

Your investing needs

Client questionnaire

BMO Nesbitt Burns

Information about you

Mr. Mrs. Miss. Ms. Dr.

Name: _____

Email: _____

Personal information

Please take a moment to answer the following questions to help us have better understanding of your needs and goals.

1. After work and family, how many hours a week are you able to dedicate towards following your portfolio? _____ Hours

2. Describe your current level of investment knowledge:

Limited Average Good

3. Do you want to be involved in the decision-making process when choosing investments?

Yes No

4. Have you ever created or implemented a financial plan or investment strategy?

Yes No

5. Do you have any specific return expectations for your portfolio?

Risk averse (2-3%) Balanced (4-6%) Growth (7-10 %) Aggressive (11+%)

6. At what level of short-term investment losses do you become uncomfortable?

Risk averse (10%) (20%) (30%) Willing to accept large losses

7. What worries you? What keeps you up at night?
