Morgan Stanley

The Foothills Group
at Morgan Stanley

Client Questionnaire

WHILE YOU'RE TAKING CARE OF YOUR COMPANY'S FUTURE, WE'RE HELPING TAKE CARE OF YOURS.

The Office of the Foothills Group at Morgan Stanley

1800 Broadway, Suite 120
Boulder, CO 80302

303.545.1801

Prepared by:

The Foothills Group of Morgan Stanley

The Foothills Group

The Foothills Group is dedicated to working exclusively with corporate executives and their families. While you are busy managing your company's future, The Foothills Group focuses on helping take care of yours by:

- Aligning your corporate wealth-building tools and benefits with your personal financial goals
- Providing you a professional network of experts to create solutions for your estate and tax planning needs
- Delivering a time-efficient process to monitor and review your wealth planning goals

Our Experience

As a corporate executive, you face many complex challenges. Often, the demands of your job leave you little time to focus on your personal financial plan. The Foothills Group understands these complexities and has the experience to combine many issues into a comprehensive strategy designed to help achieve your short-term and long-term financial goals.

Being employed at a publicly traded company, you face unique challenges when creating and managing your personal financial plan. Issues such as stock option planning, regulatory and company trading restrictions, and concentrations in company stock are very common. Some of the strategies can be complicated, requiring navigation through various legal, tax, and estate planning concepts. The Foothills Group has the proficiency to help determine which planning techniques and strategies can be implemented in an effort to achieve your long-term financial objectives.

Our Services

- Financial Planning
- Estate Planning Strategies
- Tax Planning Strategies
- Insurance Planning
- Continuity Planning
- Lending
- Social Security Planning

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Team Contact Information

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Find Us Online

WEBSITE

advisor.morganstanley.com/foothills-group

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Client Questionnaire

General Information

CLIENT 1

Client Name DOB

Mobile Phone

Email Address

CLIENT 2

Spouse Name DOB

Mobile Phone

Email Address

Home Address City State Zip

Employment Data

CLIENT 1

Employer

$

Annual Income

$

Additional Income From

Estimated Retirement Date Age

$

Social Security Income (Self) At Age

$

Retirement Income Needed

CLIENT 2

Employer

$

Annual Income

$

Additional Income From

Estimated Retirement Date Age

$

Social Security Income (Spouse) At Age

☐ before or ☐ after tax

Participants

LIST ANY CHILDREN, GRANDCHILDREN, OR DEPENDENTS.

1)

Name DOB Relationship

2)

Name DOB Relationship

3)

Name DOB Relationship

4)

Name DOB Relationship

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Objectives

Investment Objectives

WHAT IS YOUR TIMELINE TO ACCOMPLISH YOUR INVESTMENT OBJECTIVES OR GOALS?

Short-term objectives (1–5 years)

Medium-term objectives (6–10 years)

Long-term objectives (11–20 years)

WHAT ARE YOUR GOALS FOR RETIREMENT? (LIFESTYLE, VALUES, CHARITY, INTERESTS, TRAVEL, ETC.)

1)

2)

3)

RISK TOLERANCE (CHECK ONE):

☐ Conservative (0 to 25% in stocks) ☐ Conservative/Moderate (25 to 40% in stocks) ☐ Moderate (40 to 55% in stocks)

☐ Moderate/Aggressive (55 to 65% in stocks) ☐ Aggressive (over 65% in stocks)

ADVISOR INFORMATION

Insurance agent

CPA

Attorney

Other financial advisor

Do you have a current will? ☐ Yes ☐ No

Do you have a current trust? ☐ Yes ☐ No

TELL US ABOUT YOURSELF.

What are your financial goals or concerns? What are your expectations of your financial advisor?

Please complete the following information in the designated spaces or simply provide us with copies of statements or your household summary sheet if you prefer.

Please complete the following information in the designated spaces or simply provide us with copies of statements your household summary sheet if you prefer.

Assets

Retirement Plans

401K INFORMATION

$ ______ Value of 401K, 403B, Profit Sharing Plan (Self) | $ ______ (Spouse)

$ ______ % Projected Annual Contribution (Self) | $ ______ % (Spouse)

$ ______ % Company Match (Self) | $ ______ % (Spouse)

$ ______ Value of Deferred Compensation (Self) | $ ______ Contribution ______ % Match

$ ______ Value of Deferred Compensation (Spouse) | $ ______ Contribution ______ % Match

BALANCES OF RETIREMENT ACCOUNTS

$ ______ Total Value of Existing Traditional IRAs (Self) | $ ______ (Spouse)

$ ______ Total Value of Roth IRAs (Self) | $ ______ (Spouse)

$ ______ ☐ Roth ☐ Traditional Annual IRA Contribution (Self) | $ ______ ☐ Roth ☐ Traditional (Spouse)

$ ______ ☐ Roth ☐ Traditional Total Annuity Balance (Self) | $ ______ ☐ Roth ☐ Traditional (Spouse)

$ ______ Pension Lump Sum Amount (Self) At Age | $ ______ (Spouse) At Age

$ ______ Pension Monthly Payment Amount (Self) At Age | $ ______ (Spouse) At Age

$ ______ HSA Balance (Self) Annual Contribution | $ ______ (Spouse) Annual Contribution

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Non-Retirement Assets

ACCOUNT (E.G., "STOCK ACCOUNT AT PNC")

Account Name

$

Value

% Stocks | % Bonds | % Alternatives | % Cash

ACCOUNT (E.G., "STOCK ACCOUNT AT PNC")

Account Name

$

Value

% Stocks | % Bonds | % Alternatives | % Cash

ACCOUNT (E.G., "STOCK ACCOUNT AT PNC")

Account Name

$

Value

% Stocks | % Bonds | % Alternatives | % Cash

ACCOUNT (E.G., "STOCK ACCOUNT AT PNC")

Account Name

$

Value

% Stocks | % Bonds | % Alternatives | % Cash

Life Insurance

Do you have insurance through your employer?

☐ Yes ☐ No

Amount as a multiple of salary: ☐ 1x ☐ 2x ☐ 3x ☐ 5x ☐ 6x

Does your spouse have insurance through his/her employer?

☐ Yes ☐ No

Amount as a multiple of salary: ☐ 1x ☐ 2x ☐ 3x ☐ 5x ☐ 6x

Do you currently have life insurance outside your employer? If so, indicate below:

TYPE (CHECK ONE)	OWNER	CASH VALUE (IF ANY)	DEATH BENEFIT	PREMIUM
☐ Whole Life ☐ Variable Life ☐ Term		$	$	$
☐ Whole Life ☐ Variable Life ☐ Term		$	$	$
☐ Whole Life ☐ Variable Life ☐ Term		$	$	$
☐ Whole Life ☐ Variable Life ☐ Term		$	$	$

Do you have Umbrella Liability Insurance? ☐ Yes ☐ No

If yes, amount:

Do you have Long Term Care Insurance? ☐ Yes ☐ No

If yes, premium:

College Savings Accounts

1) 2) 3) 4)

Equity Compensation

Please attach statement if Equity Compensation Plan is not held at Morgan Stanley.

Personal Real Estate Assets

PRIMARY RESIDENCE

Residence Name

Owner

$ Purchase Amount

$ Current Market Value

Do you anticipate selling this home? ☐ Yes ☐ No

Date of Anticipated Sale

$ Property tax amount

SECONDARY RESIDENCE

Residence Name

Owner

$ Purchase Amount

$ Current Market Value

Do you anticipate selling this home? ☐ Yes ☐ No

Date of Anticipated Sale

$ Property tax amount

PRIMARY RESIDENCE MORTGAGE

Product Type (check one):

- Adjustable: ☐ 1yr ☐ 2yr ☐ 3yr
- Fixed: ☐ 10yr ☐ 15yr ☐ 30yr

Annual Interest Rate

$ Remaining Balance

Purchase Date (mm/yy)

$ Monthly Mortgage Payment

SECONDARY RESIDENCE MORTGAGE

Product Type (check one):

- Adjustable: ☐ 1yr ☐ 2yr ☐ 3yr
- Fixed: ☐ 10yr ☐ 15yr ☐ 30yr

Annual Interest Rate

$ Remaining Balance

Purchase Date (mm/yy)

$ Monthly Mortgage Payment

Investment Real Estate Assets

PROPERTY 1

Property Name

Owner

$ Purchase Amount

$ Current Market Value

$ Net Rental Income

Do you anticipate selling this asset? ☐ Yes ☐ No

Date of Anticipated Sale

$ Property Tax Amount

PROPERTY 2

Property Name

Owner

$ Purchase Amount

$ Current Market Value

$ Net Rental Income

Do you anticipate selling this asset? ☐ Yes ☐ No

Date of Anticipated Sale

$ Property Tax Amount

PROPERTY 1 MORTGAGE

Product Type (check one):

- Adjustable: ☐ 1yr ☐ 2yr ☐ 3yr
- Fixed: ☐ 10yr ☐ 15yr ☐ 30yr

Annual Interest Rate

$ Remaining Balance

Purchase Date (mm/yy)

$ Monthly Mortgage Payment

PROPERTY 2 MORTGAGE

Product Type (check one):

- Adjustable: ☐ 1yr ☐ 2yr ☐ 3yr
- Fixed: ☐ 10yr ☐ 15yr ☐ 30yr

Annual Interest Rate

$ Remaining Balance

Purchase Date (mm/yy)

$ Monthly Mortgage Payment

HOME EQUITY LOC

Do you have a line of credit on your property? ☐ Yes ☐ No

If yes, which property?

$ Balance

$ Annual Interest Rate

$ Monthly Payment

Available credit line?

Do you plan to buy a vacation home or another property in the future? ☐ Yes ☐ No

When?

Where?

$ Estimated Cost

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Other Liabilities

Debt

CREDIT CARDS

$	%	$	$
	APR	Minimum Payment	Monthly Payment
$	%	$	$
	APR	Minimum Payment	Monthly Payment
$	%	$	$
	APR	Minimum Payment	Monthly Payment
$	%	$	$
	APR	Minimum Payment	Monthly Payment

CARS

$	%	$	
	APR	Payment	Finish Date (mm/yy)
$	%	$	
	APR	Payment	Finish Date (mm/yy)
$	%	$	
	APR	Payment	Finish Date (mm/yy)
$	%	$	
	APR	Payment	Finish Date (mm/yy)

STUDENT LOANS, PERSONAL LOANS

$	%	$	
	APR	Payment	Finish Date (mm/yy)
$	%	$	
	APR	Payment	Finish Date (mm/yy)
$	%	$	
	APR	Payment	Finish Date (mm/yy)
$	%	$	
	APR	Payment	Finish Date (mm/yy)

Please complete and return to:

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Clients executing a 10b5-1 Plan should keep the following important considerations in mind: (1) 10b5-1 Plans should be approved by the compliance officer or general counsel of the company; (2) A 10b5-1 Plan may require a cessation of trading activities at times when lockups may be necessary to the company (i.e. secondary offerings, pooling transactions, etc.); (3) A 10b5-1 Plan does not generally alter the regulatory requirements (e.g. Rule 144, Section 16, Section 13D) that may otherwise be applicable; (4) 10b5-1 Plans that are modified or terminated early may weaken or lose the benefit of the affirmative defense; (5) Public disclosure of 10b5-1 Plans (e.g., via press release) may be appropriate for some insiders; (6) Most companies will permit 10b5-1 Plans to be implemented only during open window periods; and (7) Morgan Stanley Smith Barney, as well as some issuers, imposes a mandatory waiting period between the execution of the 10b5-1 Plan and the first sale pursuant to the 10b5-1 Plan.

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