

ScotiaMcLeod Investment Planning Questionnaire

Your responses to this questionnaire are very important. They will provide the basis for us to evaluate your risk tolerance level that will be used to develop a customized Investment Proposal for you. It will provide ScotiaMcLeod and your Advisor with guidance in structuring your portfolio.

This Questionnaire includes three sections, all of which must be completed before we can prepare your investment plan.



Investment Planning Questionnaire

Name:

Address:

City: Province: Postal Code:

Telephone Number (Day):..... Telephone Number (Evening):

Date of Birth: Expected Retirement Date:.....

Occupation: Employer:.....

Marginal Tax Rate:

Social Insurance Number:

Number of Dependents:.....

Your Spouse:

Name:

Date of Birth: Expected Retirement Date:.....

Occupation: Employer:.....

Marginal Tax Rate:

Social Insurance Number:

Number of Dependents:.....

The next few pages are designed to assess your risk tolerance – the critical ingredient in setting investment objectives that are realistic and attainable. It is important that the questions be completed thoughtfully and carefully.

Where there are two or more accounts detailed in the Table on page 7, you may wish to have them managed differently. In this case, please be sure to complete a separate questionnaire for each such account and specify the account(s) to which each applies.

Personal and Financial Situation

- 1. What is your household's approximate annual income?
 Less than \$50,000 \$50,000 to \$99,999 \$100,000 to \$200,000 More than \$200,000

- 2. What is (are) your household's source(s) of annual income? *(Check all applicable sources.)*
 Employment/Business Pension Investment Other

- 3. What is your household's approximate "liquid net worth"?
(i.e. investable assets, excluding principal residence and business assets)
 \$0 to \$99,999 \$100,000 to \$299,999 \$300,000 to \$499,999 More than \$500,000

- 4. As a percentage, over the next 5 years, what is your household's annual income requirement (if any) from your investment portfolio?
 0% 1-3% 4-6% 7-9% 10%+

- 5. Do you currently have sufficient life and disability insurance coverage?
 Yes, both life and disability insurance
 Life insurance only
 Disability insurance only
 No, neither life nor disability insurance

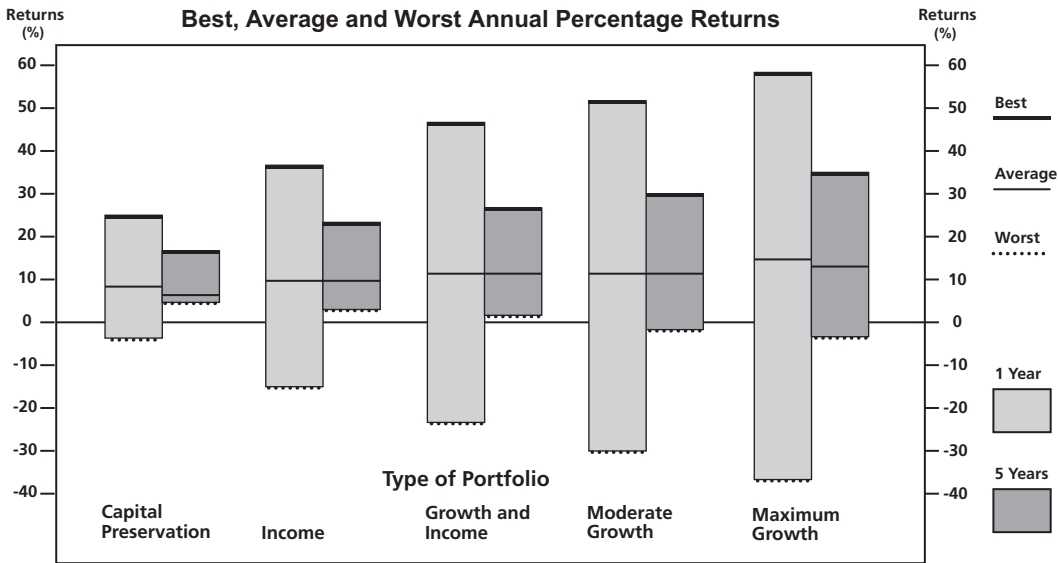
Goals, Investment Objectives and Risk Tolerance

- 6. What is (are) your main financial goal(s)? *(Check all applicable goals.)*
 Retirement savings
 Retirement income
 Providing a bequest
 Other goals

- 7. What is your investment time horizon (the period for which the recommended portfolio will be appropriate) in years?
 1 to 2 years
 3 to 5 years
 6 to 10 years
 More than 10 years

8. What is your primary investment objective?
- Capital Preservation: preservation of capital is your primary goal and you would sacrifice some income and return potential to protect your existing capital.
 - Income: the provision of a steady income (interest and dividends) is of primary importance, rather than growth of income or capital preservation.
 - Growth and Income (balanced): your income requirements are low and the emphasis is on total portfolio return from both capital appreciation and income.
 - Moderate Growth: your primary objective is growth of capital primarily through an equity portfolio.
 - Maximum Growth: your goal is to generate maximum long-term capital growth.
9. Assume you have just invested \$1,000,000 and intend to leave the money where it is for 10 years. When you review your first quarterly statement, you see that the value of your investment has dropped to \$900,000. What would you do?
- Take advantage of the lower prices and invest more money, if possible, since I am interested in the long-term value of my investment and I'm confident that I have made the right choice.
 - Leave my money where it is, since some changes in value are a normal part of investing.
 - Monitor my investment closely and sell if the value has not recovered in three to four months.
 - Sell my investment immediately, since I'm not comfortable with any decline in value.
10. Will you need to liquidate a portion of your investment portfolio over the next 5 years?
- No requirement to liquidate any portion of the portfolio within 5 years.
 - To liquidate between 0% to 10% of the portfolio within 5 years.
 - To liquidate between 11% to 20% of the portfolio within 5 years.
 - To liquidate more than 20% of the portfolio within 5 years.
11. Given your financial objective, how much volatility (risk) are you willing to assume to achieve your portfolio's expected return? The higher your return expectation, the greater the volatility (risk) you should be willing to assume. Any well diversified portfolio is subject to some volatility (risk), where the portfolio will likely have negative returns in certain years. Please refer to your Advisor as to the historical volatility of your recommended portfolio.
- I can only tolerate low volatility, since I require positive returns each year.
 - I can tolerate low to medium volatility, such as negative returns 1 in every 8 years
 - I can tolerate medium volatility, such as negative returns 1 in every 6 years
 - I can tolerate medium to high volatility, such as negative returns 1 in every 5 years
 - I can tolerate high volatility, such as negative returns 1 in every 4 years

12. Which of the following investment portfolios in the chart best matches your risk tolerance?



- Capital Preservation
- Income
- Growth and Income
- Moderate Growth
- Maximum Growth

Knowledge of Investments

13. What is your level of investment knowledge?

- Low
- Moderate
- High
- Advanced

14. Which of the following statements best describes your current investment portfolio (may be held as individual securities and/or mutual funds)?

- Mainly Canadian money market securities (e.g. cash, guaranteed investment certificates, Canada Savings Bonds)
- Mainly Canadian fixed-income securities (e.g. government and corporate bonds, preferred shares)
- Equal amounts of fixed-income and equity securities
- Mainly Canadian and international blue-chip equities
- Mainly aggressive Canadian and international securities

15. Over the long-term (10+ years), what do you think is a realistic overall return on your investment portfolio?
If you are unsure, please consult your Advisor.

- 4% to 6%
- 5% to 7%
- 7% to 9%
- 8% to 10%
- 9% to 11%

Other Investment Issues

16. How important are tax considerations in your investment strategy?

- Not important at all
- Somewhat important
- Very important
- Extremely important

17. Are there any constraints/guidelines – minimums or maximums – you would place on your portfolio to be used in managing the asset mix for your account? Please remember that by constraining a portfolio, you may significantly affect the portfolio’s return and risk.

Asset Class	Minimum(%)	Maximum(%)
Canadian Equity		
US Equity		
International Equity		
Real Estate		
Fixed Income		
Cash (short-term)		

NOTE: RRSPs and other non-taxable accounts are constrained to a maximum of 30% in foreign (non-Canadian) content.

18. Are there any other specific constraints – e.g. specific securities or industry groups – that you would apply to the management of your account? Please remember that by constraining a portfolio, you may significantly affect the portfolio’s return and risk.

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19. Do you expect to make regular withdrawals from your account? Yes No

If yes,\$ frequency

20. Do you expect to make additional contributions to your account? Yes No

If yes,\$ frequency

21. Additional information or special circumstances you consider relevant to your investment objectives and the management of your assets?

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.....
.....
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22. How often would you like contact from your Advisor?

- annually
- semi-annually
- quarterly
- whenever you or your Advisor feel it is appropriate

23. When do you plan to retire?.....

24. When was your estate plan last reviewed?.....

Primary Advisor

25. When were your life insurance policies last reviewed?

Primary Advisor

Summary of Financial Assets:

	A	B	C	D	E
Account Owner & Type: e.g. RRSP, Bank, etc.					
Cash, T-Bills:					
GICs:					
Equities:					
Cdn.					
US					
Fixed Income:					
Cdn.					
Foreign					
Mutual Funds:					
Money Market					
Bonds/Mtge.					
Cdn. Equity					
Real Estate					
US Equity					
International					
Other:					
Total Assets:					
Purpose of Account:					

NOTE: Please indicate what assets/accounts listed in the table above, are to be considered for management.

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This Questionnaire has been completed by:

.....

Client Name

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Signature

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Client Name

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Signature

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ScotiaMcLeod Advisor

.....

Signature

Date:



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