

LifeView[®] Personal Wealth Analysis Questionnaire

Introduction

The Personal Wealth Analysis represents a comprehensive picture of your current wealth planning circumstances and suggestions for improvement. It begins with the Personal Wealth Questionnaire.

Please complete the *Questionnaire* as fully as possible. Information is the lifeblood of the planning process. The quality and range of the suggestions will only be as good as the comprehensiveness of the picture. The more we know about you and your family, your objectives and resources, and your charitable commitments, the better we can offer recommendations for fulfilling those objectives as appropriately and tax efficiently as possible.

You may choose to give a summary or total amounts where indicated, and you may elect only to number a few priorities in the various sections that ask about objectives (e.g., the section on Estate and Charitable Planning Information).



Once your Personal Wealth Questionnaire has been completed, your Financial Advisor will arrange a meeting to review current circumstances and any proposals.

Please note, all individuals who are sending or receiving this form via email are to use Morgan Stanley Secure Email (SEM), which provides secure external transmission of Firm Information via encrypted emails and/or attachments. To securely communicate using SEM, the external recipient must register a password via the SEM Server. Once registered, the mail system can send and receive secure messages. To access, Financial Advisors and Private Wealth Advisors can type "securemail" into their browser.

To help us construct the most accurate representation, please submit this Questionnaire with copies of the following:

- Your previous year's tax return
 - Your will and living trust, if any
 - Financial statements from brokerage firms and banks
 - Benefit statements concerning your retirement plans
-

If you have not already done so, please provide a biographical outline for you and your family, highlighting:

- Information about your family origins (parents and grandparents)
- Influential factors while growing up
- Education
- Activities
- Positions held (vocational and avocational)
- Current board memberships (for profit and nonprofit)
- Sources of wealth

LifeView® Personal Wealth Analysis Questionnaire

Personal Information

| | | | |
|---|-----------------------------------|--|---------------------------|
| Client Name | Date of Birth (MM/DD/YYYY) | U.S. Citizen? <input type="radio"/> Yes <input type="radio"/> No | State of Residence |
| Occupation and Title | | | |
| Life Status <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Widowed <input type="radio"/> Significant Other | | | |
| Co-Client Name | Date of Birth (MM/DD/YYYY) | U.S. Citizen? <input type="radio"/> Yes <input type="radio"/> No | |
| Occupation and Title | | | |

Family Information

| Names of Children | Date of Birth | Dependent? | State of Residence | Emotional Maturity* | Financial Maturity* |
|-------------------|---------------|--|--------------------|---------------------|---------------------|
| | | <input type="radio"/> Yes <input type="radio"/> No | | | |
| | | <input type="radio"/> Yes <input type="radio"/> No | | | |
| | | <input type="radio"/> Yes <input type="radio"/> No | | | |
| | | <input type="radio"/> Yes <input type="radio"/> No | | | |
| | | <input type="radio"/> Yes <input type="radio"/> No | | | |
| | | <input type="radio"/> Yes <input type="radio"/> No | | | |

| Names of Grandchildren | Date of Birth | Dependent? | State of Residence | Emotional Maturity* | Financial Maturity* |
|------------------------|---------------|--|--------------------|---------------------|---------------------|
| | | <input type="radio"/> Yes <input type="radio"/> No | | | |
| | | <input type="radio"/> Yes <input type="radio"/> No | | | |
| | | <input type="radio"/> Yes <input type="radio"/> No | | | |
| | | <input type="radio"/> Yes <input type="radio"/> No | | | |
| | | <input type="radio"/> Yes <input type="radio"/> No | | | |
| | | <input type="radio"/> Yes <input type="radio"/> No | | | |
| | | <input type="radio"/> Yes <input type="radio"/> No | | | |
| | | <input type="radio"/> Yes <input type="radio"/> No | | | |

*Please assess the emotional and financial maturity of family members (1 - 5; 1 = lowest, 5 = highest).

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Other Information

| | |
|---|------------------------|
| <p>Are all family members in good health? <input type="radio"/> Yes <input type="radio"/> No</p> | If No, please explain |
| <p>Does any family member have a special need? <input type="radio"/> Yes <input type="radio"/> No</p> | If Yes, please explain |
| <p>Are any family members or relatives (other than co-client and children) dependent on you for support now, or likely to need support in the future? <input type="radio"/> Yes <input type="radio"/> No</p> | If Yes, please explain |
| <p>Do you have alimony or child support obligations? <input type="radio"/> Yes <input type="radio"/> No</p> | If Yes, please explain |
| <p>Do you have any special concerns due to current or prior marriage of a family member? <input type="radio"/> Yes <input type="radio"/> No</p> | If Yes, please explain |
| <p>While married, have you ever lived in a community property state? <input type="radio"/> Yes <input type="radio"/> No</p> | If Yes, please explain |
| <p>Do you have a swimming pool at your home (or any of your residences)? <input type="radio"/> Yes <input type="radio"/> No</p> | If Yes, please explain |
| <p>Do you have a home on the ocean (or in a recognized flood plain)? <input type="radio"/> Yes <input type="radio"/> No</p> | If Yes, please explain |
| <p>Do you have an office in your home? <input type="radio"/> Yes <input type="radio"/> No</p> | If Yes, please explain |
| <p>Do you employ domestic workers in any capacity? <input type="radio"/> Yes <input type="radio"/> No</p> | If Yes, please explain |
| <p>Are you on the board of a public company? <input type="radio"/> Yes <input type="radio"/> No</p> | If Yes, please explain |
| <p>Are you on the board of a public charity? <input type="radio"/> Yes <input type="radio"/> No</p> | If Yes, please explain |
| <p>Have you hosted any charitable event in your home, or do you intend to host any such event? <input type="radio"/> Yes <input type="radio"/> No</p> | If Yes, please explain |
| <p>Do you have a family office? <input type="radio"/> Yes <input type="radio"/> No</p> | If Yes, please explain |
| <p>Do you have an investment partnership, or do you invest directly in your own private equity? <input type="radio"/> Yes <input type="radio"/> No</p> | If Yes, please explain |

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Other Information *(continued)*

| ADVISORS | | |
|----------------------------------|------------|-------------|
| Morgan Stanley Financial Advisor | Branch No. | FA/Team No. |
| Accountant | Phone | |
| State | | |
| Attorney (Trusts & Estates) | Phone | |
| State | | |
| Private Banker | Phone | |
| State | | |
| Life Insurance Agent | Phone | |
| State | | |
| Other Financial Advisor | Phone | |
| Firm | | |

| PLANNING CONCERNS AND OBJECTIVES | |
|---|--|
| All planning should begin and end with your personal considerations and aims. To help us better understand yours, please number the following in order of their importance to you, with "1" signifying of greatest importance. If several are of equal concern, you may indicate that by giving the same number to those objectives. Likewise, if any are of little or no value to you, simply leave them numberless. | |
| _____ Maintaining a comfortable lifestyle through my/our retirement years | _____ Optimizing the use of loans to maximize net worth |
| _____ Minimizing Income Tax and Capital Gains Taxes | _____ Diversifying large single-stock and stock option positions, or other liquid assets |
| _____ Generating adequate capital to run and grow my own business | _____ Ensuring that family members with special needs are well cared for |
| _____ Positioning as many of my assets for my family as I can, while minimizing Estate and Gift Tax | _____ Involving my children and grandchildren in philanthropic pursuits |
| _____ Supporting my interests in, and commitments to, charitable causes | _____ Beginning or adding to my art collection or dealing with other collectibles |
| _____ Planning for business succession | _____ Creating a legacy that will help to keep my children and grandchildren productive |
| _____ Protecting my family's assets from creditors and litigation | _____ Protecting the value of my assets using hedging techniques |

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Asset Summary (continued)

| EQUITY COMPENSATION INFORMATION | |
|--|--|
| Do you have Stock Options? <input type="radio"/> Yes <input type="radio"/> No | Please submit statements, including vesting schedules: |
| Do you have Restricted Stock? <input type="radio"/> Yes <input type="radio"/> No | Please submit statements, including vesting schedules: |

| HOMES | | | | | |
|--|---------------|------|---------------|--------------------|----------------------|
| Primary Home | Market Value | Date | Cost Basis | Remaining Mortgage | Mortgage Payoff Date |
| Owner <input type="checkbox"/> C <input type="checkbox"/> J <input type="checkbox"/> S <input type="checkbox"/> CP <input type="checkbox"/> Revocable Trust <input type="checkbox"/> Other Explain _____ _____ | Original Term | Date | Interest Rate | Monthly P&I | Lender |
| | | | | | |
| Secondary or Vacation Home | Market Value | Date | Cost Basis | Remaining Mortgage | Mortgage Payoff Date |
| Owner <input type="checkbox"/> C <input type="checkbox"/> J <input type="checkbox"/> S <input type="checkbox"/> CP <input type="checkbox"/> Revocable Trust <input type="checkbox"/> Other Explain _____ _____ | Original Term | Date | Interest Rate | Monthly P&I | Lender |
| | | | | | |
| Do you plan to buy or sell any home(s) in the next 12 months? <input type="radio"/> Yes <input type="radio"/> No If Yes, please explain | | | | | |

| INVESTMENT REAL ESTATE | | | | | | | | |
|------------------------|--|--------------|--------------------|---------------|------------|---------------------|-----------------|--|
| Description | Owner | Market Value | Remaining Mortgage | Interest Rate | Cost Basis | Gross Annual Income | Annual Expenses | What are your plans for this property? |
| | <input type="checkbox"/> C <input type="checkbox"/> J <input type="checkbox"/> S <input type="checkbox"/> O | | | | | | | |
| | <input type="checkbox"/> C <input type="checkbox"/> J <input type="checkbox"/> S <input type="checkbox"/> O | | | | | | | |
| | <input type="checkbox"/> C <input type="checkbox"/> J <input type="checkbox"/> S <input type="checkbox"/> O | | | | | | | |

| NOTES PAYABLE AND OTHER NON-MORTGAGE DEBT | | | | | |
|---|--|------------|---------------|--------|--|
| Description | Owner | Total Debt | Maturity Date | Lender | Liability Type |
| | <input type="checkbox"/> C <input type="checkbox"/> J <input type="checkbox"/> S <input type="checkbox"/> O | | | | <input type="radio"/> Personal <input type="radio"/> Commercial <input type="radio"/> Commercial/Personally Secured |
| | <input type="checkbox"/> C <input type="checkbox"/> J <input type="checkbox"/> S <input type="checkbox"/> O | | | | <input type="radio"/> Personal <input type="radio"/> Commercial <input type="radio"/> Commercial/Personally Secured |
| | <input type="checkbox"/> C <input type="checkbox"/> J <input type="checkbox"/> S <input type="checkbox"/> O | | | | <input type="radio"/> Personal <input type="radio"/> Commercial <input type="radio"/> Commercial/Personally Secured |

Client: C, Spouse: S, Joint: J, Community Property: CP, Other: O

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Asset Summary (continued)

| RETIREMENT PLAN SAVINGS STRATEGIES | | | | |
|-------------------------------------|---------------------------------------|-------------|------------------------------|------------------------------|
| Plan Type | Plan Description (from Balance Sheet) | Beneficiary | Annual Employer Contribution | Annual Employee Contribution |
| IRA | | | | |
| | | | | |
| Keogh | | | | |
| | | | | |
| Pension | | | | |
| | | | | |
| Profit Sharing | | | | |
| | | | | |
| 401(k) | | | | |
| | | | | |
| Employee Stock Plans | | | | |
| | | | | |
| Tax-Sheltered Annuity 403(b) | | | | |
| | | | | |
| Non-Qualified Deferred Compensation | | | | |
| | | | | |

| LIFE INSURANCE <small>Note: Please provide statements.</small> | | | |
|--|--|--|--|
| Description | | | |
| Owner(s) | | | |
| Insured(s) | | | |
| Beneficiary(ies) | | | |
| Death Benefit | | | |
| Cash Value | | | |
| Annual Premium | | | |
| Type of Insurance | | | |
| Is this Group Insurance? | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| Date Purchased | | | |
| Date of Last Policy Review | | | |
| Issuing Insurance Company | | | |
| Date Policy Transferred to Trust, if applicable | | | |
| Policy Benefit Period | | | |

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Asset Summary (continued)

| DISABILITY INSURANCE Note: Complete the following if Client 1 or Client 2 is insured under a long-term disability policy. Please provide statements. | | |
|---|--|--|
| Description | | |
| Insured | | |
| Type of Disability Insurance (Long-Term, Short-Term, Individual) | | |
| Is this Group Insurance? | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| Monthly Benefit | | |
| Policy Elimination Period | | |
| Cost of Living Adjustment Rider | | |
| Annual Premium | | |
| Who pays the premiums? (You or your company) | | |
| Issuing Insurance Company | | |
| Policy Benefit Period | | |

| LONG-TERM CARE Note: Complete the following if Client 1 or Client 2 is insured under a long-term care insurance policy. Please provide statements. | | |
|---|--|--|
| Description | | |
| Insured | | |
| Name of Policy Owner | | |
| Annual Premium | | |
| Daily Benefit | | |
| Policy Elimination Period | | |
| Policy Benefit Period | | |
| Inflation Adjustment Rider | | |
| Issuing Insurance Company | | |

| OTHER INSURANCE | | |
|---------------------------|--|------------------------|
| Health Coverage | <input type="radio"/> Yes <input type="radio"/> No | If Yes, please explain |
| Property/Casualty | <input type="radio"/> Yes <input type="radio"/> No | If Yes, please explain |
| Personal Excess Liability | <input type="radio"/> Yes <input type="radio"/> No | If Yes, please explain |

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Asset Summary *(continued)*

| CLOSELY-HELD BUSINESS INTEREST OR PROFESSIONAL PRACTICE | | |
|---|---|--|
| Name of Business | | |
| Industry/Profession | Year Established | Structure (C Corp., S Corp., LLC, Partnership) |
| Do you have more than one class of shares or units? <input type="radio"/> Yes <input type="radio"/> No If Yes, please explain | | |
| Length of Ownership | Percentage of Ownership: Client _____% Co-Client _____% | |
| Names and Relationships of Other Owners | | |
| Annual Revenues | Profitability? <input type="radio"/> Yes <input type="radio"/> No | |

| | | |
|--|---|---------------------------------------|
| Number of Employees | Company Debt | Indicate Amount Personally Guaranteed |
| Do you borrow personally to support the business? <input type="radio"/> Yes <input type="radio"/> No | Have you pledged any professional assets to back a business purpose loan? <input type="radio"/> Yes <input type="radio"/> No | |
| Value of Company-Owned Real Estate | Cost Basis of Company-Owned Real Estate | |
| Total Value of Business | Have you had a valuation done? <input type="radio"/> Yes <input type="radio"/> No If Yes, please explain | |
| Do you have a company-sponsored retirement plan? <input type="radio"/> Yes <input type="radio"/> No If Yes, please explain | | |
| Do you have a buy-sell agreement? <input type="radio"/> Yes <input type="radio"/> No | If Yes, is it triggered by: <input type="radio"/> Death <input type="radio"/> Disability <input type="radio"/> Both | |
| Is the Agreement funded? <input type="radio"/> Yes <input type="radio"/> No If Yes, please explain | | |

| IS YOUR SUCCESSION PLAN TO: | |
|---|--|
| Sell business in _____ years? <input type="radio"/> Yes <input type="radio"/> No | Pass to family heirs? <input type="radio"/> Yes <input type="radio"/> No If Yes, please explain |
| Go public? <input type="radio"/> Yes <input type="radio"/> No | Do you wish to treat all family members equally? <input type="radio"/> Yes <input type="radio"/> No If Yes, please explain |
| Leveraged recapitalization? <input type="radio"/> Yes <input type="radio"/> No | Other? <input type="radio"/> Yes <input type="radio"/> No If Yes, please explain |

Please repeat for each business interest. (Attach extra pages if necessary.)

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Cash Flow Information

Please submit most recent tax return.

| Desired Retirement Date (MM/DD/YYYY): | Client 1 | | Client 2 | | |
|---------------------------------------|----------------|----------|----------|---------------|--|
| ANNUAL GROSS INCOME | Pre-Retirement | | | In Retirement | |
| | Client 1 | Client 2 | Client 1 | Client 2 | |
| Salary | | | | | |
| Bonus | | | | | |
| Self-Employment | | | | | |
| Business Income | | | | | |
| Rental Income | | | | | |
| Pension Income | | | | | |
| Social Security Income | | | | | |
| Other Income | | | | | |

| ANNUAL EXPENSES | Pre-Retirement | | | In Retirement | | |
|---------------------------|----------------|----------|-------|---------------|----------|-------|
| | Client 1 | Client 2 | Joint | Client 1 | Client 2 | Joint |
| Mortgage(s) | | | | | | |
| After-Tax Living Expenses | | | | | | |
| Annual Gifting | | | | | | |
| Charitable Gifting | | | | | | |
| Other Expenses | | | | | | |

Note: Will there be any extraordinary expense or income item over coming years (e.g., purchase of a luxury boat, redesign of home)?

Yes No **If Yes, please explain**

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Estate and Charitable Planning Information

Note: Please provide copies of your Estate Planning Documents including Power of Attorneys, Health Care Proxies, Living Wills, LLC Operating Agreements, Partnership Agreements, as well as information about 529s and other custodial accounts.

| WILLS AND TRUSTS | |
|---|--|
| Do you have a will? <input type="radio"/> Yes <input type="radio"/> No | If Yes, when was it last updated? |
| Do you have any trusts? <input type="radio"/> Yes <input type="radio"/> No | If Yes, please explain |
| Does your will provide for the creation of a trust at your death? <input type="radio"/> Yes <input type="radio"/> No | If Yes, please explain |
| If your will includes any specific bequests to an individual or institution other than a co-client, please list the name(s), amount(s) and asset(s). | |

| | | |
|--|-------------------------------|------------------------------|
| Do you have a living trust? <input type="radio"/> Yes <input type="radio"/> No | If Yes, please explain | Successor trustee? |
| If Yes, what kind of trust is it? | | What is market value? |
| Are you the income or principal beneficiary of a trust established by someone else? <input type="radio"/> Yes <input type="radio"/> No | If Yes, please explain | |
| Are you currently gifting annually to children, grandchildren or other individuals? <input type="radio"/> Yes <input type="radio"/> No | If Yes, please explain | |

| ANNUAL GIFTING | | | | |
|----------------|-----------|--------|--------------|----------|
| Donor | Recipient | Amount | Date of Gift | |
| | | | Start Date | End Date |
| | | | Start Date | End Date |
| | | | Start Date | End Date |
| | | | Start Date | End Date |

| | | |
|---|--|-----------------|
| Prior Taxable Gifts | Client 1 | Client 2 |
| Do you currently make contributions to charity? <input type="radio"/> Yes <input type="radio"/> No | If Yes, please explain | |
| Do you have a charitable trust? <input type="radio"/> Yes <input type="radio"/> No | If Yes, please explain | |
| What is the Fair Market Value? | What is the Annuity or Unitrust payout? | |

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