Morgan Stanley

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?	State of Residence
Occupation and Title					
Life Status O Single	O Married	O Divorced	() Widow	ved O	Significant Other
Co-Client Name		Date of Birth (MM/DD/YYYY))	U.S. Citizen?	
Occupation and Title					

Family Information

Names of Children	Date of Birth	Dependent?	State of Residence	Emotional Maturity*	Financial Maturity*
		⊖ Yes ⊖ No			
		◯ Yes ◯ No			
		◯ Yes ◯ No			
		⊖ Yes ⊖ No			
		⊖ Yes ⊖ No			
		⊖ Yes ⊖ No			

Names of Grandchildren	Date of Birth	Dependent?	State of Residence	Emotional Maturity*	Financial Maturity*
		⊖ Yes ⊖ No			
		⊖ Yes ⊖ No			
		⊖ Yes ⊖ No			
		⊖ Yes ⊖ No			
		⊖ Yes ⊖ No			
		⊖ Yes ⊖ No			
		⊖ Yes ⊖ No			
		⊖ Yes ⊖ No			

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

Other Information

Are all family members in good health?	If No, please explain
Does any family member have a special need?	If Yes, please explain
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? Ores ONO	If Yes, please explain
Do you have alimony or child support obligations? O Yes O No	If Yes, please explain
Do you have any special concerns due to current or prior marriage of a family member? O Yes O No	If Yes, please explain
While married, have you ever lived in a community property state?	If Yes, please explain
Do you have a swimming pool at your home (or any of your residences)?	If Yes, please explain
Do you have a home on the ocean (or in a recognized flood plain)? O Yes O No	If Yes, please explain
Do you have an office in your home?	If Yes, please explain
Do you employ domestic workers in any capacity? O Yes O No	If Yes, please explain
Are you on the board of a public company?	If Yes, please explain
Are you on the board of a public charity?	If Yes, please explain
Have you hosted any charitable event in your home, or do you intend to host any such event? Yes No	If Yes, please explain
Do you have a family office?	If Yes, please explain
Do you have an investment partnership, or do you invest directly in your own private equity? O Yes O No	If Yes, please explain

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 u you, with "1" signifying of greatest importance. If several are of equal concern, you may i 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 n	et worth	
Minimizing Income Tax and Capital Gains Taxes	Diversifying large s or other liquid asse	single-stock and stock option positions, ets		
Generating adequate capital to run and grow my own business	y members with specia	l needs are		
Positioning as many of my assets for my family as I can, while minimizing Estate and Gift Tax	Involving my childr philanthropic pursu	en and grandchildren in uits	1	
Supporting my interests in, and commitments to, charitable causes	Beginning or adding other collectibles	g to my art collection o	r dealing with	
Planning for business succession	Creating a legacy th grandchildren prod	nat will help to keep my uctive	y children and	
Protecting my family's assets from creditors and litigation	Protecting the valu	e of my assets using he	dging techniques	

Asset Summary

Please attach a balance sheet or use the space provided below. Please provide the most recent account statements available including any Annuity statements. Morgan Stanley account statements do not need to be provided.

NON-QUALIFIED ASSETS ¹								
Ownership	Description	Туре	Location	Market Value	Cost Basis			
		TOTAL						

QUALIFIED ASSETS								
Ownership	Description	Туре	Location	Market Value	Cost Basis			
		TOTAL	1					

LIFESTYLE ASSETS							
Ownership	Description	Туре	Market Value	Cost Basis			
		TOTAL					

BUSINESS ASSETS								
Ownership	Description	Туре	Market Value	Cost Basis				
		TOTAL						
		TOTAL ASSETS						

LIABILITIES ²				
Ownership	Description	Туре	Interest Rate	Amount Outstanding
¹ Stated at Fair Market Value.		TOTAL LIABILITI	ES	
Liabilities stated at Outstanding Balance.		TOTAL ASSETS A (Net Worth)	ND LIABILITIES	

EQUITY COMPENSATION INFORMATION										
Do you have Stock Options?			Please submit statements, including vesting schedules:							
	Ch 1-2		Diana anti-							
Do you have Restricted S	STOCK		Please subm	it statements,	includ	ing vesting	schedule	25:		
HOMES										
Primary Home		Mar	rket Value	Date		Cost Basis		Remain	ing Mortgage	Mortgage Payoff Date
Owner C J				Date				Kemain		
□ S □ C □ Revocable T		Orig	ginal Term	Date		Interest Rate	e	Monthl	y P&I	Lender
□Other Expl	ain									
Secondary or Vacation H	łome	Mar	rket Value	Date		Cost Basis		Remain	ing Mortgage	Mortgage Payoff Date
Owner C J										
□ S □ C □ Revocable T		Orid	ginal Term	Date		Interest Rate				Lender
🗌 Other Expl	ain			Date				Monthly P&I		Lender
Do you plan to buy or se	ell any home	(s) in the nex	xt 12 months	? () Yes () No	If Yes, plea	se explai	'n		
INVESTMENT REAL E	STATE									
Description	Owner	Market Value	Remainin Mortgage			ost asis	Gross A Income		Annual Expenses	What are your plans for this property?
NOTES PAYABLE AND	O OTHER N	ON-MORTO	GAGE DEBT							
Description Owner Total Debt Maturity Date Lender Liability Type										
							-		Commercial	ed .
							-		Commercial	ed
									Commercial	d

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

Plan Type	Plan Description (f	rom Balance Sheet)	Beneficiary	Annual Contrib	Employer oution	Annual Employee Contribution
IRA						
Keogh						
Pension						
Profit Sharing						
401(k)						
Employee Stock Plans						
Tax-Sheltered Annuity 403(b)						
Non-Qualified Deferred Compensation						
LIFE INSURANCE Note: Please pr	ovide statements.					
Description						
Owner(s)						
Insured(s)						
Beneficiary(ies)						
Death Benefit						
Cash Value						
Annual Premium						
Type of Insurance						
Is this Group Insurance?	⊖ Yes ⊖	No	⊖ Yes ⊖ No		O Yes	⊃No
Date Purchased						
Date of Last Policy Review						
Issuing Insurance Company						
Date Policy Transferred to Trust, if appli	cable					
Policy Benefit Period						

DISABILITY INSURANCE Note: Co	omplete	the following i	f Client 1 or Client 2 is insured under a long-to	erm disability policy. Please provide statements.		
Description						
Insured						
Type of Disability Insurance (Long-Term, Short-Term, Individual)						
Is this Group Insurance?		O Yes C	No	⊖ Yes ⊖ No		
Monthly Benefit						
Policy Elimination Period						
Cost of Living Adjustment Rider						
Annual Premium						
Who pays the premiums? (You or your comp	any)					
Issuing Insurance Company						
Policy Benefit Period						
LONG-TERM CARE Note: Complete	e the fol	lowing if Client	1 or Client 2 is insured under a long-term car	e 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 () Yes	() No	If Yes, please explain			
Property/Casualty () Yes	() No	If Yes, please explain			
Personal Excess Liability () Yes	() No	If Yes, please explain			

CLOSELY-HELD BUSINESS INTEREST OR PROFESSIONAL PRACTICE						
Name of Business						
Industry/Profession	Year Estal	blished		Structure (C Corp., S Corp., LLC, Partnership)		
Do you have more than one class of shares of Yes No If Yes, please explain	r units?					
Length of Ownership				Percentage of Ownership: Client% Co-Client%		
Names and Relationships of Other Owners				·		
Annual Revenues Profitability? O Yes O No				Profitability? O Yes O No		
Number of Employees	Company De	ompany Debt Indicate Amount Personally Guaranteed				
Do you borrow personally to support the business?	Have you pledged any professional assets to back a business purpose loan?			back a business purpose loan?		
Value of Company-Owned Real Estate Cost Basis of Company-Owned			Ownec	l Real Estate		
Total Value of Business	Have you had a valuation done? Yes No If Yes, please explain					
Do you have a company-sponsored retirement plan? O Yes No If Yes, please explain						
Do you have a buy-sell agreement? If Yes, is it triggered by:						
O Yes O No		O Death O Disabil		Both		
Is the Agreement funded?		I				
Yes No If Yes, please explain						
IS YOUR SUCCESSION PLAN TO:						
Sell business inyears?	Pass to family heirs? O Yes O No If Yes, please explain					
Go public? O Yes O No	Do you wish to	o treat all family member No If Yes, please explai		ly?		
everaged recapitalization? Other? Yes No If Yes No If Yes No						

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

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

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? Yes No	If Yes, when was it last updated?				
Do you have any trusts?	If Yes, please explain				
Does your will provide for the creation of a trust at your death? O Yes O 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? Yes 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? O Yes O No	If Yes, please explain	
Are you currently gifting annually to children, grandchildren or other individuals? O Yes O 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? O Yes O No	If Yes, please explain						
Do you have a charitable trust?	If Yes, please explain						
○ Yes ○ No							
What is the Fair Market Value?	What is the Annuity or Unitrust payout	?					

Disclosure Statement

Any information that you provide to us or that we provide to you is for investment education only. The information should not be viewed or relied upon as advice with respect to asset allocation or any particular investments.

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