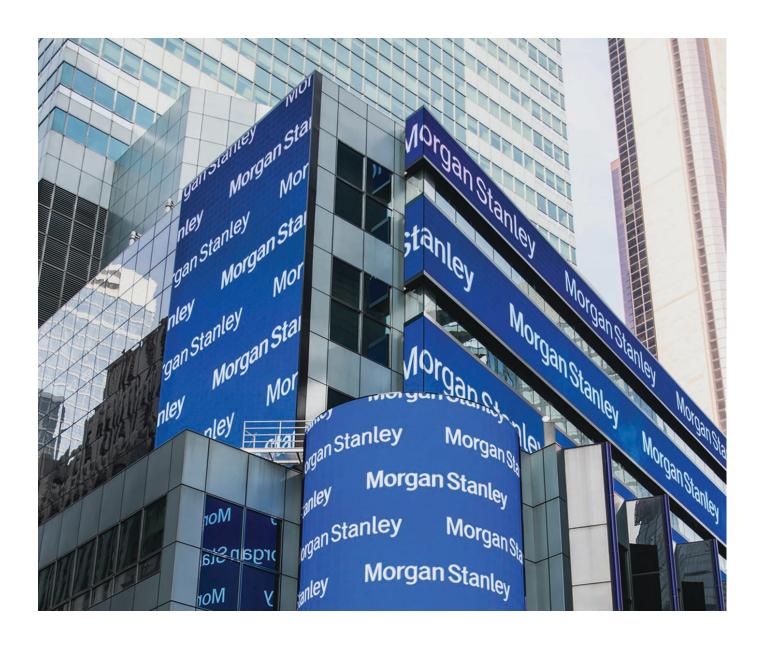
Morgan Stanley



Client Questionnaire

The Hamilton Retirement Planning Group at Morgan Stanley

Kansas City Metro 4520 Main St, 8th Floor Kansas City, MO 64111 816-932-7856 St. Louis Metro 7733 Forsyth Blvd, 20th Floor Clayton, MO 63105 314-889-8148 Dallas Fort Worth Metro 5001 Spring Valley Road Suite 900W Dallas, TX 75244

WHILE YOU'RE FOCUSING ON ENJOYING YOUR LIFE, WE'RE FOCUSING ON YOUR FINANCIAL FUTURE.

Working with The Hamilton Retirement Planning Group

The Hamilton Retirement Planning Group is focused exclusively on retirement and financial planning for clients of all backgrounds, professions, and income level. Most of our clients come to us about 10 years before retirement with busy lives; we help them plan for their future so they can enjoy their present. We do this by:

- Creating and maintaining a financial plan based on current and future spending needs and the savings that are needed to support that spending
- Creating an investment strategy based on the financial plan that aligns with the client's risk tolerance and, if desired, values via our Investing with Impact platform.
- Delivering a time-efficient process to monitor and review your wealth planning goals

Our Experience

Founded in 1988, the Hamilton Retirement Planning Group is able to work with clients with any level of financial planning, investment, insurance, risk management, and cash management need.

Our advisor's experience—combined with the resources of Morgan Stanley—allow us to be our client's main contact with any situation that arise within their financial lives.

About The Hamilton Retirement Planning Group

Our team has been dedicated to the unique and complex issues associated with retirement, having helped hundreds of clients navigate this process seamlessly and effectively. Most of our clients come to us about 10 years before retirement while still enjoying successful careers and steadily saving and investing for the future. These are the clients we focus on serving.

As long-term retirement professionals, we've encountered nearly every possible scenario among our clients, including a wide range of financial knowledge, income levels, career paths, and backgrounds. We apply this extensive experience to your particular needs and objectives, resulting in an appropriate strategy customized just for you.

Personal Information

| Personal In | formation | | | | | | | | | | | |
|----------------------------|-------------------|--------------|--------------------------------------|-------------------|--------------|--|--------------|--|--------------|------------|-------|--------------|
| Client Name Date of Birth | | | CLIENT 2 Spouse Name Date of Birth | | | | | | | | | |
| | | | | | | | Home Address | | | City | State | Zip |
| | | | | | | | Home Phone | | Mobile Phone | Home Phone | | Mobile Phone |
| Email Address | | | Email Address | | | | | | | | | |
| Employmer | nt Data | | | | | | | | | | | |
| CLIENT 1 | | | CLIENT 2 | | | | | | | | | |
| Employer . | | | Employer | | | | | | | | | |
| \$ Annual Income | <u> </u> | | \$ Annual Income | <u> </u> | | | | | | | | |
| | : | | | = | | | | | | | | |
| \$ Additional Inco | ome Fro | om | \$ Additional Inco | ome From | 1 | | | | | | | |
| Estimated Reti | rement Date Ag | e | Estimated Reti | irement Date Age | | | | | | | | |
| Social Security | Income (Self) | At Age | Social Security | / Income (Spouse) | At Age | | | | | | | |
| \$ | | | ☐ before or | ☐ after tax | | | | | | | | |
| Retirement Inc | ome needed | | _ | | | | | | | | | |
| CHILDREN, G | RANDCHILDREN, AND | DEPENDENTS | | | | | | | | | | |
| Name | DOB | Relationship | Name | DOB | Relationship | | | | | | | |
| Name | DOB | Relationship | Name | DOB | Relationship | | | | | | | |

Assets

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.

| Retirement Plans | |
|---|---|
| EMPLOYER SPONSORED RETIREMENT PLAN(S) | |
| \$ | \$ |
| Value of 401(k), 403(b), Profit Sharing Plan (Self) | (Spouse) |
| \$ % | \$ |
| Projected Annual Contribution (Self) | (Spouse) |
| \$ | \$ |
| Company Match (Self) | (Spouse) |
| \$ | \$ |
| Value of Deferred Compensation (Self) | Value of Deferred Compensation (Spouse) |
| \$ | \$ |
| Contribution | Contribution Match |
| \$ Total Value of Existing Traditional IRAs (Self) | \$ (Spouse) |
| \$ | \$ |
| Total Value of Roth IRAs (Self) | (Spouse) |
| \$ □ Roth □ Traditional | \$ Roth Traditional |
| Annual IRA Contribution (Self) | (Spouse) |
| \$ | \$ |
| Total Annuity Balance (Self) | (Spouse) |
| \$ | \$ |
| Pension Lump Sum Amount (Self) At Age | (Spouse) At Age |
| \$ | \$ |
| Pension Monthly Payment Amount (Self) At Age | (Spouse) At Age |
| \$ Single Certain Period Joint | \$ Single Certain Period Joint |
| Pension Payment Ontions | Pension Payment Ontions |

Assets (continued)

| Non-Retirem | ent Assets | | | | |
|--|------------------------------------|---|--------------|---|--------------------------|
| ACCOUNT (E.G. | ., "STOCK ACCOUNT AT PMC") | | | | |
| Account Name | | Account Type (Single, Joint, Trust, etc.) | | Value (\$) | Annual Contribution (\$) |
| | | | | | |
| | | | | | |
| Life Insuranc | e | | | | |
| Do you have insurance through your employer? ☐ Yes ☐ No | | | her e | Does your spouse have insurance through his/ her employer? ☐ Yes ☐ No | |
| Amount as a mu | ltiple of salary: | | Amo | unt as a multiple of | salary: |
| ☐ 1x ☐ 2x ☐ 3x | ☐ 4x ☐ 5x ☐ 6x | | □1x | □ 2x □ 3x □ 4x □ 5 | x □ 6x |
| Do you currently | / have life insurance outside your | employer? If so, indicate below | v: | | |
| 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 Um | brella Liability Insurance? | Do | you have Lo | ng Term Care Insura | ance? |
| ☐ Yes ☐ No | | | Yes No | | |
| If yes, amount: 9 | \$ | If | es, premium: | : \$ | |

Assets (continued)

Equity Compensation

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

Personal Real Estate Assets

| PRIMARY RESIDENCE Residence Name | | | Residence Name | | |
|---|------------------|-----------------------|---|----------------------|--|
| | | | | | |
| \$ | \$ | | \$ | \$ | |
| Purchase Amount | Current Marke | et Value | Purchase Amount | Current Market Value | |
| PRIMARY RESIDENCE MOR | TGAGE | | SECONDARY RES | IDENCE MORTGAGE | |
| Product Type (check one): | | | Product Type (che | ck one): | |
| • Adjustable: ☐ 1yr ☐ 2yr • Fixed: ☐ 10yr ☐ 15yr | | | Adjustable: 19Fixed: 10 | | |
| \$ | \$ | | \$ | \$ | |
| Annual Interest Rate | Remaining Ba | lance | Annual Interest Ra | te Remaining Balance | |
| | \$ | | | \$ | |
| Purchase Date (mm/yy) | | tgage Payment | Purchase Date (mr | · | |
| HOME EQUITY CREDIT | | | | | |
| Do you have a line of credit or | n vour property? | Yes No | | | |
| , | / | \$ | | \$ | |
| If yes, which property? | | Balance | | Annual Interest Rate | |
| Monthly Payment | | Available credit li | ne? | | |
| \$ | | | | | |
| Do you plan to buy a vacation | | roperty in the future | ? Yes No | | |
| | | | | \$ | |
| When? | | Where? | | Estimated Cost | |

Assets (continued)

| Address | Purchase Price | Rental Income | Mortgage Balance | Mortgage Payment | Do you plan to sell this asset? (Yes/No) Yes No |
|----------------|---------------------|---------------|------------------|------------------|--|
| | | | | | ☐ Yes ☐ No |
| | | | | | ☐ Yes ☐ No |
| | | | | | ☐ Yes ☐ No |
| Other | Liabiliti | es | | | |
| | Liabilitie | | | | |
| OANS, CREDIT C | CARDS, & OTHER LIAI | | APR (%) | Min Payment (\$) | Current Payment (\$) |
| OANS, CREDIT C | CARDS, & OTHER LIAI | BILITIES | APR (%) | Min Payment (\$) | Current Payment (\$) |
| OANS, CREDIT C | CARDS, & OTHER LIAI | BILITIES | APR (%) | Min Payment (\$) | Current Payment (\$) |
| | CARDS, & OTHER LIAI | BILITIES | APR (%) | Min Payment (\$) | Current Payment (\$) |

Objectives

| Investment Objectives | |
|---|---|
| WHAT IS YOUR TIMELINE TO ACCOMPLISH YOUR INVEST | TMENT 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 (O to 25% in stocks)□ Conservative□ Moderate/Aggressive (55 to 65% in stocks)□ Aggressive | ve/Moderate (25 to 40% in stocks) Moderate (40 to 55% in stocks) (over 65% in stocks) |
| ADVISOR INFORMATION | |
| Accountant | Insurance Agent |
| Attorney | Other Financial Advisor |
| Do you have a current will? | Do you have a current Trust? |
| Do you have a durable power of attorney? $\ \square$ Yes $\ \square$ No | |
| TELL US ABOUT YOURSELF. | |
| What are your financial goals or concerns? What are your expe | ectations of your financial advisor? |
| | |
| | |
| | |
| | |
| | |

Morgan Stanley

Please complete and return to:

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HamiltonGroup@MorganStanley.com https://advisor.morganstanley.com/the-hamilton-retirement-planning-group

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