

CLIENT QUESTIONNAIRE —INDIVIDUAL/JOINT ACCOUNT

- INDIVIDUAL ACCOUNT
- JOINT ACCOUNT WITH RIGHT OF SURVIVAL
- JOINT ACCOUNT WITH TENANTS IN COMMON
 - _____ % FOR _____
 - _____ % FOR _____

PRIMARY ACCOUNT INFORMATION

NAME		EMAIL ADDRESS
STREET ADDRESS		HOME PHONE
CITY	PROVINCE	BUSINESS PHONE
COUNTRY	POSTAL CODE	EMAIL ADDRESS
CITIZENSHIP	DATE OF BIRTH	SIN
EMPLOYER'S NAME	NATURE OF BUSINESS	TITLE
SPOUSE'S NAME	SPOUSE'S OCCUPATION	NUMBER OF DEPENDENTS

Can you please confirm authorization to send account statements and financial information to the above email address? Yes No

**** WE REQUIRE TWO COPIES OF PHOTO IDENTIFICATION FOR ALL ACCOUNTS**

SECONDARY ACCOUNT INFORMATION

NAME		EMAIL ADDRESS
STREET ADDRESS		HOME PHONE
CITY	PROVINCE	BUSINESS PHONE
COUNTRY	POSTAL CODE	EMAIL ADDRESS
CITIZENSHIP	DATE OF BIRTH	SIN
EMPLOYER'S NAME	NATURE OF BUSINESS	TITLE
SPOUSE'S NAME	SPOUSE'S OCCUPATION	NUMBER OF DEPENDENTS

PLEASE INDICATE YOUR INVESTMENT EXPERIENCE:

	NONE	LITTLE	MODERATE	EXTENSIVE
MUTUAL FUNDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BONDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STOCKS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RISK TOLERANCE:

- Confirm your account risk tolerance. High
- What is your overall investment objective? Safety Growth Growth + Income Income
- Confirm your account investment objective. Growth
- What is your estimated investment horizon? < 3yr 3-10 yr > 10 yr
- What percentage of your assets does your investment with Primevest represent? _____
- What is your approximate net liquid assets? _____
- What is your approximate net fixed assets? _____
- What is your net annual income from all sources? _____
- Are you a director or officer of a reporting issuer (as defined in applicable securities legislation) or other issuer whose securities are publicly traded, or a director or officer of any other type of entity that either (i) has beneficial ownership of, or control or direction over, directly or indirectly, 10% or more of the voting rights of a reporting issuer or other issuer whose securities are publicly traded, or (ii) is a subsidiary of a reporting issuer or other issuer whose securities are publicly traded?
 Yes No
 If yes, provide details: _____
- Do you have beneficial ownership of, or control or direction over, directly or indirectly, 10% or more of the voting rights of any reporting issuer or other issuer whose securities are publicly traded?
 Yes No
 If yes, provide details: _____

SIGNATURE: _____

NAME: _____

DATE: _____

FOR PRIMEVEST CAPITAL CORP. USE ONLY:

ACCEPTED BY: _____

DATE: _____

SIGNATURE: _____