



GOLD STANDARD GROUP - GET STARTED FORM:

| | |
|------------------|----------------|
| First Name: | Date: |
| Last Name: | Referred By: |
| Phone Number: | Email Address: |
| Mailing Address: | |
| City: | Province: |
| Postal Code: | Age: |

Subject Matters of Primary Interest:

| | | | | | |
|--------------------------|----------------------------|--------------------------|---------------------------------|--------------------------|---------------------|
| <input type="checkbox"/> | Investment Management | <input type="checkbox"/> | Tax Minimization | <input type="checkbox"/> | Income Creation |
| <input type="checkbox"/> | Financial Planning | <input type="checkbox"/> | Retirement Planning | <input type="checkbox"/> | Estate Planning |
| <input type="checkbox"/> | Education Planning (RESPs) | <input type="checkbox"/> | RRSPs and RRIFs | <input type="checkbox"/> | LIFs and LRIFs |
| <input type="checkbox"/> | General Financial Advice | <input type="checkbox"/> | Life Insurance | <input type="checkbox"/> | Business Insurance |
| <input type="checkbox"/> | Investment Loans | <input type="checkbox"/> | Returns on Investment | <input type="checkbox"/> | Retained Earnings |
| <input type="checkbox"/> | Banking | <input type="checkbox"/> | Savings | <input type="checkbox"/> | TFSA's |
| <input type="checkbox"/> | Trading | <input type="checkbox"/> | Asset Protection | <input type="checkbox"/> | Financial Education |
| <input type="checkbox"/> | Mathematics of Finance | <input type="checkbox"/> | Disability and Critical Illness | <input type="checkbox"/> | Other Interests |

Personal Asset Summary Disclosure

| | | | | | |
|--------------------------|------|--------------------------|---------|--------------------------|----------------|
| <input type="checkbox"/> | Home | <input type="checkbox"/> | Cottage | <input type="checkbox"/> | Life Insurance |
| <input type="checkbox"/> | RRSP | <input type="checkbox"/> | Pension | <input type="checkbox"/> | Other Assets |

Do you Have an Income?

Approximate Home Equity:

Approximate Net Worth:

| | | | | | |
|--------------------------|---------------|--------------------------|----------------------------|--------------------------|-----------------------------|
| <input type="checkbox"/> | Job | <input type="checkbox"/> | Less than \$100,000 | <input type="checkbox"/> | Less than \$100,000 |
| <input type="checkbox"/> | Self Employed | <input type="checkbox"/> | \$100,000 to \$250,000 | <input type="checkbox"/> | \$100,000 to \$250,000 |
| <input type="checkbox"/> | Rental | <input type="checkbox"/> | \$250,000 to \$500,000 | <input type="checkbox"/> | \$250,000 to \$500,000 |
| <input type="checkbox"/> | Other | <input type="checkbox"/> | \$500,000 to \$1,000,000 | <input type="checkbox"/> | \$500,000 to \$1,000,000 |
| | | <input type="checkbox"/> | \$1,000,000 to \$2,500,000 | <input type="checkbox"/> | \$1,000,000 to \$2,500,000 |
| | | <input type="checkbox"/> | Other: | <input type="checkbox"/> | \$2,500,000 to \$5,000,000 |
| | | | | <input type="checkbox"/> | \$5,000,000 to \$10,000,000 |
| | | | | <input type="checkbox"/> | Other: |

Business Asset Summary Disclosure:

| | | | | | |
|--------------------------|--------------------|--------------------------|-------------------|--------------------------|--------------|
| <input type="checkbox"/> | Office | <input type="checkbox"/> | Other Real Estate | <input type="checkbox"/> | Equipment |
| <input type="checkbox"/> | Business Insurance | <input type="checkbox"/> | Retained Earnings | <input type="checkbox"/> | Other Assets |



Member Questionnaire:

| Enter a number from 0 to 10. | |
|---|--|
| You feel comfortable discussing your personal finances in detail | |
| You feel that good financial decisions cannot be made emotionally | |
| You have a relationship with a financial planner that is based on friendship | |
| You are willing to have an impartial expert discuss new concepts with you | |
| You rate your financial knowledge as sufficient to achieve your financial goals | |
| You have a detailed plan in place to achieve your financial goals | |
| You have satisfied your family's need for effective estate planning | |
| You have ensured that your tax burden is reduced to the minimum possible | |
| Your accountant, tax planner, attorney, financial adviser are working in unison for you | |
| Your investments are providing the maximum growth and benefits possible | |
| You have non-performing equity that you do not know how to capitalize on | |
| You are comfortable borrowing low interest capital to secure higher interest products | |
| You understand the financial marketplace in detail | |
| You trust your bank and its staff | |
| You know that there is more to learn which you are not being told | |
| You do not mind having old ideas replaced with fresher concepts | |

Other Notes or Special Requests:

NOTE: You can email this form to our Licensed Associate Yogender Jain at yogi@yourgoldstandard.org OR you can bring this form to your meeting at Gold Standard Group offices

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