) \$500,000 - \$999,999
(4) \$100,00 - \$249,999 (10) \$1,000,000 or more

8. Your investment account/plan(s) represents approximately what percentage of your total savings and investments?

- (10) Less than 25% (4) 51%-75%
(5) 25%-50% (2) More than 75%

(Total savings and investments include all the money you have in cash savings, GICs, savings bonds, mutual funds, stocks and bonds)

9. What is your age group?

- (20) Under 35 (3) 55-64
(8) 35-54 (1) 65 or older

(Your age is an important consideration when constructing an investment portfolio. A younger investor may have a portfolio that is primarily invested in equities to maximize potential growth if they also have a higher risk tolerance and long investment time horizon. An investor who is retired or near retirement may often be less able to withstand losses and may have a portfolio that is invested to maximize income and capital preservation.)

Subtotal

Risk Attitude (Questions 10-15)

Your comfort level with risk is important in determining how conservatively or aggressively you should invest. Generally speaking, you need to consider accepting more risk if you want to pursue higher returns. If you decide to seek those potentially higher returns, you face the possibility of greater losses.

10. In making financial and investment decisions you are:

- (0) Very conservative and try to minimize risk and avoid the possibility of any loss.
(4) Conservative but willing to accept a small amount of risk.
(6) Willing to accept a moderate level of risk and tolerate losses to achieve potentially higher returns.
(10) Aggressive and typically take on significant risk and are willing to tolerate large losses for the potential of achieving higher returns.

11. The value of an investment portfolio will generally go up and down over time. Assuming you invest \$10,000, how much of a decline in your investment portfolio could you tolerate in a 12-month period?

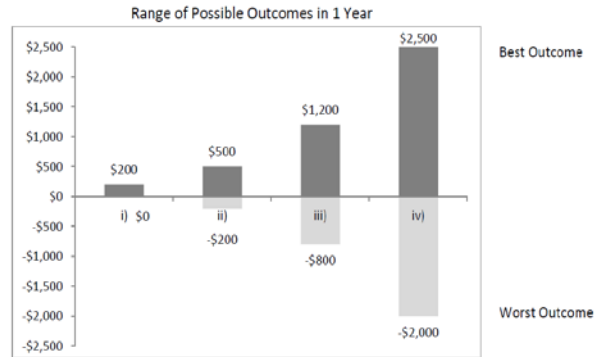
- (0) I could not tolerate any loss.
(3) -\$300 (-3%)
(6) -\$1,000 (-10%)
(8) -\$2,000 (-20%)
(10) More than -\$2,000 (more than -20%)

12. When you are faced with a major financial decision, are you more concerned about the possible losses or the possible gains?

- (0) Always the possible losses.
- (3) Usually the possible losses.
- (6) Usually the possible gains.
- (10) Always the possible gains.

13. The chart across shows the greatest one year loss and the highest one year gain on four different investments of \$10,000. Given the potential gain or loss in any one year, which investment would you likely invest your money in:

- (0) (i) EITHER a loss of \$0 OR a gain of \$200
- (3) (ii) EITHER a loss of \$200 OR a gain of \$500
- (6) (iii) EITHER a loss of \$800 OR a gain of \$1,200
- (10) (iv) EITHER a loss of \$2,000 OR a gain of \$2,500

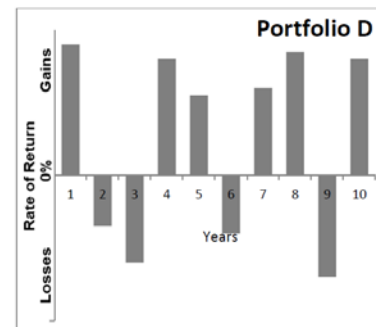
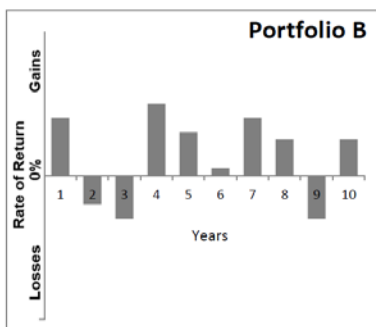
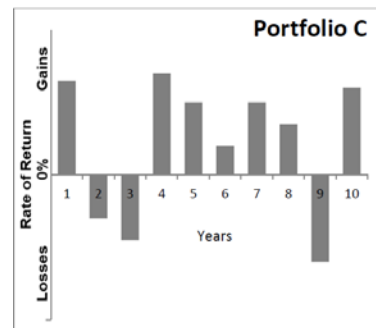
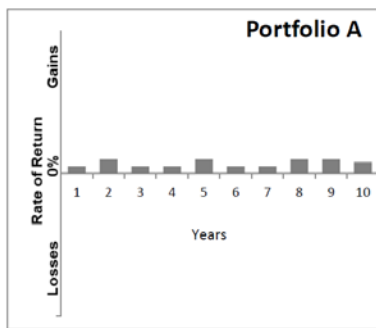


14. From September 2008 through November 2008, North American stock markets lost over 30%. If you currently owned an investment that lost over 30% in 3 months you would:

- (0) Sell all of the remaining investment to avoid further losses.
- (3) Sell a portion of the remaining investment to protect some of your capital.
- (5) Hold onto the investment and not sell any of the investment in the hopes of higher future returns.
- (10) Buy more of the investment now that prices are lower.

15. Investments with higher returns typically involve greater risk. The 4 charts below show a hypothetical annual return (annual gains and losses) for four different investment portfolios over a 10-year period. Keeping in mind how the returns fluctuate, which investment portfolio would you be most comfortable holding?

- (0) Portfolio A
- (4) Portfolio B
- (6) Portfolio C
- (10) Portfolio D



Subtotal

Determine your profile

On the table below circle your answers to the time horizon, investment knowledge and investment objectives questions and your total scores for the risk capacity and risk attitude questions. Your suggested portfolio based on your investor profile is determined by the circle that is in the column furthest to the left in the table.

Categories	Suggested Asset Mix				
	(A) Short Term Conservative Income	(B) Conservative Income	(C) Income and Growth	(D) Growth	(E) Aggressive Growth
Time Horizon (Question 1)	(1)	(2)		(3),(4)	(5)
Investment Knowledge (Question 2)			(1)	(2)	(3),(4)
Investment Objective (Question 3)	(1)	(2)	(3)		(4)
Risk Capacity (Question 4-9)		< 15	15-25	26-40	> 40
Risk Attitude (Question 10-15)	< 20	20-24	25-30	31-45	>45

Investor profile and suggested asset mix

A. SHORT TERM CONSERVATIVE INCOME

You have a very low tolerance for risk and are unable to tolerate any investment losses or you have a very short investment time horizon. You prefer knowing that your capital is safe and are willing to accept lower returns to protect your capital.



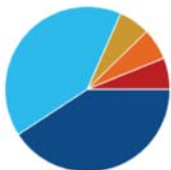
	Min	Target	Max
Equities			
Canadian Equity	0.00 %	0.00 %	0.00 %
U.S. Equity	0.00 %	0.00 %	0.00 %
International Equity	0.00 %	0.00 %	0.00 %
Fixed Income			
Canadian Fixed Income	0.00 %	0.00 %	0.00 %
Global Fixed Income	0.00 %	0.00 %	0.00 %
Cash			
Cash	100.00 %	100.00 %	100.00 %

General Plan KYC Guidelines

Time Horizon: < 3 years
 Investment Objective: 100% Safety
 Risk Tolerance: 100% Very Low

B. CONSERVATIVE INCOME

You have a low tolerance for risk and potential loss of capital or a short investment time horizon. You are willing to accept some short-term fluctuations and small losses in your investment portfolio in exchange for modest returns. The primary objective of your investment portfolio will be to provide income by investing primarily in funds that invest in fixed-income securities. While capital appreciation is not a priority, a small portion of the portfolio may be invested in equity funds to provide the potential for some growth to offset the impact of inflation.



	Min	Target	Max
Equities			
Canadian Equity	0.00 %	6.66 %	20.00 %
U.S. Equity	0.00 %	6.66 %	20.00 %
International Equity	0.00 %	6.66 %	20.00 %
Fixed Income			
Canadian Fixed Income	0.00 %	40.00 %	80.00 %
Global Fixed Income	0.00 %	40.00 %	80.00 %
Cash			
Cash	0.00 %	0.00 %	0.00 %

General Plan KYC Guidelines

Time Horizon: > 3 years
 Investment Objective: Income with up to 20% in Growth
 Risk Tolerance: 80% Low to Low/Medium with up to 20% in Medium

INVESTOR PROFILE AND SUGGESTED ASSET MIX (CONT'D)

C. INCOME AND GROWTH

You have a moderate tolerance for risk and loss of capital. You are willing to tolerate some fluctuations in your investment returns and moderate losses of capital. You have at least a medium-term investment time horizon. The objective of your portfolio will be to provide a combination of income and long-term capital growth and therefore the portfolio will include at least 40% in fixed income investments.



	Min	Target	Max
Equities			
Canadian Equity	0.00 %	20.00 %	60.00 %
U.S. Equity	0.00 %	20.00 %	60.00 %
International Equity	0.00 %	20.00 %	60.00 %
Fixed Income			
Canadian Fixed Income	0.00 %	20.00 %	40.00 %
Global Fixed Income	0.00 %	20.00 %	40.00 %
Cash			
Cash	0.00 %	0.00 %	0.00 %

General Plan KYC Guidelines

Time Horizon: > 3 years
 Investment Objective: Growth with at least 40% in Income
 Risk Tolerance: 40% Low to Low/Medium with up to 60% in Medium to High

D. GROWTH

You have moderate to high tolerance for risk and loss of capital. You are willing to tolerate large fluctuations in your investment returns and moderate to large losses of capital in exchange for potential long-term capital appreciation. You do not have any significant income requirements from your investments. You have at least a medium-term investment time horizon.



	Min	Target	Max
Equities			
Canadian Equity	0.00 %	27.00 %	80.00 %
U.S. Equity	0.00 %	27.00 %	80.00 %
International Equity	0.00 %	26.00 %	80.00 %
Fixed Income			
Canadian Fixed Income	0.00 %	10.00 %	20.00 %
Global Fixed Income	0.00 %	10.00 %	20.00 %
Cash			
Cash	0.00 %	0.00 %	0.00 %

General Plan KYC Guidelines

Time Horizon: > 3 years
 Investment Objective: Growth with up to 20% in Income
 Risk Tolerance: 20% Low to Low/Medium with up to 80% in Medium to High

E. AGGRESSIVE GROWTH

Your tolerance for risk, portfolio volatility and investment losses is very high. You are willing to tolerate potentially significant and sustained price fluctuations and large losses of capital. You have extensive investment knowledge. You have no income requirements from your investments and have a long investment time horizon.



	Min	Target	Max
Equities			
Canadian Equity	0.00 %	34.00 %	100.00 %
U.S. Equity	0.00 %	33.00 %	100.00 %
International Equity	0.00 %	33.00 %	100.00 %
Fixed Income			
Canadian Fixed Income	0.00 %	0.00 %	0.00 %
Global Fixed Income	0.00 %	0.00 %	0.00 %
Cash			
Cash	0.00 %	0.00 %	0.00 %

General Plan KYC Guidelines

Time Horizon: > 3 years
 Investment Objective: Up to 100% in Growth
 Risk Tolerance: 100% Medium up to 100% High