

Personal Wealth 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.

This Questionnaire relates to your overall financial situation, and is not intended to amend any Questionnaire you may have previously completed (or investment objectives communicated to you) in connection with your objectives for specific Morgan Stanley Brokerage or Investment Advisory accounts. If your investment objectives for any specific Morgan Stanley accounts have changed, please contact your Financial Advisor or Private Wealth Advisor.

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

Personal Wealth Questionnaire

Personal Information

Client Name	Date of Birth	U.S. Citizen? <input type="radio"/> Yes <input type="radio"/> No
Lead Account Number <i>(to be completed by Financial Advisor)</i>		
Address		
Phone	Fax	Email Address
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	U.S. Citizen? <input type="radio"/> Yes <input type="radio"/> No
Occupation and Title		
Address <i>(if different from above)</i>		
Phone	Fax	Email Address

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			

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			

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

Other Information

ADVISORS	
Morgan Stanley Financial Advisor	Branch No.
Accountant	Phone
Address	
Attorney (Trusts & Estates)	Phone
Address	
Private Banker	Phone
Address	
Life Insurance Agent	Phone
Address	
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

Asset Summary

NET WORTH AND BALANCE SHEET	Total Net Worth:
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Note: You may provide complete statements for all accounts in each of the following areas, in lieu of completing the section, but you must provide the information on ownership*. A balance sheet and outside account statements must also be provided. Morgan Stanley statements do not need to be provided.

SAMPLE BALANCE SHEET

NON-QUALIFIED ASSETS ¹					
Ownership	Description	Type	Location	Market Value	Cost Basis
JTWROS	Morgan Stanley Savings	Cash	Morgan Stanley	\$500,000	\$500,000
John	Checking	Cash	External	\$100,000	\$100,000
John	Morgan Stanley Investment Portfolio	Non-Qualified	Morgan Stanley	\$2,500,000	\$1,500,000
Jane	Outside Investments	Non-Qualified	External	\$2,500,000	\$1,000,000
JTWROS	Morgan Stanley Joint Investments	Non-Qualified	Morgan Stanley	\$5,000,000	\$4,000,000
Jane	Variable Annuity	Non-Qualified	Morgan Stanley	\$400,000	\$100,000
TOTAL				\$11,000,000	\$7,200,000

QUALIFIED ASSETS					
Ownership	Description	Type	Location	Market Value	Cost Basis
John	John's 401(k)	401(k)	External	\$1,000,000	–
John	John's IRA	IRA	Morgan Stanley	\$300,000	–
Jane	Jane's IRA	IRA	Morgan Stanley	\$300,000	–
TOTAL				\$1,600,000	–

LIFESTYLE ASSETS				
Ownership	Description	Type	Market Value	Cost Basis
Tenants in Common (TIC)	Primary Home	Residence	\$1,800,000	\$1,500,000
Tenants by Entirety (TE)	Vacation Home	Vacation Home	\$2,500,000	\$2,000,000
Jane	Art Collection	Misc.	\$600,000	\$400,000
JTWROS	Personal Use Assets	Misc.	\$500,000	\$450,000
TOTAL			\$5,400,000	\$4,350,000

BUSINESS ASSETS				
Ownership	Description	Type	Market Value	Cost Basis
John (50% Ownership)	Personal Business	LLC	\$2,000,000	–
TOTAL			\$2,000,000	–
TOTAL ASSETS			\$20,000,000	\$11,550,000

LIABILITIES ²				
Ownership	Description	Type	Interest Rate	Amount Outstanding
JTWROS	Primary Home Mortgage	30-Year Fixed	3%	(\$1,000,000)
John	2.1% MS Portfolio Loan Account	Interest Only	2.10%	(\$300,000)
TOTAL LIABILITIES				\$(1,300,000)
TOTAL ASSETS AND LIABILITIES (Net Worth)				\$18,700,000

¹Stated at Fair Market Value.

²Liabilities stated at Outstanding Balance.

*Titling:

Outright Ownership (Fee Simple): John or Jane

Tenants in Common: TIC

Joint Tenancy With Rights of Survivorship: JTWROS

Tenancy by Entirety: TE

Community Property: CP

Asset Summary (continued)

Please attach a balance sheet or use the space provided below. Morgan Stanley statements do not need to be provided.

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

QUALIFIED ASSETS					
Ownership	Description	Type	Location	Market Value	Cost Basis
TOTAL					

LIFESTYLE ASSETS				
Ownership	Description	Type	Market Value	Cost Basis
TOTAL				

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

LIABILITIES ²				
Ownership	Description	Type	Interest Rate	Amount Outstanding
TOTAL LIABILITIES				
TOTAL ASSETS AND LIABILITIES (Net Worth)				

¹Stated at Fair Market Value.

²Liabilities stated at Outstanding Balance.

*Titling:

Outright Ownership (Fee Simple): John or Jane

Tenants in Common: TIC

Joint Tenancy With Rights of Survivorship: JTWROS

Tenancy by Entirety: TE

Community Property: CP

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						

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	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

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	
Estimated 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.)

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			\$	\$
			\$	\$

ANNUITY DETAILS Note: This section is to provide any details from annuities listed on the balance sheet. Please complete the section below or provide statements.

Description		
Owner(s)		
Insured(s)		
Beneficiary(ies)		
Annuity Type: Fixed, Variable or Annuitized		
Qualified or Non-Qualified		
Date Purchased		
Original Premium		
Surrender Value		
Description		
Owner(s)		
Insured(s)		
Beneficiary(ies)		
Annuity Type: Fixed, Variable or Annuitized		
Qualified or Non-Qualified		
Date Purchased		
Original Premium		
Surrender Value		

Asset Summary *(continued)*

LIFE INSURANCE <small>Note: Please provide statements.</small>			
Description			
Owner(s)			
Insured(s)			
Beneficiary(ies)			
Death Benefit			
Cash Value			
Annual Premium			
Type of Insurance			
Date Purchased			
Date of Last Policy Review			
Issuing Insurance Company			
Date Policy Transferred to Trust, if applicable			
Policy Benefit Period			

DISABILITY INSURANCE <small>Note: Complete the following if Client No. 1 or Client No. 2 is insured under an individual long-term disability policy.</small>		
Description		
Insured		
Type of Disability Insurance (Long-Term, Short-Term, Individual)		
Monthly Benefit Amount		
Policy Elimination Period		
Cost of Living Adjustment Rider		
Annual Premium Account		
Who pays the premiums? (You or your company)		
Issuing Insurance Company		
Policy Benefit Period		

LONG-TERM CARE <small>Note: Complete the following if Client No. 1 or Client No. 2 is insured under a long-term care insurance policy.</small>		
Description		
Insured		
Name of Policy Owner		
Annual Premium Amount		
Daily Benefit Amount		
Policy Elimination Period		
Policy Benefit Period		
Inflation Adjustment Rider		
Issuing Insurance Company		
Policy Benefit Period		

Asset Summary *(continued)*

GROUP LIFE INSURANCE

Note: Complete the following for each life insurance policy of which Client No. 1 or Client No. 2 is the insured. Please specify if the beneficiary is a trustee of an irrevocable life insurance trust.

Description		
Insured		
Beneficiary(ies)		
Death Benefit		
Cash Value		
Annual Premium		
Type of Insurance		
Issuing Insurance Company		

GROUP DISABILITY INSURANCE

Note: Complete the following if Client No. 1 or Client No. 2 is covered by group long-term disability insurance.

Description		
Insured		
Monthly Premium Amount		
Monthly Benefit Amount		
Policy Elimination Period		
Policy Benefit Period		
Issuing Insurance Company		
Who pays the premiums? (You or your 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

Cash Flow Information

Please submit most recent tax return.

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)?	
<input type="radio"/> Yes <input type="radio"/> 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? <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
Is the gift? <input type="radio"/> Outright? <input type="radio"/> In Trust?		Have you filed gift tax returns? <input type="radio"/> Yes <input type="radio"/> No If Yes, please provide copies.		
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?		

NOTES

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.