Morgan Stanley

LifeView Financial Goal Analysis and Financial Plan

Client Profile

Let's Work Together

We are very pleased you have decided to work with us to create a comprehensive financial strategy. Our relationship begins with a thorough understanding of you—your needs, your lifestyle and family, and your goals for the future. Leveraging our vast resources, including intellectual capital, experience and dedicated service, we can work with you to create a personalized wealth strategy. Over time, we will adapt it to changing circumstances, helping you to achieve your goals and protect what is meaningful to you.

This questionnaire will help us create a personalized strategy for you and can enhance our conversation around your long-term goals.

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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. The information is provided to us on the condition that Morgan Stanley is not an adviser or a fiduciary to you as a result of gathering such information. To be used with the LifeView® Goal Analysis and/or LifeView® Advisor Tools.

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Step 1: Getting Started

PERSONAL INFORMATION

Please provide the following information for you and any co-client who will be part of this analysis.

CLIENT 1		CO-CLIENT				
Name		Name Date of Birth (MM/DD/YYYY)				
Date of Birth (M	IM/DD/YYYY)					
Marital Status:	☐ Single ☐ Widow ☐ Married Filing Separately ☐ Domestic Partners ☐ Married Filing Jointly	Marital Status:	☐ Single ☐ Widow ☐ Married Filing Separately ☐ Domestic Partners ☐ Married Filing Jointly			
Employment Status:	☐ Retired ☐ Homemaker ☐ Employed ☐ Not Currently Employed ☐ Business Owner	Employment Status:	☐ Retired ☐ Homemaker ☐ Employed ☐ Not Currently Employed ☐ Business Owner			
Employment Inc	come \$	Employment Inc	come \$			
Other Income		Other Income				
State of Resider	nce	State of Residen	nce			
	children, grandchildren, other relatives or loved on ts or organizations that you fund.	, i				
NAIVIE		RELATIONSHIP DATE OF BIRTH (MM/DD/YYYY)				



Step 2: Defining Goals

RETIREMENT

If you are currently retired, please skip this section and proceed to the "Retirement Living Expenses" section.

		CLIENT	CO-CLIENT	
Target Retireme	ent Age			
What is your estife expectancy		☐ Age ☐ Help me estimate	☐ Age ☐ Help me estimate	
How willing are etire later (if n o attain your g	ecessary)	□ Very willing □ Somewhat willing □ Slightly willing	☐ Very willing ☐ Some ☐ Slightly willing	what willing
Vhat state do y esiding in durir	ou plan on ng retirement?			
ist your antici	mortgage paym	ES ecurring expenses during retirement and ranlent) and some of the nonessentials that fee		
eneral enter o	DESCRIPTIO	ON	ANNUAL AMOUNT	IMPORTANCE HIGH—LOW (10→1)
HIGH 10	Basic Living	Expenses [Sample]	\$55,000	10
9 NEED				
8				
7 WANT				
5				
4				
3 WISH				
2				
1 LOW				
HEALTHCARE				
Please provide	details on hea	lthcare coverage in retirement.		
What is your es	timated annual h	nealthcare cost?	per yea	ır

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☐ Help me estimate

COLLEGE/EDUCATION

STUDENT 1

Complete this goal section if you plan to pay for all or part of a college or other educational program for a child, grandchild or other individual. If applicable, enter multiple education goals (e.g., private school, undergraduate, graduate) as separate goals for each person.

AMOUNT

Name		My Estimated Annual Expense:				
Start Year Number of Years of College		Based on Average Cost Type of college: □ Public □ Private				
		Location: In-state Out-of-S				
Importance: High–Low (10 -> 1)	Based on a Specific College (Na	ame)			
STUDENT 2		AMOUNT				
Name		My Estimated Annual Expense:				
Start Year Number of Years of Coll	ege	Based on Average Cost Type of college: □ Public □ Pri Location: □ In-state □ Out-of-S				
Importance: High–Low (10 -> 1)	Based on a Specific College (Na	ame)			
OTHER FINANCIAL GOA		ealthcare, you may have other goals t	hat you want to capture			
	nese other needs, wants and wishes.	eattireare, you may have outer gould t	ac you mane to captaine.			
Include goals that:Are one-time, extractionReoccur, but not annoted are expenses that we have expenses the expenses that the expense that the expenses that the expenses that the expense that the e		Occur prior to retirement and	the "Retirement Living Expenses" section I are covered by earned income			
DESCRIPTION	TIMING	TARGET AMOUNT	IMPORTANCE HIGH—LOW (10 1)			
Travel [Sample]	Beginning at retirement; every 5 years	\$20,000	→ 7			

Step 3: LifeView® Risk Tolerance Questionnaire

1	Income	Aggressive	e Income		Capital Appreciati	on	Speculation
Ouestions 5 Dies	uestions 5. Please choose the risk tolerance below						
		aggressive	illat best describ	Jes your acci	tude towards iii	vesting.	
		00					
Questions 6. Plea	ase choose the F	Primary Financial Nee	ed for the assets	included in	this analysis.		
☐ Wealth Accumulat	Wealth Accumulation ☐ Retirement		☐ Major Purchase		☐ Education Planning		
☐ Current Income	□ Hea	alth Care/Long Term Care	e □ Estate/Legacy	/ Planning	☐ Charitable		
Questions 7. In ap	pproximately ho	w many years do you	ı expect to begir	n withdrawir	ng funds for you	r Primary Financial	Need?
	Less than 2 Years	□ 2–5 Years	□ 6–10 Years			л More than 20 Years	
□ lasas salistala. □			☐ 6–10 Years	□ 11–2	O Voors DA	More than 20 Years	
Step 4: Identify	ОМЕ	□ 2–5 Years s rces of income you e				MOLE CHAIL ZO TEALS	
Step 4: Identify	ying Resource OME etails on the sou	s				NOTE CHAIL ZO TEALS	
Step 4: Identify RETIREMENT INC Please provide de	ying Resource OME etails on the sou	s rces of income you e			nt.	NOTE CHAIL 20 TEALS	
Step 4: Identify RETIREMENT INC Please provide de Social Security Are you eligible? What is your annua	ying Resource OME etails on the sou Benefits	rces of income you e			nt.	Per Year	
Step 4: Identify RETIREMENT INC Please provide de Social Security	ying Resource OME etails on the sou Benefits al	rces of income you e CLIENT Yes No \$	expect to receive		co-client Yes No	Per Year nate	
Step 4: Identify RETIREMENT INC Please provide de Social Security Are you eligible? What is your annuabenefit amount? If currently employ will benefits begin	ying Resource COME Petails on the source Penalts Benefits al yed, when ?	CLIENT Yes No Help me estimate At retirement At of age	expect to receive		CO-CLIENT Yes No Help me estin At retirement At full eligibili	Per Year nate	
Step 4: Identify RETIREMENT INC Please provide de Social Security Are you eligible? What is your annuabenefit amount? If currently employ will benefits begin	ying Resource COME Petails on the source Penalts Benefits al yed, when ?	rces of income you e CLIENT Yes No \$	expect to receive		CO-CLIENT Yes No Help me estin At retirement At full eligibili	Per Year nate	
Step 4: Identify RETIREMENT INC Please provide de Social Security Are you eligible? What is your annuabenefit amount? If currently employ will benefits begin	ying Resource COME etails on the source Benefits al yed, when ?	rces of income you e CLIENT Yes No \$	expect to receive	e in retiremen	CO-CLIENT Yes No Help me estin At retirement At full eligibili At age SURVIVOR	Per Year nate ty WILL THIS BENEFI	
Step 4: Identify RETIREMENT INC Please provide de Social Security Are you eligible? What is your annuabenefit amount? If currently employ	ying Resource COME etails on the source Benefits al yed, when ?	rces of income you e CLIENT Yes No \$	expect to receive	e in retiremen	CO-CLIENT Yes No Help me estin At retirement At full eligibili At age SURVIVOR	Per Year nate ty WILL THIS BENEFI WITH INFLATION	

Other Income (e.g., trust income, part-time work, rental property income) Do not include interest or dividend income from your future investment.

DESCRIPTION	ANNUAL AMOUNT	YEAR IT BEGINS	YEAR IT ENDS	% SURVIVOR BENEFIT	WILL THIS BENEFIT INCREASE WITH INFLATION?
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
INVESTMENT ASSETS Please list any investment accounts, e SARSEP and/or IRA accounts held aw				h as a 401(k), 4	03(b), profit sharing, 457, SEP,
DESCRIPTION	OWNER	ACCOUNT TYPE	VALUE	ANNUAL SAV	
XYZ Brokerage Account [Sample]	Joint	Taxable	\$564,000	\$10,000	N/A
XYZ Company 401k Plan [Sample]	John	401k	\$775,000	Max	100% of 3%
If your current assets and income sou		f your goals, le			
If your current assets and income sou		f your goals, le		me ways you co] Yes \$] No	
If your current assets and income sour Could you save more to fund your goals? Please rank (1–3) potential ways to general	?	f your goals, le] Yes \$	year onger
If your current assets and income sour Could you save more to fund your goals? Please rank (1–3) potential ways to gene savings with 1 being most likely. Other Assets	erate additional] Yes \$] No Work L Save m	year onger
If your current assets and income sour Could you save more to fund your goals? Please rank (1–3) potential ways to gene savings with 1 being most likely. Other Assets	erate additional] Yes \$] No Work L Save m	year onger
Optional Savings If your current assets and income sour Could you save more to fund your goals? Please rank (1–3) potential ways to genesavings with 1 being most likely. Other Assets Please provide information for other responses to the provide information for other responses.	erate additional		- - -] Yes \$] No Work L Save m	onger nore less

NON-INVESTMENT ASSETS AVAILABLE TO FUND GOALS

For example, do you plan to sell a piece of real estate or any collectibles? Are you expecting to receive an inheritance?

DESCRIPTION		CURREN'	T VALUE	ORIGINAL PURCHAS		LIKELIH	HOOD TO SELL	
						□ Very	☐ Somewhat	□Not
						□ Very	☐ Somewhat	□Not
						□ Very	☐ Somewhat	□Not
NON-INVESTMENT ASSETS NO For example, there may be a factor to keep in the family, no matte	amily home that you		sell, or che	erished jewelr	y or artwork	that you	ı want	
DESCRIPTION						CURRE	NT VALUE	
						\$		
						\$		
						\$		
Liabilities Please list any outstanding lial student loans, personal loans,		(e.g., home m	ortgages,	credit card de	ebt, car loans	,		
LOAN TYPE/DESCRIPTION	INSTITUTION HELD	INITIAL AMOUNT	START DATE	BALANCE	INTEREST RATE %	TERM	MON' PAYN	
Mortgage [Sample]	ABC Bank	\$2M	2005	750k	3%	30 Yea	r \$4,750)

Other Considerations

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

EQUITY COMPENSATION	INSURANCE ANALYSIS	ESTATE PLANNING	
□ Stock Options	☐ Life Insurance Needs	☐ Estate Documents	
☐ Restricted Stock	☐ Disability Needs	☐ General Concerns	
☐ Deferred Compensation	☐ Long Term Care Analysis		

Disclosure Statement

A LifeView Goal Analysis or LifeView Financial Plan ("Financial Plan") is based on the methodology, estimates, and assumptions, as described in your report, as well as personal data provided by you in this material. The report should be considered a working document that can assist you with your objectives. Morgan Stanley Smith Barney LLC ("Morgan Stanley") makes no guarantees as to future results or that an individual's investment objectives will be achieved. The responsibility for implementing, monitoring and adjusting your financial goal analysis or financial plan rests with you. After your Financial Advisor delivers your report to you, if you so desire, your Financial Advisor can help you implement any part that you choose; however, you are not obligated to work with your Financial Advisor or Morgan Stanley.

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If you have any questions regarding this Risk Tolerance Questionnaire or the terms of this Disclosure Statement, please do not hesitate to ask your Financial Advisor or Private Wealth Advisor.

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