

Financial Client Profile

The Chicagoland Group at Morgan Stanley

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We are very pleased you have decided to work with us on your personalized Financial Plan. Our relationship begins with a thorough understanding of you – your needs, your lifestyle and family, and your goals for the future.

Please take time to complete this profile to the best of your ability. By providing us with as much information as possible will assist us in creating the most comprehensive financial plan designed especially for you. We will gather additional information together during our individual discussions.

PERSONAL INFORMATION

Client 1

Name: _____

Address 1: _____

Address 2: _____

Mobile Phone: _____

Work Phone: _____

Email Address: _____

Date of Birth (MM/DD/YYYY): _____

Marital Status:

- Single Widowed Domestic Partners
 Married /Filing Separately Married/Filing Jointly

Number of Dependents: _____

Employment Status:

- Retired Employed
 Not Currently Employed Self Employed

Retired Year: _____

Occupation: _____

Employer: _____

Years at Current Employer: _____

Employment Income: _____

Other Income: _____

Client 2

Name: _____

Address 1: _____

Address 2: _____

Mobile Phone: _____

Work Phone: _____

Email Address: _____

Date of Birth (MM/DD/YYYY): _____

Marital Status:

- Single Widowed Domestic Partners
 Married /Filing Separately Married/Filing Jointly

Number of Dependents: _____

Employment Status:

- Retired Employed
 Not Currently Employed Self Employed

Retired Year: _____

Occupation: _____

Employer: _____

Years at Current Employer: _____

Employment Income: _____

Other Income: _____

FAMILY AND OTHER DEPENDENTS

Please list any children, grandchildren, other relatives or loved ones who depend on you financially as well as trusts or organizations that you fund.

<u>Name</u>	<u>Relationship</u>	<u>Date of Birth (DD/MM/YYYY)</u>

OTHER INCOME (e.g., Trust Income, part-time work, rental property income)

Do not include interest or dividend income from your future investment.

<u>DESCRIPTION</u>	<u>OWNERSHIP</u>	<u>ANNUAL AMT</u>	<u>YEAR BEGINS</u>	<u>YEAR ENDS</u>	<u>INFLATION INCREASE?</u>
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

INVESTMENT ASSETS (Please attach statements)

Please list any investment accounts, employer sponsored retirement accounts such as 401(k), 403(b), profit sharing, 457, SEP, SARSEP, and/or IRA accounts held away from Morgan Stanley.

<u>Description</u>	<u>Owner</u>	<u>Acct Type</u>	<u>Value</u>	<u>Annual Savings/ Contributions</u>	<u>Employer Match</u>
<i>ABC Brokerage Account</i>	<i>Joint</i>	<i>Taxable</i>	<i>\$25,000</i>	<i>\$10,000</i>	<i>N/A</i>

OTHER ASSETS

Please provide information for other non-investment assets.

Primary Residence

What is the current value? \$ _____

Do you intend to sell your primary residence to help fund your goals?

No Yes _____ year \$ _____ anticipated cash after tax

Non-Investment Assets Available to Fund Goals

Do you plan to sell a piece of real estate or any collectibles? Are you expecting to receive an inheritance?

<u>DESCRIPTION</u>	<u>CURRENT VALUE</u>	<u>ORIGINAL PURCHASE PRICE</u>	<u>LIKELIHOOD TO SELL</u>
			<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Not
			<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Not
			<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Not
			<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Not

Morgan Stanley

LIABILITIES

Please list any outstanding liabilities you may have (e.g., home mortgages, credit card debt, car loans, student loans, personal loans, etc.).

<u>LOAN TYPE/DESCRIPTION</u>	<u>INSTITUTION HELD</u>	<u>INITIAL AMOUNT</u>	<u>START DATE</u>	<u>BALANCE</u>	<u>INTEREST RATE %</u>	<u>TERM</u>	<u>MONTHLY PAYMENT</u>
<i>Mortgage (Example)</i>	<i>ABC Bank</i>	<i>\$1.2million</i>	<i>2002</i>	<i>\$550,000</i>	<i>3.25%</i>	<i>30 year</i>	<i>\$2,125</i>
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

CURRENT EXPENSES

List your current annual fixed and variable family expenses:

<u>DESCRIPTION</u>	<u>Fixed (F)/Variable (V)</u>	<u>ANNUAL AMOUNT</u> (if variable, please estimate)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

COLLEGE/EDUCATION

Complete this section if you plan to pay for all or part of a college or other educational program for a child, grandchild or other individual.

Student 1

Name: _____
Start Year: _____
Number of Years of College: _____

My Estimated Annual Expense: \$ _____
Type of College: Public Private
Location: In-State Out-of-State

Student 2

Name: _____
Start Year: _____
Number of Years of College: _____

My Estimated Annual Expense: \$ _____
Type of College: Public Private
Location: In-State Out-of-State

Student 3

Name: _____
Start Year: _____
Number of Years of College: _____

My Estimated Annual Expense: \$ _____
Type of College: Public Private
Location: In-State Out-of-State

Student 4

Name: _____
Start Year: _____
Number of Years of College: _____

My Estimated Annual Expense: \$ _____
Type of College: Public Private
Location: In-State Out-of-State

RISK TOLERANCE

This section will guide our analysis by helping us define and understand your tolerance to risk.

Please rank the following Investment Objectives from Most Important (1) to Least Important (4):

_____ Income _____ Aggressive Income _____ Capital Appreciation _____ Speculation

Please select the number that best describes your risk tolerance, with 1 being the lowest and 5 the highest.

1 2 3 4 5

Please choose the Primary Financial Need for the assets included in this analysis.

Wealth Accumulation Retirement Major Purchase Education Planning
 Current Income Health Care/Long Term Care Estate/Legacy Planning Charitable

In approximately how many years do you expect to begin withdrawing funds for your Primary Financial Need?

Immediately Less than 2 years 2-5 years 6-10 years 11-20 years More than 20 years

Once you begin to withdraw funds for your Primary Financial Need, how long of a period do you anticipate the withdrawals to continue?

Immediately Less than 2 years 2-5 years 6-10 years 11-20 years More than 20 years

RETIREMENT

If you are currently retired, please skip this section and proceed to the RETIREMENT LIVING EXPENSES section.

What is your ideal retirement age? _____

What is an acceptable retirement age? _____

How willing are you to retire later (if necessary) to attain your goals?

Very willing Somewhat Slightly

In what state or country do you plan to reside during retirement? _____

What is your ideal retirement age? _____

What is an acceptable retirement age? _____

How willing are you to retire later (if necessary) to attain your goals?

Very willing Somewhat Slightly

In what state or country do you plan to reside during retirement? _____

RETIREMENT LIVING EXPENSES

List your anticipated annual recurring expenses during retirement and rank their importance from 1-10, with 1 being the least important and 10 being the most important. Include essential expenses (e.g., monthly mortgage payment) and some of the nonessentials that feel most important to your desired lifestyle (e.g., general entertainment).

DESCRIPTION

ANNUAL AMOUNT

IMPORTANCE

RETIREMENT INCOME

Please provide details on the sources of income you expect to receive in retirement.

SOCIAL SECURITY

Are you eligible? Yes No Yes No

What is your annual benefit amount? \$_____ per year Help me estimate Help me estimate

If currently employed, when will benefits begin? At retirement At full eligibility At age _____ At retirement At full eligibility At age _____

PENSION, ANNUITY, AND OTHER PASSIVE INCOME EXPECTED IN RETIREMENT (i.e., dividends, royalties)

DESCRIPTION	OWNERSHIP	ANNUAL AMT	YEAR BEGINS	YEAR ENDS	INCREASE W/INFLATION?	
_____					<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____					<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____					<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____					<input type="checkbox"/> Yes	<input type="checkbox"/> No

HEALTHCARE

Please provide details on expected healthcare coverage in retirement.

What is your estimated annual healthcare cost? \$ _____ per year.

OTHER FINANCIAL GOALS

In addition to major goals such as retirement, education, and healthcare, you may have other goals you want to capture. Use this section to list these other needs, wants, and wishes.

Include goals that:

- Are one-time, extraordinary expenses
- Reoccur, but not annually
- Are expenses that will end before your plan does

Do not include goals that:

- Are already accounted for in "Retirement Living Expenses"
- Occur prior to retirement and are covered by earned income

DESCRIPTION	TIMING	TARGET AMOUNT	IMPORTANCE
Travel (Example)	Beginning at retirement, every 5 years	\$20,000 each	4

Estate Planning

Do you have a will? Yes No

Have you established any trusts? Yes No

Other Considerations

We can work with you to address other concerns you may have in the following areas. Please indicate which items you wish to discuss in more detail.

- | | | |
|---|---|--|
| <input type="checkbox"/> Stock Options | <input type="checkbox"/> Restricted Stock | <input type="checkbox"/> Deferred Compensation |
| <input type="checkbox"/> Life Insurance Needs | <input type="checkbox"/> Disability Needs | <input type="checkbox"/> Long Term Care Analysis |
| <input type="checkbox"/> Estate Documents | <input type="checkbox"/> General Concerns | <input type="checkbox"/> Other |

Additional Questions

If you could change three things about your current financial situation, what would they be?

1. _____
2. _____
3. _____

If there were three outcomes you hope to achieve through our relationship, what would they be?

1. _____
2. _____
3. _____

Would you like us to schedule a family meeting? We are happy to include your children and other family members at your request.

- Yes No Sometime in the future

Is there anything else you would like to share that would help us address your individual needs?

Thank you for taking the time to complete this information. Please return it to us along with copies of your most recent account statements, and don't hesitate to contact us if you have any questions.

The Chicagoland Group at Morgan Stanley

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