

Confidential Client Account Information Gathering

Date: _____

Personal Information

Account Type

- | | | |
|--|---------------------------------------|-------------------------------|
| <input type="checkbox"/> Individual | <input type="checkbox"/> RRSP | <input type="checkbox"/> LIF |
| <input type="checkbox"/> Joint WROS * | <input type="checkbox"/> RRSP Spousal | <input type="checkbox"/> LRIF |
| <input type="checkbox"/> Joint TIC* | <input type="checkbox"/> LIRA | <input type="checkbox"/> PRIF |
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> RRIF | |
| <input type="checkbox"/> Off Book | <input type="checkbox"/> RRIF Spousal | |

* complete owner info for all account holders

Personal Information	Client # 1	Client # 2	Other
Name			
M / F			
D.O.B.			
S.I.N.			
Marital Status			
Retired Y / N			
Address			
Mailing Address (if different)			
Home Phone			
Work Phone			
Mobile Phone			
Internet Address			
Email Address			

Names of Children / Grandchildren	Birth Date	S.I.N.	Comments [marital status; education; where work/live]

For Business Owners			
Name of Business			
Type of Business & Legal Structure			
# of Employees			
Address			
Work # (if different than above)			
Fax #			
Employment Information	Client # 1	Client # 2	Other
Title/Occupation			
Company			
Years Employed			
Annual Income			
Work #			
Banking Information	Client # 1	Client # 2	Other
Bank Name			
Branch Address			
Institution #			
Transit #			
Account #			
Identification			
ID Type			
ID #			
Expiration Date			
Citizen of			
Resident of			
Investment Knowledge			
<input type="checkbox"/> None <input type="checkbox"/> Very Little <input type="checkbox"/> Limited <input type="checkbox"/> Moderate <input type="checkbox"/> Extensive <u>Notes:</u>			

Investment Expectations				
Time			Objective	
Which best describes your investment time frame?			Which best describes your investment objective?	
0 - 4 years	<input type="checkbox"/>		<input type="checkbox"/>	Cash /equivalents <input type="checkbox"/> Income
5 - 9 years	<input type="checkbox"/>		<input type="checkbox"/>	
10 - 14 years	<input type="checkbox"/>		<input type="checkbox"/>	Growth and Income <input type="checkbox"/> Growth
15 - 19 years	<input type="checkbox"/>		<input type="checkbox"/>	
20+ years	<input type="checkbox"/>		<input type="checkbox"/>	Aggressive Income <input type="checkbox"/> Aggressive

Notes:

Liabilities	Client # 1	Client # 2	Other
Credit Cards			
Line of Credit			
Other Loans			
Asset Summary			
Net Liquid Assets			
Net Worth			
Non-Financial Assets			
Home			
Cottage			
Rental			
Business			
Artwork			
Other Assets			
Held Jointly			
Investment Assets			
Group RRSP's			
Group DPSP's			
Group Pension			
RRSP's			
LIRA			
RESP			
Non-Registered			
[GIC Term Deposit Other] Chequing / Savings Account			
Annuities			

Professionals							
Lawyer							
Accountant							
Bank							
Life Insurance	Client # 1			Client # 2			Other
Group							
Private							
Will and P.O.A.							
In Place							
Last Updated							
Goals and Plans							
1. At what age are you planning on retiring?							
	Client # 1		Client # 2			Other	
2. What lifestyle do you want in retirement?							
3. What lifestyle do you want / see in retirement?							
4. At some time in the future, is it possible that you may be financially responsible for the care of an elderly family member, such as a parent?							
	Client # 1		Client # 2			Other	
Client Projections	Client # 1			Client # 2			Other
	Pre-Retirement		Retirement	Pre-Retirement		Retirement	
Avg. Annual rate of return							
Avg. Annual rate of inflation							
Marginal tax rate							
Initial Transaction							
Amount							
Type	<input type="checkbox"/> Deposit		<input type="checkbox"/> Buy				
	<input type="checkbox"/> Transfer		<input type="checkbox"/> Sell				

REGISTERED ACCOUNTS		Client # 1	Client # 2	Other
Amount		<input type="checkbox"/> Federal <input type="checkbox"/> Provincial	<input type="checkbox"/> Federal <input type="checkbox"/> Provincial	
Fees		<input type="checkbox"/> No Charge (Emp./CFO Bundle) <input type="checkbox"/> \$100 + GST <input type="checkbox"/> \$45 + GST	<input type="checkbox"/> No Charge (Emp./CFO Bundle) <input type="checkbox"/> \$100 + GST <input type="checkbox"/> \$45 + GST	
Payment Method				
<input type="checkbox"/> Cheque <input type="checkbox"/> Trading Account <input type="checkbox"/> Same Bank Info as above <input type="checkbox"/> New Info (below):				

Banking Information	Client # 1	Client # 2	Other
Bank Name			
Branch Address			
Institution #			
Transit #			
Account #			

NON-REGISTERED ACCOUNTS		Client # 1	Client # 2	Other
Account Features		<input type="checkbox"/> Cash CAD <input type="checkbox"/> Margin CAD <input type="checkbox"/> Short Margin CAD	<input type="checkbox"/> Cash CAD <input type="checkbox"/> Margin CAD <input type="checkbox"/> Short Margin CAD	
		<input type="checkbox"/> Cash USD <input type="checkbox"/> Margin USD <input type="checkbox"/> Short Margin USD	<input type="checkbox"/> Cash USD <input type="checkbox"/> Margin USD <input type="checkbox"/> Short Margin USD	

Electronic Fund Transfer				
<input type="checkbox"/> None <input type="checkbox"/> New Info (below): <input type="checkbox"/> Same Bank Info as above				

Banking Information	Client # 1	Client # 2	Other
Bank Name			
Branch Address			
Institution #			
Transit #			
Account #			

Questions

1. Is anyone on the account an insider of a publicly traded issuer? (this includes senior officers, directors and owners of 10% or more of an issuer's voting shares)

Client # 1	Client # 2	Other
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
<input type="checkbox"/> No	<input type="checkbox"/> No	

2. Does anyone on the account own or control, either alone or as a part of a group, 20% or more of the voting shares of a publicly traded issuer?

Client # 1	Client # 2	Other
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
<input type="checkbox"/> No	<input type="checkbox"/> No	

3. Is anyone on the account an Edward Jones employee, or related to and residing with an Edward Jones employee? (If Yes, please describe in the notes below)

Client # 1	Client # 2	Other
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
<input type="checkbox"/> No	<input type="checkbox"/> No	

4. Is anyone on the account an employee, officer, director, or partner of another investment dealer, a stock exchange or the Investment Dealers' Association?

Client # 1	Client # 2	Other
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
<input type="checkbox"/> No	<input type="checkbox"/> No	

5. Does the client object to receiving all security-holder materials sent to beneficial owners of securities?

Client # 1	Client # 2	Other
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
<input type="checkbox"/> No	<input type="checkbox"/> No	

6. Does the client object to Edward Jones disclosing the client's name, address and holdings to the issuers of securities that the client owns, so the issuer can send security-holder materials to the client?

Client # 1	Client # 2	Other
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
<input type="checkbox"/> No	<input type="checkbox"/> No	

7. Does anyone not named on the account have any financial interest in, or authority over the account?

Client # 1	Client # 2	Other
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
<input type="checkbox"/> No	<input type="checkbox"/> No	

Notes

How long have you known the client?

Have you met the client in person?

How did the client hear about Jones?

Client Signature(s)

Signature

Client # 1

Client # 2

Confidential Client Review

Date: _____

	Names	Age	Other
Children			
Name			
D.O.B.			
S.I.N.			

	Client # 1	Client # 2	Other
Employment			
Title			
Company			
Yrs. Employed			
Annual Income			

	Client # 1	Client # 2	Other
Life Insurance			
Group			
Private			

	Client # 1	Client # 2	Other
Will & POA			
In Place			
Last Update			

	Client # 1	Client # 2	Other
Liabilities			
Credit Cards			
Line of Credit			
Other Loans			

<i>Non-Financial Assets</i>	<i>Property Value</i>	<i>Mortgage or Loan</i>	<i>Rate</i>	<i>Due Date</i>
Home				
Cottage				
Rental				
Business				
Artwork				
Other Assets				
Held Jointly				

	<i>Client # 1</i>	<i>Client # 2</i>	<i>Other</i>
<i>Investment Assets</i>			
Group RRSP's			
Group DPSP's			
Group Pension			
RRSP's			
LIRA			
RESP			
Non-Reg (GIC, Term Deposit, Chequing / Savings Acct.			
Annuities			

<i>Professionals</i>			
Lawyer			
Accountant			
Bank			

Goals & Plans

1. At what age are you planning on retiring?

2. What lifestyle do you want in retirement?

3. What concerns do you have with your current financial situation?

4. At some time in the future is it possible that you may be financially responsible
for the care of an elderly family member, such as a parent?