

Wealth Plan Questionnaire

Lewin Wealth Advisory Group

Confidential

Name: _____

Date: _____

This information contained herein is confidential and for internal use only

Wealth Plan Questionnaire

Thank you for taking the time to complete this confidential wealth plan questionnaire. The purpose of this questionnaire is to assist us in designing a personalized integrated wealth management strategy for you and your family. It allows us to review the pertinent information in your present strategy and to begin focusing on the future. We believe the best way to manage your assets is to look at the entire financial landscape. An integrated wealth management strategy should include your investments, RRSPs, pensions as well as estate and insurance planning.

We have designed this questionnaire specifically for our clients. **The questionnaire answers are confidential.** The information will be used solely in developing a structured wealth management strategy for you and your family.

The solutions we recommend are based upon the information you provide us. Please answer the questionnaire as completely as possible. If you have any questions about a particular item, please call David Brayley at 416-359-5678 and he will be happy to assist you.

Upon completion of the questionnaire please fax it to our confidential fax #416-359-7240, or return to us in the attached postage paid return envelope at the address noted at the end of this questionnaire. If possible, please attach copies of your latest statements or other pertinent information to this questionnaire. If you send your original statements we will make copies of your original information and send your copies promptly back to you.

We will fully review all information and begin the process of developing an integrated wealth management strategy. We will contact you shortly to discuss your answers and to arrange a meeting.

Regards,

Gary Lewin, B.A. (Hons), CIM, CIWM, FCSI
Senior Wealth Advisor &
Portfolio Manager
Lewin Wealth Advisory Group

I. Personal Profile

Full Name	<i>Client</i>		<i>Spouse</i>
Date of Birth (M/D/Y)	<i>Client</i>		<i>Spouse</i>
Occupation	<i>Client</i>		<i>Spouse</i>
Employer	<i>Client</i>		<i>Spouse</i>
Home Address (Address, City, Postal Code)			
Telephone	<i>Home</i>	<i>Work</i>	<i>Spouse</i>
	<i>Cell</i>	<i>Fax</i>	<i>Pager</i>
Email	<i>Work</i>		
	<i>Home</i>		
Children	<i>Name</i>		<i>DoB (M/D/Y)</i>
	<i>Name</i>		<i>DoB (M/D/Y)</i>
	<i>Name</i>		<i>DoB (M/D/Y)</i>

II. Retirement Planning

Income	<i>What is your present household income?</i>	<i>Client</i>	\$
		<i>Spouse</i>	\$
		<i>Other</i>	\$
	<i>Total Household Income</i>		\$

Do you anticipate any significant changes in your household income in the next few years? Yes No

If yes, briefly explain _____

At what age do you plan to retire? *Client* _____ *Spouse* _____

Do you plan to work in some capacity at retirement? Yes No

If yes, for how many years? Less than 5 years More than 10 years

Spouse Less than 5 years More than 10 years

What annual household income will you require at retirement? _____

At retirement what other sources of retirement income do you expect excluding pension, RRSP, sale of assets such as businesses, residences or other property?

Source _____ Expected proceeds _____

Source _____ Expected proceeds _____

What is your estimated annual RRSP contribution room? *Client* \$ _____ *Spouse* \$ _____

Do you have unused RRSP carry forward? *Client* \$ _____ *Spouse* \$ _____

Unused RRSP room can be found on your last years notice of assesment. Please attach a copy.

Do you want to make monthly RRSP contributions? If so how much? *Client* \$ _____ *Spouse* \$ _____

Important: Please attach copies of your most current statements

Do you consider creditor protection of your registered investments an important issue? Yes No

If you have a defined benefit plan, what is the approx. annual value at retirement per year?

Client \$ _____ *Spouse* \$ _____

If applicable, what is your present Pension Adjustment? *Client* \$ _____ *Spouse* \$ _____

Pension Adjustment can also be found on your notice of assessment.

To help us further review your plan please attach pertinent forms.

Group RRSP (if applicable) What percentage of your income is contributed?

Client _____ % *Spouse* _____ %

Employer _____ % *Employer* _____ %

How much do you expect to save annually for your children/grandchildren in your RESP? \$ _____

How much do you expect to contribute annually to your non-sheltered investments?

<i>Client</i> \$ _____	<i>Spouse</i> \$ _____
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Do you anticipate receiving a lump sum or inheritance or lump sum in future years?

Client Yes No *Spouse* Yes No

If yes, how much is the anticipated lump sum?

<i>Client</i> \$ _____	<i>Spouse</i> \$ _____
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Other details

Mortgage

When do you plan to pay off your mortgage(s)?

When does your mortgage come up for renewal?

Are you planning to purchase real estate in the next five years? Yes No

Do you foresee any upcoming events that may require significant expenditure (child's wedding, education, business)?

INSURANCE AND ESTATE PLANNING

Protecting your family and assets

Have you completed a will? *Client* Yes No *Spouse* Yes No

Last Update?

Do you have a living will? *Client* Yes No *Spouse* Yes No

Do you have Power of Attorney? *Client* Yes No *Spouse* Yes No

Do you presently have life insurance?

Work – Face Value	<i>Client</i> \$	<i>Spouse</i> \$
Personal – Face Value	<i>Client</i> \$	<i>Spouse</i> \$
Other – Face Value	<i>Client</i> \$	<i>Spouse</i> \$

Please outline your present insurance:

Term	<i>Client</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Spouse</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
Universal Life	<i>Client</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Spouse</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
Permanent	<i>Client</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Spouse</i> <input type="checkbox"/> Yes <input type="checkbox"/> No

Do you presently have disability insurance? Yes No

Please outline your current disability insurance:

<i>Client</i>	\$	<i>coverage/year</i>	<i>Spouse</i>	\$	<i>coverage/year</i>
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Do you presently have critical illness/long term care? Yes No

Please outline your current critical illness/long term care insurance:

<i>Client</i>	\$	<i>coverage/year</i>	<i>Spouse</i>	\$	<i>coverage/year</i>
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What steps have you taken to minimize taxation on your estate?

Completed an estate review?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Calculated Estate costs on your passing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Structured estate to minimize taxes?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you have highly appreciated assets (i.e., businesses, real estate, cottage, art, etc.)? Yes No

If you own a business do you have:	Buy/Sell Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you presently have holding companies?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Net Worth					
ASSETS					
Description	Financial Institution/ Location	Client	Spouse/Partner	Joint	Beneficiary
		Current Value	Current Value	Current Value	
Investments					
Bank Account					n/a
Term Deposit/GIC					n/a
Investment Account					n/a
RRSP					
Group RRSP					
RIFF					
TFSA					
RESP					
Pension					
DPSP					
ESOP					
Other					
Property					
Principal Residence					
US Vacation Property					
Vacation Property					
Commercial/Rental					
Other					
Other					
Business					
Sole Proprietor					
Partnership					
Private Company					
Business Related Property					
Other					
Other					

Other Assets					
Personal Effects					
Private Loans					
Estate/Trust					
Insurance CSV					
Other					
Other					
TOTALS					

LIABILITIES							
Description	Financial Institution	Client		Spouse/Partner		Joint	
		Balance	Payment	Balance	Payment	Balance	Payment
Loans							
Mortgages							
Other							
Other							
TOTALS							

You & Your Family	Not Important			Extremely Important	
	1	2	3	4	5
Family Issues					
• Your financial security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Assisting your parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Assisting your children or grandchildren	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protecting your Lifestyles					
• Power of attorney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Disability income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Survivor income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Your personal health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investing for the Future					
• Your overall savings strategy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Customized portfolio strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• More involved in investment decision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Less involved in investment decision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your Retirement Plan					
• Your retirement lifestyle plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Your income options in retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Your company pension options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Transitioning away from your business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creating a Legacy					
• Distributing your assets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Your Will and trusts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Preserving your estate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Philanthropy & Giving Back					
• Your giving strategy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Charitable giving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Private foundations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Donor advised funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NON FINANCIAL

Describe some of your interests?

Other than financial independence, what do you envision doing in your retirement?

If we were meeting 5 years from today and you were to look back over those 5 years what key things would have to happen in your relationship with myself as your advisor to be happy about your progress?

Have you been satisfied with the level of service and advice you have received in the past?

PROFESSIONAL ADVISORS

Who is your Lawyer?	<i>name</i>	
	<i>firm</i>	
	<i>phone</i>	
Who is your Accountant?	<i>name</i>	
	<i>firm</i>	
	<i>phone</i>	
Who is your Insurance Advisor?	<i>name</i>	
	<i>firm</i>	
	<i>phone</i>	

Who do you rely on for advice?

- Accountant
 Family Members
 Estate lawyers

III. Investment Planning

1. INVESTMENT KNOWLEDGE

Which statement best describes your current level of investment knowledge?

<input type="checkbox"/> Minimal	<i>My investment knowledge is minimal and my experience has involved only limited types of investments and strategies.</i>
<input type="checkbox"/> Limited	<i>I understand the basics of investing and have had limited to moderate experience with different types of investments and strategies.</i>
<input type="checkbox"/> Good	<i>I have a good knowledge of investing and have had moderate to extensive experience with different types of investments and strategies.</i>
<input type="checkbox"/> High	<i>I am a sophisticated investor who has had extensive experience with a wide variety of investments and strategies.</i>

2. PERSONAL INVOLVEMENT

At this stage in your life, which statement best describes the degree of personal involvement that you wish to have with your investments?

<input type="checkbox"/> <i>I have no time or interest in monitoring markets or individual securities.</i>
<input type="checkbox"/> <i>I have little time, but am interested in monitoring markets and individual securities.</i>
<input type="checkbox"/> <i>I have the time, but little interest in monitoring markets or individual securities.</i>
<input type="checkbox"/> <i>I have the time and am interested in monitoring markets and individual securities.</i>

3. INVESTMENT OBJECTIVE

Which of the following statements best describes your overall investment objective for your Registered and Non-Registered assets?

Registered:	<input type="checkbox"/> <i>My objective is to earn interest income and preserve capital. I do not want to invest in equities.</i>
	<input type="checkbox"/> <i>My objective is to earn current income and preserve capital.</i>
	<input type="checkbox"/> <i>My objective is to have a balance of income and capital growth.</i>
	<input type="checkbox"/> <i>My objective is to have growth of capital and income.</i>
	<input type="checkbox"/> <i>My objective is to have primarily capital growth.</i>
	<input type="checkbox"/> <i>My objective is to maximize my total return potential. I will tolerate a high level of risk and price volatility.</i>

Non-Registered:	<input type="checkbox"/> My objective is to earn interest income and preserve capital. I do not want to invest in equities.
	<input type="checkbox"/> My objective is to earn current income and preserve capital.
	<input type="checkbox"/> My objective is to have a balance of income and capital growth.
	<input type="checkbox"/> My objective is to have growth of capital and income.
	<input type="checkbox"/> My objective is to have primarily capital growth.
	<input type="checkbox"/> My objective is to maximize my total return potential. I will tolerate a high level of risk and price volatility.

4. TIME HORIZON

Assuming your personal and financial situation does not change, what length of time do you expect to be committed to your investment strategy?

Registered:	<input type="checkbox"/> Under 1 year <input type="checkbox"/> 1 - 3 years <input type="checkbox"/> 3 - 5 years <input type="checkbox"/> 5 - 10 years <input type="checkbox"/> Over 10 years
Non-Registered:	<input type="checkbox"/> Under 1 year <input type="checkbox"/> 1 - 3 years <input type="checkbox"/> 3 - 5 years <input type="checkbox"/> 5 - 10 years <input type="checkbox"/> Over 10 years

5. INCOME

Currently, I require little or no regular cash flow from my portfolio.

Registered:	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
Non-Registered:	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree

6. INVESTMENT RETURN

Do you expect to earn a certain annual total rate of return?

Registered % Non-Registered %

What level of annual income do you require from your portfolio?

Registered \$ Non-Registered \$

What is the current estimated value of your portfolio?

Registered \$ Non-Registered \$

7. LIQUIDITY

On average, what proportion of your portfolio do you require to be invested in highly liquid assets?

Registered:	<input type="checkbox"/> Over 40% <input type="checkbox"/> Up to 40% <input type="checkbox"/> Up to 30% <input type="checkbox"/> Up to 20% <input type="checkbox"/> Up to 10%
Non-Registered:	<input type="checkbox"/> Over 40% <input type="checkbox"/> Up to 40% <input type="checkbox"/> Up to 30% <input type="checkbox"/> Up to 20% <input type="checkbox"/> Up to 10%

8. CAPITAL GROWTH

My most important investment objective is long-term growth of capital.

Registered:	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
Non-Registered:	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree

9. TAXATION

It is important for me to invest in a tax-effective manner.

Non-Registered:	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
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What is your current income?

What is your current marginal tax rate?

 %

10. RISK AND RETURN

Recognizing the trade-off between risk and return, which of the following combinations of risk and return is most acceptable to you?

Registered:	<input type="checkbox"/> I can accept lower returns to maintain low risk.
	<input type="checkbox"/> I can accept low-to-moderate risk for low-to-moderate potential return.
	<input type="checkbox"/> I can accept moderate risk for moderate potential return.
	<input type="checkbox"/> I can accept moderate-to-high risk for moderate-to-high potential return.
	<input type="checkbox"/> I can accept high risk for high potential return.

Non-Registered:	<input type="checkbox"/> I can accept lower returns to maintain low risk.
	<input type="checkbox"/> I can accept low-to-moderate risk for low-to-moderate potential return.
	<input type="checkbox"/> I can accept moderate risk for moderate potential return.
	<input type="checkbox"/> I can accept moderate-to-high risk for moderate-to-high potential return.
	<input type="checkbox"/> I can accept high risk for high potential return.

11. PURCHASING POWER

Preserving purchasing power is very important to me.

Registered:	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
Non-Registered:	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree

12. VOLATILITY

In pursuit of my long-term investment objective, I am willing to invest in securities that may experience short-term volatility of returns.

Registered:	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
Non-Registered:	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree

13. CAPITAL RISK

In pursuit of my investment objectives, I am financially and emotionally prepared to accept that losses may occur in my portfolio.

Registered:	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
Non-Registered:	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree

14. DIVERSIFICATION

I am willing to include both domestic and foreign securities that may experience individual price volatility, in order to achieve a high level of diversification within my portfolio.

Registered:	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
Non-Registered:	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree

15. INVESTMENT CONSTRAINTS

Are there any legal or tax-related reasons to restrict the purchase of specific securities, industry groups, or country's securities within your portfolio? If yes, please specify.

Registered:	<input type="checkbox"/> No	<input type="checkbox"/> Yes – Please specify:
Non-Registered:	<input type="checkbox"/> No	<input type="checkbox"/> Yes – Please specify:

NOTES

CHECKLIST

Have you enclosed the following items with the questionnaire?	<input type="checkbox"/> <i>Most Recent RRSP/RRIF Statements</i>
	<input type="checkbox"/> <i>Most Recent Non-Registered Investment Statements</i>
	<input type="checkbox"/> <i>Copies of Children’s RESP and In Trust Statements</i>
	<input type="checkbox"/> <i>Income Tax Notice of Assessment (if desired to give us your P.A. and unused RRSP Room)</i>

FORWARD

There are two convenient ways to mail this information back to me.

1. Address and mail the envelope to: 40 th floor 1 First Canadian Place Toronto, ON, M5X 1H3	<input type="checkbox"/> <i>Most Recent RRSP/RRIF Statements</i>
	<input type="checkbox"/> <i>Most Recent Non-Registered Investment Statements</i>
2. By Fax: 416-359-6519	

Thank you for taking the time to complete this questionnaire. I strive to add as much value as possible to my clients, your assistance is appreciated.

For any questions please call David Brayley at 416-359-5678 or email david.brayley@nbpcd.com

Lewin Wealth Advisory Group