



Software and Consulting for Brokers and Financial Planners

**PORTFOLIO
CONSULTING
QUESTIONNAIRE**

Name: _____

Date: _____

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PORTFOLIO CONSULTING QUESTIONNAIRE

This questionnaire is divided into three main sections: Background Information, Business Information, and Portfolio Information. Please answer all the questions as the better we understand your business, the better we can design portfolios and processes to improve the service you provide to your clients.

BACKGROUND INFORMATION

COMPANY INFORMATION

Company (Licensed) _____
Style Name (if any) _____

CONTACT INFORMATION

Street _____
City _____
Province _____
Postal Code _____
Phone _____
Cell _____
Fax _____
Email _____
Website _____

LICENSING & DESIGNATIONS

Licensing ___ Mutual Funds
 ___ Securities
 ___ Futures/Options
 ___ Other: _____

Professional Designations ___ CFP
 ___ CA
 ___ CGA
 ___ Other: _____

REP CODES

Please list all the rep codes you are using: _____

BUSINESS INFORMATION

COMMISSIONS & SPLITS

Gross Revenue	Commissions	\$ _____
	Trailers	\$ _____
	Fees	\$ _____
	Other	\$ _____
	Total	\$ _____

Commission Rates	Commissions	_____ %
	Trailers	_____ %
	Fee-Based	_____ %
	Other	_____ %

ASSETS

Assets under administration \$ _____

Book Breakdown By Asset Type	Mutual Funds	_____ %
	Stocks	_____ %
	Bonds	_____ %
	Cash/T-Bills/GICs	_____ %
	Hedge Funds	_____ %
	Other	_____ %

YOUR BUSINESS

Why are you in this business?

- To help clients reach their financial goals
- I like investments and investing
- To make money
- Other

What do you like to do the most in your business?

- Building portfolios
- Talking to clients
- Financial planning
- Managing staff
- Trading investments
- Other

What is the biggest problem you currently face in running your business?

- Getting new clients
- Getting the right clients
- Costs are too high
- Controlling & maintaining client accounts
- Creating & maintaining portfolios
- Other _____

What do you want from your business in 5 years?

- Assets under administration of \$_____.
- An income of \$_____ per year.
- More time off from work.
- Other _____

CLIENTELE

How would you describe your target market? _____

Whom would you classify as a small, medium, & large client?

Small \$ 0.00 to \$ _____
Medium \$ _____ to \$ _____
Large \$ _____ to \$ Unlimited

OTHER INFORMATION

Does your firm allow the sale of hedge funds? Yes No

If "Yes", are you allowed to sell hedge funds? Yes No

Does your firm offer fee-based accounts? Yes No

If "Yes", what is the name given to the fee-based accounts? _____

PORTFOLIO & INVESTMENT INFORMATION

GENERAL

Asset Classes: Which asset classes do you think should be included when designing portfolios for your clients?

- | | | |
|--------------------------------------------|----------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Cash/T-Bills/GICs | <input type="checkbox"/> U.S. Stocks | <input type="checkbox"/> Precious Metals |
| <input type="checkbox"/> Canadian Bonds | <input type="checkbox"/> European Stocks | <input type="checkbox"/> Oil & Gas |
| <input type="checkbox"/> Global Bonds | <input type="checkbox"/> Asia-Pacific Stocks | <input type="checkbox"/> Natural Resources |
| <input type="checkbox"/> Canadian Stocks | <input type="checkbox"/> Real Estate | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Income Trusts | <input type="checkbox"/> Hedge Funds | <input type="checkbox"/> Other: _____ |

Canadian content: How much of a portfolio should be in Canadian investments? _____%

Number of investments: What is the maximum number of investments you think should make up a portfolio for:

- Large clients? _____
Medium clients? _____
Small clients? _____

Diversification: How do you feel about diversification of portfolios? _____

Style bias: For stocks (equity funds), do you favour growth, neutral, or value types of investments?

- Growth Neutral Value

Why? _____

Fixed income investments: Do you presently use a lot of fixed income in your portfolios and if so, what types?

- No Yes - What types? _____

SAMPLE PORTFOLIOS

The following scenarios are designed to give us some idea of how you put together portfolios in two generalized situations. Please indicate the percent or dollar amount you would place in each investment or asset class for each scenario.

Saving For Retirement

- \$200,000 to invest
- 25 year time horizon (saving for retirement)
- Moderately-Aggressive risk tolerance
- No other restrictions or needs

Retirement Income

- \$1,000,000 to invest
 - Presently retired and wants \$50,000 income per year (pre-tax)
 - Moderately-Conservative risk tolerance
 - Income to be indexed to inflation at 2.5%/year
 - No other restrictions or needs
-
-
-
-

COMPANIES

Which companies (fund companies or otherwise) do you prefer doing business with? _____

OTHER INFORMATION

Not all information can be gathered from a questionnaire. To enable use to better understand your business and how we can help, other information would be very helpful:

- ◆ **Holdings:** A listing of all the individual holdings in your book to see which funds/investments are the most common. This will assist us in designing portfolios which can minimize DSC issues and be more consistent with what you have discussed with clients in the past.
- ◆ **Asset Breakdown:** If possible, a breakdown of your book by household assets would be very useful. This information will assist us in helping you to decide where to set the asset levels for using small, medium, and large portfolios. It is also very useful in helping you prioritize your time when you approach your client base to migrate to your customized portfolio solution.
- ◆ **Portfolios:** A copy of any portfolios you have developed which you are using now. Again, this information will allow us to be more consistent with what you have discussed with clients in the past.

Is there any other information which would be useful for us to know when designing your portfolios?

TECHNOLOGY INFORMATION

Our desktop application, CAT, requires certain Microsoft products in order to operate properly. Please indicate which versions of Microsoft products you currently have:

- | | | | | | |
|----------------------|--------------------------------|-------------------------------|-------------------------------|--------------------------------------|--------------------------------------|
| ◆ Microsoft Windows: | <input type="checkbox"/> Vista | <input type="checkbox"/> XP | <input type="checkbox"/> 2000 | <input type="checkbox"/> Do not have | |
| ◆ Microsoft Word: | <input type="checkbox"/> 2007 | <input type="checkbox"/> 2003 | <input type="checkbox"/> XP | <input type="checkbox"/> 2000 | <input type="checkbox"/> Do not have |
| ◆ Microsoft Excel: | <input type="checkbox"/> 2007 | <input type="checkbox"/> 2003 | <input type="checkbox"/> XP | <input type="checkbox"/> 2000 | <input type="checkbox"/> Do not have |
| ◆ Microsoft Access: | <input type="checkbox"/> 2007 | <input type="checkbox"/> 2003 | <input type="checkbox"/> XP | <input type="checkbox"/> 2000 | <input type="checkbox"/> Do not have |