

LifeView[®] Financial Plan

The first step in creating a personalized financial plan is to develop a thorough understanding of all your important financial goals, and the resources available to meet those goals.

This questionnaire covers many different areas and is designed to provide your Financial Advisor or Private Wealth Advisor with the information needed to help define and prioritize those financial goals.

If you prefer, you can provide your Financial Advisor or Private Wealth Advisor with copies of pertinent financial information — including statements, business valuations, home appraisals, etc. — and he or she can complete the questionnaire for your review.

Please contact your Financial Advisor or Private Wealth Advisor with any questions.

This questionnaire is formatted as follows:

- 1 Personal Information
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In addition to completing this profile, it may be helpful to gather and include the following documents:

- External Account Statements (Annuities and Liabilities)
 - Insurance Policy Information
 - Equity Compensation (Stock Option and Restricted Stock Grant Details)
-

Financial Advisor or Private Wealth Advisor: _____ Date: _____

Personal Information

CLIENT INFORMATION

1. Client

Title: _____ First Name: _____ Last Name: _____
Date of Birth: _____ Gender: Male Female Tax Filing Status: _____
Address: _____ City: _____ State: _____ Country: _____
Phone: _____ Email: _____

2. Co-Client

Title: _____ First Name: _____ Last Name: _____
Date of Birth: _____ Gender: Male Female Tax Filing Status: _____
Address: _____ City: _____ State: _____ Country: _____
Phone: _____ Email: _____

FAMILY MEMBERS/DEPENDENTS

1. Family Members/Dependents

Title: _____ First Name: _____ Last Name: _____
Date of Birth: _____ Gender: Male Female Tax Filing Status: _____
Dependent of: _____
Address: _____ City: _____ State: _____ Country: _____
Phone: _____ Email: _____

2. Family Members/Dependents

Title: _____ First Name: _____ Last Name: _____
Date of Birth: _____ Gender: Male Female Tax Filing Status: _____
Dependent of: _____
Address: _____ City: _____ State: _____ Country: _____
Phone: _____ Email: _____

3. Family Members/Dependents

Title: _____ First Name: _____ Last Name: _____
Date of Birth: _____ Gender: Male Female Tax Filing Status: _____
Dependent of: _____
Address: _____ City: _____ State: _____ Country: _____
Phone: _____ Email: _____

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4. Family Members/Dependents

Title: _____ First Name: _____ Last Name: _____
Date of Birth: _____ Gender: Male Female Tax Filing Status: _____
Dependent of: _____
Address: _____ City: _____ State: _____ Country: _____
Phone: _____ Email: _____

ESTATE BENEFICIARIES

1. Non-family Estate Beneficiaries

Title: _____ First Name: _____ Last Name: _____
Beneficiary Type (Heir, 50% Charity, Non 50% Charity, Other): _____
GSTT Applicable for Client's Gifts: _____ GSTT Applicable for Co-Client's Gifts: _____

2. Non-family Estate Beneficiaries

Title: _____ First Name: _____ Last Name: _____
Beneficiary Type (Heir, 50% Charity, Non 50% Charity, Other): _____
GSTT Applicable for Client's Gifts: _____ GSTT Applicable for Co-Client's Gifts: _____

3. Non-family Estate Beneficiaries

Title: _____ First Name: _____ Last Name: _____
Beneficiary Type (Heir, 50% Charity, Non 50% Charity, Other): _____
GSTT Applicable for Client's Gifts: _____ GSTT Applicable for Co-Client's Gifts: _____

4. Non-family Estate Beneficiaries

Title: _____ First Name: _____ Last Name: _____
Beneficiary Type (Heir, 50% Charity, Non 50% Charity, Other): _____
GSTT Applicable for Client's Gifts: _____ GSTT Applicable for Co-Client's Gifts: _____

Risk Tolerance Questionnaire

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

Questions 1–4. Please rank the following Investment Objectives from Most Important (1) to Least Important (4).

_____ Income

_____ Aggressive Income

_____ Capital Appreciation

_____ Speculation

Question 5. Please choose the risk tolerance below that best describes your attitude towards investing.

- Conservative
- Moderate
- Aggressive

Question 6. 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

Question 7. 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

Question 8. Once you begin to withdraw funds for your Primary Financial Need, over 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

Assets and Liabilities

LIFESTYLE ASSETS

If you have appraisals for any of your lifestyle assets, you can provide those instead of copying the information into this form.

1. Lifestyle Asset

Description: _____
Type (e.g., Residence): _____ Owner: _____
Purchase Date: _____ Community Property: Yes No
Purchase Amount: _____ Current Market Value: _____
Current Market Value as of: _____ Property Tax Amount/Frequency: _____
Property Tax is Tax Deductible: Yes No Do you anticipate selling this asset? Yes No
Anticipated Date of Sale: _____ Capital Gains Exclusion Amount: _____

2. Lifestyle Asset

Description: _____
Type (e.g., Residence): _____ Owner: _____
Purchase Date: _____ Community Property: Yes No
Purchase Amount: _____ Current Market Value: _____
Current Market Value as of: _____ Property Tax Amount/Frequency: _____
Property Tax is Tax Deductible: Yes No Do you anticipate selling this asset? Yes No
Anticipated Date of Sale: _____ Capital Gains Exclusion Amount: _____

3. Lifestyle Asset

Description: _____
Type (e.g., Residence): _____ Owner: _____
Purchase Date: _____ Community Property: Yes No
Purchase Amount: _____ Current Market Value: _____
Current Market Value as of: _____ Property Tax Amount/Frequency: _____
Property Tax is Tax Deductible: Yes No Do you anticipate selling this asset? Yes No
Anticipated Date of Sale: _____ Capital Gains Exclusion Amount: _____

4. Lifestyle Asset

Description: _____
Type (e.g., Residence): _____ Owner: _____
Purchase Date: _____ Community Property: Yes No
Purchase Amount: _____ Current Market Value: _____
Current Market Value as of: _____ Property Tax Amount/Frequency: _____
Property Tax is Tax Deductible: Yes No Do you anticipate selling this asset? Yes No
Anticipated Date of Sale: _____ Capital Gains Exclusion Amount: _____

INVESTMENT REAL ESTATE ASSETS (NOT PRIMARY OR SECONDARY RESIDENCE)

1. Real Estate Asset

Name: _____ Owner: _____
Purchase Date: _____ Purchase Amount: _____
Community Property: Yes No Valuation Date: _____
Market Value: _____ Income Frequency: _____
Net Rental Income: _____ Depreciation to Date (%): _____
Cost of Additions to Date: _____
Do you anticipate selling this asset? _____ Type of Sale (Entirety/Installment): _____
Anticipated Date of Sale: _____ Selling Costs (%): _____

2. Real Estate Asset

Name: _____ Owner: _____
Purchase Date: _____ Purchase Amount: _____
Community Property: Yes No Valuation Date: _____
Market Value: _____ Income Frequency: _____
Net Rental Income: _____ Depreciation to Date (%): _____
Cost of Additions to Date: _____
Do you anticipate selling this asset? _____ Type of Sale (Entirety/Installment): _____
Anticipated Date of Sale: _____ Selling Costs (%): _____

BUSINESS ENTITIES ASSETS

1. Business Entity Asset

Name: _____ Type (e.g., LLC, S Corp): _____
Owner: _____ Purchase Date: _____
Purchase Amount: _____ Number of Units at Purchase: _____
Market Value: _____ Start of Year Cost Basis: _____
Number of Units at Start of Year: _____ AMT Basis: _____
Income: _____ Expenses: _____
Distributions: _____ AMT Adjustments: _____
Do you anticipate selling this asset? _____ Type of Sale (Entirety/Installment): _____
Anticipated Date of Sale: _____ Selling Costs (%): _____

2. Business Entity Asset

Name: _____ Type (e.g., LLC, S Corp): _____
Owner: _____ Purchase Date: _____
Purchase Amount: _____ Number of Units at Purchase: _____
Market Value: _____ Start of Year Cost Basis: _____
Number of Units at Start of Year: _____ AMT Basis: _____
Income: _____ Expenses: _____
Distributions: _____ AMT Adjustments: _____
Do you anticipate selling this asset? _____ Type of Sale (Entirety/Installment): _____
Anticipated Date of Sale: _____ Selling Costs (%): _____

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LIABILITIES

Much of this information can be found on your liability account statements; you may prefer to provide copies of these statements to your Financial Advisor or Private Wealth Advisor instead of copying the values into this form.

1. Liability

Liability Name: _____ Liability Type (e.g., Mortgage, Vehicle): _____
Linked to Asset: _____ Owner: _____
Balance: _____ Balance as of: _____
Current Payment: _____ Payment Frequency: _____
Payment Type (e.g., Interest Only, Principal and Interest): _____
Interest Rate: _____ Compound Frequency: _____
Remaining Amortization: _____ Loan Start Date: _____ Loan End Date: _____
Insured for Disability: Yes No Loan Interest is Tax Deductible: Yes No

2. Liability

Liability Name: _____ Liability Type (e.g., Mortgage, Vehicle): _____
Linked to Asset: _____ Owner: _____
Balance: _____ Balance as of: _____
Current Payment: _____ Payment Frequency: _____
Payment Type (e.g., Interest Only, Principal and Interest): _____
Interest Rate: _____ Compound Frequency: _____
Remaining Amortization: _____ Loan Start Date: _____ Loan End Date: _____
Insured for Disability: Yes No Loan Interest is Tax Deductible: Yes No

3. Liability

Liability Name: _____ Liability Type (e.g., Mortgage, Vehicle): _____
Linked to Asset: _____ Owner: _____
Balance: _____ Balance as of: _____
Current Payment: _____ Payment Frequency: _____
Payment Type (e.g., Interest Only, Principal and Interest): _____
Interest Rate: _____ Compound Frequency: _____
Remaining Amortization: _____ Loan Start Date: _____ Loan End Date: _____
Insured for Disability: Yes No Loan Interest is Tax Deductible: Yes No

4. Liability

Liability Name: _____ Liability Type (e.g., Mortgage, Vehicle): _____
Linked to Asset: _____ Owner: _____
Balance: _____ Balance as of: _____
Current Payment: _____ Payment Frequency: _____
Payment Type (e.g., Interest Only, Principal and Interest): _____
Interest Rate: _____ Compound Frequency: _____
Remaining Amortization: _____ Loan Start Date: _____ Loan End Date: _____
Insured for Disability: Yes No Loan Interest is Tax Deductible: Yes No

Investment Accounts and Holdings

This information can be found in your investment account statements. Instead of copying that information into this form, you can simply provide copies of statements to your Financial Advisor or Private Wealth Advisor.

1. Investment Account

Description: _____ Valuation Date: _____
Account Type (e.g., Non-Qualified, IRA, 401k): _____ Owner: _____
Location: _____ Market Value: _____ Basis: _____
Community Property: Yes No
If an IRA–Inherited? Yes No
If Yes, please complete the following:
Decedent's Date of Death: _____ Payment Type: _____
Unused IRD (Income in Respect of Decedent) Deduction: _____

Holdings

Description: _____ Symbol: _____
Market Value: _____ Basis: _____
Description: _____ Symbol: _____
Market Value: _____ Basis: _____
Description: _____ Symbol: _____
Market Value: _____ Basis: _____
Description: _____ Symbol: _____
Market Value: _____ Basis: _____

2. Investment Account

Description: _____ Valuation Date: _____
Account Type (e.g., Non-Qualified, IRA, 401k): _____ Owner: _____
Location: _____ Market Value: _____ Basis: _____
Community Property: Yes No
If an IRA–Inherited? Yes No
If Yes, please complete the following:
Decedent's Date of Death: _____ Payment Type: _____
Unused IRD (Income in Respect of Decedent) Deduction: _____

Holdings

Description: _____ Symbol: _____
Market Value: _____ Basis: _____
Description: _____ Symbol: _____
Market Value: _____ Basis: _____
Description: _____ Symbol: _____
Market Value: _____ Basis: _____
Description: _____ Symbol: _____
Market Value: _____ Basis: _____

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3. Investment Account

Description: _____ Valuation Date: _____

Account Type (e.g., Non-Qualified, IRA, 401k): _____ Owner: _____

Location: _____ Market Value: _____ Basis: _____

Community Property: Yes No

If an IRA – Inherited? Yes No

If Yes, please complete the following:

Decedent's Date of Death: _____ Payment Type: _____

Unused IRD (Income in Respect of Decedent) Deduction: _____

Holdings

Description: _____ Symbol: _____

Market Value: _____ Basis: _____

Description: _____ Symbol: _____

Market Value: _____ Basis: _____

Description: _____ Symbol: _____

Market Value: _____ Basis: _____

Description: _____ Symbol: _____

Market Value: _____ Basis: _____

4. Investment Account

Description: _____ Valuation Date: _____

Account Type (e.g., Non-Qualified, IRA, 401k): _____ Owner: _____

Location: _____ Market Value: _____ Basis: _____

Community Property: Yes No

If an IRA – Inherited? Yes No

If Yes, please complete the following:

Decedent's Date of Death: _____ Payment Type: _____

Unused IRD (Income in Respect of Decedent) Deduction: _____

Holdings

Description: _____ Symbol: _____

Market Value: _____ Basis: _____

Description: _____ Symbol: _____

Market Value: _____ Basis: _____

Description: _____ Symbol: _____

Market Value: _____ Basis: _____

Description: _____ Symbol: _____

Market Value: _____ Basis: _____

Saving Strategies

QUALIFIED ACCOUNTS

Please enter any information about any current contributions made to your 401(k), 403(b), IRA or other qualified accounts.

Account Name: _____	Owner Pre-tax Contribution: _____
Owner Post-tax Contribution: _____	Employer Contribution: _____
Contribution Frequency: _____	
Account Name: _____	Owner Pre-tax Contribution: _____
Owner Post-tax Contribution: _____	Employer Contribution: _____
Contribution Frequency: _____	
Account Name: _____	Owner Pre-tax Contribution: _____
Owner Post-tax Contribution: _____	Employer Contribution: _____
Contribution Frequency: _____	
Account Name: _____	Owner Pre-tax Contribution: _____
Owner Post-tax Contribution: _____	Employer Contribution: _____
Contribution Frequency: _____	
Account Name: _____	Owner Pre-tax Contribution: _____
Owner Post-tax Contribution: _____	Employer Contribution: _____
Contribution Frequency: _____	
Account Name: _____	Owner Pre-tax Contribution: _____
Owner Post-tax Contribution: _____	Employer Contribution: _____
Contribution Frequency: _____	

NON-QUALIFIED ACCOUNTS

Please enter any information about any current contributions made to your non-qualified investment accounts.

Account Name: _____	Contribution: _____
Contribution Frequency: _____	Duration: _____
Account Name: _____	Contribution: _____
Contribution Frequency: _____	Duration: _____
Account Name: _____	Contribution: _____
Contribution Frequency: _____	Duration: _____
Account Name: _____	Contribution: _____
Contribution Frequency: _____	Duration: _____
Account Name: _____	Contribution: _____
Contribution Frequency: _____	Duration: _____
Account Name: _____	Contribution: _____
Contribution Frequency: _____	Duration: _____

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Annuity Accounts and Subaccounts

This information can be found in your annuity account statements. Instead of copying that information into this form, you can simply provide copies of statements to your Financial Advisor or Private Wealth Advisor.

1. Annuity Account

Description: _____ Fixed/Variable: _____

Account Type (e.g., IRA, Non-Qualified): _____ Owner: _____

Annuitant: _____

Beneficiary: _____ Issue Date: _____ Market Value: _____

Purchase Amount: _____ Basis: _____ Return Rate: _____

Income Option (e.g., Amount, Term Certain): _____

Pre-Annuitization Annual M&E (Mortality and Expense) Fee: _____

Post Annuitization Annual M&E (Mortality and Expense) Fee: _____

Annuitization

Start Annuitization: _____ Payment Frequency: _____ Number of Years: _____

General Acct AIR (Assumed Interest Rate): _____ General Acct Payment per \$1,000: _____

Variable AIR (Assumed Interest Rate): _____

Variable Payment per \$1,000: _____

Guaranteed Withdrawal Benefit

Guaranteed Withdrawals Have Already Started: Yes No

Contract Information

Contract Date: _____ Max. Lifetime Withdrawal (%): _____

Min. Age for Guarantee (if not already started): _____ Step-up Feature: _____

Step-up Eligibility Year: _____ Step-up Frequency (in years): _____

Withdrawal Information

Withdrawal Start Date: _____ Amount (% of maximum): _____

Current Benefit Base: _____ Benefit Base Growth Rate: _____

Maximum Guaranteed Withdrawal Amount: _____ Current Withdrawal Amount: _____

1. Subaccount

Description: _____ Symbol: _____

Market Value: _____ Basis: _____ Valuation Date: _____

2. Subaccount

Description: _____ Symbol: _____

Market Value: _____ Basis: _____ Valuation Date: _____

2. Annuity Account

Description: _____ Fixed/Variable: _____
Account Type (e.g., IRA, Non-Qualified): _____ Owner: _____
Annuitant: _____
Beneficiary: _____ Issue Date: _____ Market Value: _____
Purchase Amount: _____ Basis: _____ Return Rate: _____
Income Option (e.g., Amount, Term Certain): _____
Pre Annuitization Annual M&E (Mortality and Expense) Fee: _____
Post Annuitization Annual M&E (Mortality and Expense) Fee: _____

Annuitization

Start Annuitization: _____ Payment Frequency: _____ Number of Years: _____
General Acct AIR (Assumed Interest Rate): _____ General Acct Payment per \$1,000: _____
Variable AIR (Assumed Interest Rate): _____
Variable Payment per \$1,000: _____

Guaranteed Withdrawal Benefit

Guaranteed Withdrawals Have Already Started: Yes No

Contract Information

Contract Date: _____ Max. Lifetime Withdrawal (%): _____
Min. Age for Guarantee (if not already started): _____ Step-up Feature: _____
Step-up Eligibility Year: _____ Step-up Frequency (in years): _____

Withdrawal Information

Withdrawal Start Date: _____ Amount (% of maximum): _____
Current Benefit Base: _____ Benefit Base Growth Rate: _____
Maximum Guaranteed Withdrawal Amount: _____ Current Withdrawal Amount: _____

1. Subaccount

Description: _____ Symbol: _____
Market Value: _____ Basis: _____ Valuation Date: _____

2. Subaccount

Description: _____ Symbol: _____
Market Value: _____ Basis: _____ Valuation Date: _____

Equity Compensation Statement

If you have benefit statements detailing your equity compensation awards, you can provide those to your Financial Advisor or Private Wealth Advisor instead of copying the information into this form.

STOCK OPTIONS AWARDS

1. Stock Option Asset

Company: _____ Description: _____
Owner: _____ Type (ISO/NQ): _____ Grant Date: _____
Expiration Date: _____ Granted Options: _____
Strike Price: _____ Options Outstanding: _____
Community Property: Yes No Vesting Schedule: _____
Vesting Plan Rules (e.g., Options Vest at Retirement, Death): _____

2. Stock Option Asset

Company: _____ Description: _____
Owner: _____ Type (ISO/NQ): _____ Grant Date: _____
Expiration Date: _____ Granted Options: _____
Strike Price: _____ Options Outstanding: _____
Community Property: Yes No Vesting Schedule: _____
Vesting Plan Rules (e.g., Options Vest at Retirement, Death): _____

3. Stock Option Asset

Company: _____ Description: _____
Owner: _____ Type (ISO/NQ): _____ Grant Date: _____
Expiration Date: _____ Granted Options: _____
Strike Price: _____ Options Outstanding: _____
Community Property: Yes No Vesting Schedule: _____
Vesting Plan Rules (e.g., Options Vest at Retirement, Death): _____

4. Stock Option Asset

Company: _____ Description: _____
Owner: _____ Type (ISO/NQ): _____ Grant Date: _____
Expiration Date: _____ Granted Options: _____
Strike Price: _____ Options Outstanding: _____
Community Property: Yes No Vesting Schedule: _____
Vesting Plan Rules (e.g., Options Vest at Retirement, Death): _____

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RESTRICTED STOCK AWARDS

1. Restricted Stock Award

Company: _____ Description: _____
Owner: _____ Type (Shares/Units): _____
Award Date: _____ Quantity Awarded: _____
Awarded at Price of: _____ Community Property: Yes No 83(B) Election: Yes No
Retirement Eligibility Date: _____ Pre-Release Dividend Type (Cash, Stock, No Dividend): _____
Release Schedule: _____ Release Rules (e.g., Options Vest at Retirement, Death): _____

2. Restricted Stock Award

Company: _____ Description: _____
Owner: _____ Type (Shares/Units): _____
Award Date: _____ Quantity Awarded: _____
Awarded at Price of: _____ Community Property: Yes No 83(B) Election: Yes No
Retirement Eligibility Date: _____ Pre-Release Dividend Type (Cash, Stock, No Dividend): _____
Release Schedule: _____ Release Rules (e.g., Options Vest at Retirement, Death): _____

3. Restricted Stock Award

Company: _____ Description: _____
Owner: _____ Type (Shares/Units): _____
Award Date: _____ Quantity Awarded: _____
Awarded at Price of: _____ Community Property: Yes No 83(B) Election: Yes No
Retirement Eligibility Date: _____ Pre-Release Dividend Type (Cash, Stock, No Dividend): _____
Release Schedule: _____ Release Rules (e.g., Options Vest at Retirement, Death): _____

4. Restricted Stock Award

Company: _____ Description: _____
Owner: _____ Type (Shares/Units): _____
Award Date: _____ Quantity Awarded: _____
Awarded at Price of: _____ Community Property: Yes No 83(B) Election: Yes No
Retirement Eligibility Date: _____ Pre-Release Dividend Type (Cash, Stock, No Dividend): _____
Release Schedule: _____ Release Rules (e.g., Options Vest at Retirement, Death): _____

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Cash Flow

INCOMES

1. Income

Description: _____ Owner: _____
Income Type (e.g., Salary, Bonus): _____ Amount: _____
Frequency (e.g., Monthly, Quarterly, Annually): _____
Start Date: _____ End Date: _____

2. Income

Description: _____ Owner: _____
Income Type (e.g., Salary, Bonus): _____ Amount: _____
Frequency (e.g., Monthly, Quarterly, Annually): _____
Start Date: _____ End Date: _____

3. Income

Description: _____ Owner: _____
Income Type (e.g., Salary, Bonus): _____ Amount: _____
Frequency (e.g., Monthly, Quarterly, Annually): _____
Start Date: _____ End Date: _____

4. Income

Description: _____ Owner: _____
Income Type (e.g., Salary, Bonus): _____ Amount: _____
Frequency (e.g., Monthly, Quarterly, Annually): _____
Start Date: _____ End Date: _____

PENSION OPTIONS

Client:

How would you would like us to model your pension benefits?

Directly from Benefit Statements Estimate based on salary and other factors

Pension Information From Benefit Statements

Please provide a copy of your most recent pension statement or provide as much of the following information as possible.

Description: _____ Number of Years for Average Salary: _____
Owner: _____ Benefit Reduction for Survivor Coverage: _____
Benefits Start Age: _____ Estimated Annual Benefit When Benefits Begin: _____
Benefits Start Date: _____ Benefit Payout Option (Life Income/Lump Sum): _____
% of Pension Payable to Survivor: _____ Payout Amount: _____
Participation Start Date: _____ Normal Retirement Age: _____
% Benefits per Year of Service: _____ % Penalty per Year for Early Retirement: _____
% to a Max. of: _____ Min. Retirement Age for Unreduced Benefits: _____
Total Years of Pensionable Service: _____

Estimated Pension Benefit

Description: _____ Owner: _____
Benefits Start Age: _____ Benefits Start Date: _____
% of Final Salary: _____ Estimated Amount (in today's \$): _____
% of Pension Payable to Survivor: _____

Co-Client:

How would you would like to model your pension benefits?

Directly from Benefit Statements Estimate based on salary and other factors

Pension Information From Benefit Statements

Description: _____ Number of Years for Average Salary: _____
Owner: _____ Benefit Reduction for Survivor Coverage: _____
Benefits Start Age: _____ Estimated Annual Benefit When Benefits Begin: _____
Benefits Start Date: _____ Benefit Payout Option (Life Income/Lump Sum): _____
% of Pension Payable to Survivor: _____ Payout Amount: _____
Participation Start Date: _____ Normal Retirement Age: _____
% Benefits per Year of Service: _____ % Penalty per Year for Early Retirement: _____
% to a Max. of: _____ Min. Retirement Age for Unreduced Benefits: _____
Total Years of Pensionable Service: _____

Estimated Pension Benefit

Description: _____ Owner: _____
Benefits Start Age: _____ Benefits Start Date: _____
% of Final Salary: _____ Estimated Amount (in today's \$): _____
% of Pension Payable to Survivor: _____

SOCIAL SECURITY OPTIONS

Client:

Age you would like to begin taking Social Security: _____

Choose a social security method

- Use data from a Social Security Statement.
- Estimate my benefit based on annual income.
- I am currently receiving benefits.

Social Security—data from Social Security Statement

Eligible for Spousal Benefits: Yes No Start Date/Age (retirement benefits): _____
– Monthly Benefits from Social Security Statement: _____
At Full Retirement: _____ At Disability: _____ Surviving Spouse at Full Retirement: _____
– Survivor with Eligible Children
Family: _____ Child: _____ Co-Client: _____

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Social Security—Benefit Formula

Eligible for Spousal Benefits: Yes No

– Monthly Retirement Benefits

% of Monthly Benefit: _____ Estimated Benefit (in today's \$): _____

Start Date/Age: _____

– Monthly Survivor Benefits

% Monthly Benefit to Survivor: _____ % Monthly Benefit to Survivor at Retirement: _____

Survivor's Revised Start Date for Benefits During Retirement: _____

– Monthly Disability Benefits

% of Monthly Benefit: _____ Estimated Benefit (in today's \$): _____

Co-Client's Revised Start Date for Benefits During Retirement: _____

Social Security—Currently Receiving Benefits

– Benefit Start Date: _____ Current Monthly Benefit Amount: _____

Co-Client:

Age you would like to begin taking Social Security: _____

Choose a social security method

Use data from a Social Security Statement.

Estimate my benefit based on annual income.

I am currently receiving benefits.

Social Security—data from Social Security Statement

Eligible for Spousal Benefits: Yes No

– Start Date/Age (retirement benefits): _____

– Monthly Benefits from Social Security Statement: _____

At Full Retirement: _____ At Disability: _____ Surviving Spouse at Full Retirement: _____

– Survivor with Eligible Children

Family: _____ Child: _____ Co-Client: _____

Social Security—Benefit Formula

Eligible for Spousal Benefits: Yes No

– Monthly Retirement Benefits

% of Monthly Benefit: _____ Estimated Benefit (in today's \$): _____

Start Date/Age: _____

– Monthly Survivor Benefits

% Monthly Benefit to Survivor: _____ % Monthly Benefit to Survivor at Retirement: _____

Survivor's Revised Start Date for Benefits During Retirement: _____

– Monthly Disability Benefits

% of Monthly Benefit: _____ Estimated Benefit (in today's \$): _____

Co-Client's Revised Start Date for Benefits During Retirement: _____

Social Security—Currently Receiving Benefits

– Benefit Start Date: _____ Current Monthly Benefit Amount: _____

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EXPENSES

Here you can enter information about your recurring expenses. Please discuss with your Financial Advisor or Private Wealth Advisor the appropriate level of expense detail required for your Financial Plan.

1. Expense

Description: _____ Owner: _____
Type (e.g., Housing, Food, Entertainment, Medical): _____ Frequency: _____
Amount: _____ Start Date: _____ End Date: _____
Mandatory Expense? Yes No

2. Expense

Description: _____ Owner: _____
Type (e.g., Housing, Food, Entertainment, Medical): _____ Frequency: _____
Amount: _____ Start Date: _____ End Date: _____
Mandatory Expense? Yes No

3. Expense

Description: _____ Owner: _____
Type (e.g., Housing, Food, Entertainment, Medical): _____ Frequency: _____
Amount: _____ Start Date: _____ End Date: _____
Mandatory Expense? Yes No

4. Expense

Description: _____ Owner: _____
Type (e.g., Housing, Food, Entertainment, Medical): _____ Frequency: _____
Amount: _____ Start Date: _____ End Date: _____
Mandatory Expense? Yes No

5. Expense

Description: _____ Owner: _____
Type (e.g., Housing, Food, Entertainment, Medical): _____ Frequency: _____
Amount: _____ Start Date: _____ End Date: _____
Mandatory Expense? Yes No

6. Expense

Description: _____ Owner: _____
Type (e.g., Housing, Food, Entertainment, Medical): _____ Frequency: _____
Amount: _____ Start Date: _____ End Date: _____
Mandatory Expense? Yes No

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Insurance

CURRENT LIFE INSURANCE POLICIES

1. Life Insurance Policy

Description: _____ Policy Type: _____
Policy Owner: _____ Insured Member: _____
Beneficiary: _____ Death Benefit: _____
Cash Surrender Value (CSV): _____ CSV with Death Benefit: Yes No
Coverage Cease (either age or date): _____ Community Property: Yes No
Transfer to Survivor: _____ Premium: _____
Premium Payer: _____ Premium Frequency: _____
Premium Amount: _____ Premiums Cease (either age or date): _____
Waived at Disability: Yes No

Variable Life Policies

General Account

Market Value: _____ Valuation Date: _____

Subaccount 1

Description: _____
Symbol: _____ Market Value: _____ Valuation Date: _____

Subaccount 2

Description: _____
Symbol: _____ Market Value: _____ Valuation Date: _____

2. Life Insurance Policy

Description: _____ Policy Type: _____
Policy Owner: _____ Insured Member: _____
Beneficiary: _____ Death Benefit: _____
Cash Surrender Value (CSV): _____ CSV with Death Benefit: Yes No
Coverage Cease (either age or date): _____ Community Property: Yes No
Transfer to Survivor: _____ Premium: _____
Premium Payer: _____ Premium Frequency: _____
Premium Amount: _____ Premiums Cease (either age or date): _____
Waived at Disability: Yes No

Variable Life Policies

General Account

Market Value: _____ Valuation Date: _____

Subaccount 1

Description: _____
Symbol: _____ Market Value: _____ Valuation Date: _____

Subaccount 2

Description: _____
Symbol: _____ Market Value: _____ Valuation Date: _____

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3. Life Insurance Policy

Description: _____ Policy Type: _____
Policy Owner: _____ Insured Member: _____
Beneficiary: _____ Death Benefit: _____
Cash Surrender Value (CSV): _____ CSV with Death Benefit: Yes No
Coverage Cease (either age or date): _____ Community Property: Yes No
Transfer to Survivor: _____ Premium: _____
Premium Payer: _____ Premium Frequency: _____
Premium Amount: _____ Premiums Cease (either age or date): _____
Waived at Disability: Yes No

Variable Life Policies

General Account

Market Value: _____ Valuation Date: _____

Subaccount 1

Description: _____

Symbol: _____ Market Value: _____ Valuation Date: _____

Subaccount 2

Description: _____

Symbol: _____ Market Value: _____ Valuation Date: _____

EXISTING DISABILITY INSURANCE POLICIES

1. Disability Insurance Policy

Description: _____ Policy Type (e.g., Group LTD): _____
Policy Owner: _____ Insured Member: _____
Premium Payer: _____ Premium Amount: _____
Premium Frequency: _____ Premiums Cease (either age or date): _____
Benefit Amount (% of Salary or Flat Dollar): _____
Benefit Frequency: _____ Benefit Taxable: Yes No
Benefit Indexed: Yes No Maximum Indexed Benefit: _____
Waiting Period (After Disability): _____ Benefits Paid Until: _____
Offset by Social Security: Yes No

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2. Disability Insurance Policy

Description: _____ Policy Type (e.g., Group LTD): _____
Policy Owner: _____ Insured Member: _____
Premium Payer: _____ Premium Amount: _____
Premium Frequency: _____ Premiums Cease (either age or date): _____
Benefit Amount (% of Salary or Flat Dollar): _____
Benefit Frequency: _____ Benefit Taxable: Yes No
Benefit Indexed: Yes No Maximum Indexed Benefit: _____
Waiting Period (After Disability): _____ Benefits Paid Until: _____
Offset by Social Security: Yes No

LONG-TERM CARE INSURANCE POLICIES

1. LTC Insurance Policy

Description: _____ Insured: _____
Effective Date: _____ Benefit Amount: _____
Index for Benefit Amount Before Long-Term Care: _____
Index for Benefit Amount During Long-Term Care: _____
Waiting Period: _____ Benefit Period: _____
Premium Amount: _____ Premium Frequency: _____
Premium Payer: _____
Premiums Cease (Age/Date/At Claim): _____

2. LTC Insurance Policy

Description: _____ Insured: _____
Effective Date: _____ Benefit Amount: _____
Index for Benefit Amount Before Long-Term Care: _____
Index for Benefit Amount During Long-Term Care: _____
Waiting Period: _____ Benefit Period: _____
Premium Amount: _____ Premium Frequency: _____
Premium Payer: _____
Premiums Cease (Age/Date/At Claim): _____

Goals

RETIREMENT OBJECTIVES

Client's Desired Retirement Age: _____ Client's Life Expectancy: _____
Co-Client's Desired Retirement Age: _____ Co-Client's Life Expectancy: _____

RETIREMENT EXPENSES

Please indicate any expenses you expect to incur once you begin your retirement. Examples could include post-retirement living expenses, anticipated travel, or other lifestyle expenses. Include expected major purchases such as homes, boats, etc., in the Major Purchase Goal section to follow.

1. Retirement Expense

Description: _____ Owner: _____
Amount: _____ Frequency: _____
Expense Inflation %: _____ Start Age: _____ End Age: _____
Mandatory Expense: Yes No

2. Retirement Expense

Description: _____ Owner: _____
Amount: _____ Frequency: _____
Expense Inflation %: _____ Start Age: _____ End Age: _____
Mandatory Expense: Yes No

3. Retirement Expense

Description: _____ Owner: _____
Amount: _____ Frequency: _____
Expense Inflation %: _____ Start Age: _____ End Age: _____
Mandatory Expense: Yes No

EDUCATION GOALS

1 Education Goal Expense

Goal Name: _____ Child's Name: _____
Start Age: _____ Years of Attendance: _____
Indicate a specific school: _____
OR estimate total yearly cost (e.g., Tuition, Room): _____

2 Education Goal Expense

Goal Name: _____ Child's Name: _____
Start Age: _____ Years of Attendance: _____
Indicate a specific school: _____
OR estimate total yearly cost (e.g., Tuition, Room): _____

3 Education Goal Expense

Goal Name: _____ Child's Name: _____
Start Age: _____ Years of Attendance: _____
Indicate a specific school: _____
OR estimate total yearly cost (e.g., Tuition, Room): _____

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MAJOR PURCHASE GOALS

Major Purchase Goals—Expenses

Description: _____ Member: _____
Target Date: _____ Amount: _____

Major Purchase Goals—Investment Real Estate Assets

Name: _____ Owner: _____
Purchase Date: _____ Purchase Amount: _____
Community Property: Yes No
Market Value: _____ Valuation Date: _____
Net Rental Income: _____ Income Frequency: _____

Major Purchase Goals—Lifestyle Assets

1. Major Purchase Goal—Lifestyle Asset

Description: _____ Type (e.g., Residence): _____
Owner: _____ Purchase Date: _____
Community Property: Yes No Purchase Amount: _____
Property Tax Amount: _____ Property Tax Frequency: _____
Tax Deductible: Yes No

2. Major Purchase Goal—Lifestyle Asset

Description: _____ Type (e.g., Residence): _____
Owner: _____ Purchase Date: _____
Community Property: Yes No Purchase Amount: _____
Property Tax Amount: _____ Property Tax Frequency: _____
Tax Deductible: Yes No

EMERGENCY FUND GOAL

Please choose one of the following:

Enter the number of months of living expenses you would like covered by your emergency fund: _____

OR Provide a specific amount: _____

Estate Planning

WILL INFORMATION

Client and Co-Client: _____

Has a Will: Yes No Last Updated on (date): _____
Cash Bequests: Yes No Asset Bequests: Yes No Credit Shelter Trust: Yes No
Marital Trust: Yes No Living Trust: Yes No
Qualified Terminable Interest Property Trust (QTIP): Yes No Other Testamentary Trusts: Yes No
Location of Will: _____

Family Member: _____

Has a Will: Yes No Last Updated on (date): _____
Cash Bequests: Yes No Asset Bequests: Yes No Credit Shelter Trust: Yes No
Marital Trust: Yes No Living Trust: Yes No
Qualified Terminable Interest Property Trust (QTIP): Yes No Other Testamentary Trusts: Yes No
Location of Will: _____

FUNDED TRUSTS

1. Funded Trust

Type of Trust: _____ Grantor (Client or Co-Client): _____
Start of Year Market Value: _____ Start of Year Cost Basis: _____
Created on: _____
Income Beneficiaries: _____ Remainder Beneficiaries: _____
Additional Notes: _____

Note: If there are details that are not specified above (e.g., Trust Term, GSTT Inclusion Ratios), please attach the trust documents.

2. Funded Trust

Type of Trust: _____ Grantor (Client or Co-Client): _____
Start of Year Market Value: _____ Start of Year Cost Basis: _____
Created on: _____
Income Beneficiaries: _____ Remainder Beneficiaries: _____
Additional Notes: _____

Note: If there are details that are not specified above (e.g., Trust Term, GSTT Inclusion Ratios), please attach the trust documents.

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3. Funded Trust

Type of Trust: _____ Grantor (Client or Co-Client): _____
Start of Year Market Value: _____ Start of Year Cost Basis: _____
Created on: _____
Income Beneficiaries: _____ Remainder Beneficiaries: _____
Additional Notes: _____

Note: If there are details that are not specified above (e.g., Trust Term, GSTT Inclusion Ratios), please attach the trust documents.

PRIOR GIFTS

Client: _____
Beneficiary: _____ Total Prior Gifts: _____ Time Period: _____
Beneficiary: _____ Total Prior Gifts: _____ Time Period: _____
Beneficiary: _____ Total Prior Gifts: _____ Time Period: _____

Co-Client: _____
Beneficiary: _____ Total Prior Gifts: _____ Time Period: _____
Beneficiary: _____ Total Prior Gifts: _____ Time Period: _____
Beneficiary: _____ Total Prior Gifts: _____ Time Period: _____

HISTORICAL GIFTING DATA

Client: _____ Taxable Lifetime Gifts: _____
Applicable Credit Used: _____ Gift Taxes Already Paid: _____
Lifetime GSTT* Exemption Used: _____ GSTT* Already Paid: _____
Unused Spousal Exclusion: _____
* Generation-Skipping Transfer Tax

Client: _____ Taxable Lifetime Gifts: _____
Applicable Credit Used: _____ Gift Taxes Already Paid: _____
Lifetime GSTT* Exemption Used: _____ GSTT* Already Paid: _____
Unused Spousal Exclusion: _____
* Generation-Skipping Transfer Tax

GIFTING STRATEGIES

If you have current or planned gifting strategies, please indicate them below.

Cash Gifts

Description: _____ Gifted by: _____
Gifted to: _____ Split Gift: Yes No
Max. Annual Gift Exclusion: Yes No Amount: _____
Frequency/Lump Sum: _____

Description: _____ Gifted by: _____
Gifted to: _____ Split Gift: Yes No
Max. Annual Gift Exclusion: Yes No Amount: _____
Frequency/Lump Sum: _____

ESTATE EXPENSES

1. Estate Expense

Description: _____ Annual Amount: _____
Member (Client, Co-Client, Joint): _____ Expense Inflation %: _____

2. Estate Expense

Description: _____ Annual Amount: _____
Member (Client, Co-Client, Joint): _____ Expense Inflation %: _____

3. Estate Expense

Description: _____ Annual Amount: _____
Member (Client, Co-Client, Joint): _____ Expense Inflation %: _____

ASSET GIFTS

Source Asset: _____ Gifted to: _____
Split Gift: Yes No Max. Annual Gift Exclusion: Yes No
Value (\$ or %): _____ Frequency: _____
Start Date: _____ End Date: _____

Source Asset: _____ Gifted to: _____
Split Gift: Yes No Max. Annual Gift Exclusion: Yes No
Value (\$ or %): _____ Frequency: _____
Start Date: _____ End Date: _____

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Miscellaneous Data

DEBT MODIFICATION STRATEGIES

If you are currently making additional payments over and above the regular payments for any of your liabilities, please indicate those here:

Liability Name: _____ Amount: _____
Frequency: _____ Payment Inflation %: _____
Liability Name: _____ Amount: _____
Frequency: _____ Payment Inflation %: _____

Other Tax-Related Information

If you have additional tax-related information that can assist your Financial Advisor or Private Wealth Advisor with the completion of the plan, please indicate it here:

Unused Charitable Donations

Year: _____
Non-Capital Gain Property (line 10*): _____
Capital Gain Property (line 19*): _____ Non-Capital Gain Property (line 16*): _____
Capital Gain Property (line 24*): _____

Unused Charitable Donations

Year: _____
Non-Capital Gain Property (line 10*): _____
Capital Gain Property (line 19*): _____ Non-Capital Gain Property (line 16*): _____
Capital Gain Property (line 24*): _____

AMT Carryforward

Form 8801: AMT Minimum Tax Credit Carryforward (last line of Part II): _____
Form 6251 (sum of lines 1 and 10): _____
Form 6251 (sum of lines 2 through 5, 7, 8, 9, 12, 13): _____
Form 6251 (line 34): _____
Form 6251: Alternative Minimum Tax Payable (line 35): _____
Schedule D (line 19): _____
Schedule D (line 15): _____
Schedule D (line 16): _____
Schedule D (line 14): _____

Capital Loss Carryovers

Member: _____ Short-Term Regular Tax: _____
Long-Term Regular Tax: _____ Short-Term AMT: _____
Long-Term AMT: _____

* Line references are from Table 4 of IRS Publication 526.

