For Internal Use Only

Branch No. Account No. Financial Advisor No.

MorganStanley SmithBarney

Active Assets Account℠ Application

Use this Active Assets Account℠ Application ("Application") to open an Active Assets Account ("Account") with Morgan Stanley Smith Barney LLC ("Morgan Stanley Smith Barney" or "MSSB").* Enjoy a wide array of cash management features such as a Debit Card, Online Bill Pay, Direct Deposit and Checkwriting Privileges. (Note: Not all account types are eligible for all features.) Certain terms not otherwise defined in this Application are defined in the *Client Agreement For Active Assets Accounts℠ (For Individuals and Businesses) and Individual Retirement Accounts (Traditional/Rollover/Roth/Inherited/SEP/SAR-SEP and SIMPLE IRAs (collectively "IRAs"))* ("Client Agreement").** To open an additional account when opening this Account, you must complete either an Additional Account Addendum (for certain accounts) or an additional Active Assets Account℠ Application. To open an additional account subsequent to opening this Account, you must complete either the Subsequent Account Addendum (for certain accounts) or an additional Active Assets Account℠ Application.

Application Instructions

Remove these step-by-step instructions and refer to them as you complete the Application. You do not need to return the instruction pages to Morgan Stanley Smith Barney.

STEP I: Account Setup

1. Check the appropriate box to indicate ownership type at the top of the Account Setup page. For Joint Accounts, please choose one of the following:
   Joint Tenants with Right of Survivorship (in certain states): If one owner dies, Account assets are transferred to the surviving owner.
   Tenants in Common: If one owner dies, that owner's share of the assets passes to his/her estate.
   Tenants by the Entirety (for married couples in certain states): If one spouse dies without a deed or last will or testament, Account assets are transferred to the surviving spouse.
   Community Property (for married couples in certain states; laws vary by state): Assets are shared equally; if one spouse dies, assets are distributed according to the laws and statutes in the primary state of residence.
   Note: Available forms of joint ownership may vary by state, and the selection of the form of joint ownership can have important legal and estate-planning consequences. Please consult your attorney if you have any questions regarding the appropriate form of joint ownership.
2. Select Investment Objectives and Risk Tolerance for the Account.
3. Indicate Investment Experience ("year you started investing").
4. Indicate Financial Information, including annual income, net worth, liquid net worth and U.S. tax bracket.
5. Review the account features descriptions and make appropriate selections.

* Morgan Stanley Smith Barney LLC is a registered broker-dealer, not a bank. Where appropriate, we have entered into arrangements with licensed banks and other third parties to assist in offering certain services. Unless otherwise specifically disclosed to you in writing, investments and services offered through Morgan Stanley Smith Barney, member SIPC, are not insured by the FDIC, are not deposits or other obligations of, or guaranteed by, banks and involve investments risks, including possible loss of principal amount invested.

** The Client Agreement sets forth the terms and conditions of the Account and, together with the Welcome Book and online disclosures provided at account opening, provides important information about Account services and fees. Also included in your Account opening materials is a Margin Disclosure Statement and a copy of our U.S. Privacy Policy. The Account you are opening is a brokerage account, which is not regulated by the Investment Advisers Act of 1940, as amended. Certain services may not be available in jurisdictions outside the United States. For more information about the Account, review the Client Agreement.

STEP II: Client Profile(s)

Individual and Joint Accounts

- Complete a Client Profile (complete one for each individual on a Joint Account).

Custodians (UGMA/UTMA) and Guardianship Accounts

- Complete the Custodian/Guardian Profile.
- Do not use a separate Client Profile for a minor/ward. Provide minor/ward information at the bottom of the Custodian/Guardian Profile where indicated.
- If the custodian and/or minor is not a U.S. resident, a Custodial Account may be limited or otherwise prohibited.

Estates

- Complete the Estate/Executor Profile.
- Do not use a separate Client Profile for the executor. Provide executor information at the bottom of the Estate/Executor Profile where indicated.
- If there is more than one executor, please provide the requested information on a separate page and attach it to the Application.

Trusts, Sole Proprietorships, Partnerships

- Complete the Trust/Sole Proprietorship/Partnership Profile for the legal entity, which is the client. Provide trustee/proprietor/partner information where indicated.
- Complete the appropriate certification for the Account type.
- The name on the Trust/Sole Proprietorship/Partnership Profile must match the name on the related certification.
- This Application is only appropriate for personal trusts—foundations organized as charitable trusts, businesses organized as business trusts and employee benefits trusts must use other documentation.

STEP III: Tax Certifications and Signatures

Review the tax certifications and representations set forth on the signature page and sign where indicated.

For Internal Use Only

Branch No. Account No. Financial Advisor No.

STEP I. Account Setup

Ownership Type

Check the appropriate box to indicate the ownership type of the Account being opened.
(Please see instructions page for definitions of ownership types.)

INDIVIDUAL
- ☐ Individual

JOINT
- ☐ Joint Tenants with Right of Survivorship
- ☐ Tenants by the Entirety
- ☐ Tenants in Common
- ☐ Community Property

OTHER
- ☐ Custodian (UGMA/UTMA)
- ☐ Guardianship
- ☐ Personal Trust
- ☐ Estate
- ☐ Sole Proprietorship (Unincorporated)
- ☐ Partnership

Investment Objectives, Risk Tolerance, Investment Experience and Financial Information

Your investment objectives are an important aspect of your investment strategy. Choose one primary investment objective for the Account. Then, select from one to three other investment objectives from the remaining investment objectives for the Account.

Primary Investment Objective *(Select one)*

Income	Aggressive Income	Capital Appreciation	Speculation
☐	☐	☐	☐

Other Investment Objectives (Please rank in order of importance from 2 to 4 as applicable)

Income	Aggressive Income	Capital Appreciation	Speculation
☐	☐	☐	☐

Income—for investors seeking regular income with low to moderate risk to principal

Aggressive Income—for investors seeking higher returns either as growth or as income with greater risk to principal

Capital Appreciation—for investors seeking capital appreciation with moderate to high risk to principal

Speculation—for investors seeking high profits or quick returns with considerable possibility of losing most or all of their investment

Risk Tolerance (Select One)

- ☐ **Aggressive**—Investors who emphasize return on investment over principal preservation. They are willing to subject a greater portion of their portfolio to risk in anticipation of a greater return on investment.
- ☐ **Moderate**—Investors who are willing to subject a portion of their principal to increased risk in order to generate a greater rate of return.
- ☐ **Conservative**—Investors who emphasize principal preservation over return on investments.

Investment Experience

Indicate the year you started investing per the following:

- For a Sole Proprietorship, indicate the investment experience of the Account Owner.
- For a Custodian/Guardianship Account, indicate the investment experience of the custodian or guardian.
- For a Trust or Estate Account, indicate the investment experience of the trustee or executor, respectively.
- For a Partnership account, indicate the investment experience of the Partners who have authority over the Account. Where there is more than one such authorized individual, indicate the investment experience dating back to the furthest of all such authorized individuals.

Indicate the year you started investing in:

Stocks _____ (yyyy)
Bonds _____ (yyyy)
Options _____ (yyyy)
Commodities _____ (yyyy)

Financial Information

Please provide the financial information requested below:

- For a Custodian/Guardianship Account, indicate the financial information associated with the minor or ward.
- For a Trust, Estate, Sole Proprietorship or Partnership Account, indicate the applicable financial information associated with the entity (i.e., trust, estate, etc.), **NOT** the individuals authorized on the Account.
- For a Sole Proprietorship or Partnership Account, Annual Income refers to the annual revenue of the entity.

Annual Compensation (from all sources of employment)	**Annual Income** (from all sources, including compensation, pension payouts, investment income, etc.)	**Total Liquid Net Worth** (assets readily convertible to cash; excluding Retirement Account Assets)	**Total Net Worth** (assets minus liabilities, excluding residence)	**U.S. Tax Bracket**
$_____	$_____	$_____	$_____	☐ 0% ☐ 10% ☐ 15% ☐ 25% ☐ 28% ☐ 33% ☐ 35%

Source of Funds to Be Deposited in Account *(check all that apply)*

☐ Income (for entities, operating revenue) ☐ Employment Compensation ☐ Inheritance ☐ Gift
☐ Insurance Payout ☐ Funds from Another Account ☐ Sale of Business or Property ☐ Pension or Retirement Savings
☐ Social Security Benefits ☐ Other _____
SPECIFY

Are funds being wired or otherwise electronically transferred to your Account? ☐ Yes ☐ No
If yes, are those funds being wired or electronically transferred by: ☐ You ☐ Third Party
If Third Party, please complete the following:

NAME OF THIRD PARTY | COUNTRY OF TRANSMITTING INSTITUTION | REASON FOR THIRD PARTY TRANSACTION

Primary Source of Income

☐ Compensation (for entities, operating revenue) ☐ Retirement Assets
☐ Investments ☐ Other _____
SPECIFY

Source of Wealth *(check all that apply)*

☐ Compensation ☐ Real Estate
☐ Business Ownership ☐ Private Investments
☐ Inheritance/Gift ☐ Other _____
SPECIFY
☐ Security Investments

Automatic Cash Sweep

The Bank Deposit Program will be your default sweep investment unless you choose another sweep investment or are otherwise ineligible to participate in the Bank Deposit Program (e.g., certain persons residing outside the U.S.)[1]. The Bank Deposit Program is described in your Account opening materials, as well as in the Bank Deposit Program Disclosure that can be found at www.morganstanleyindividual.com/accountoptions/activeassets/investmentfeatures/. If you are ineligible to participate in the Bank Deposit Program, or want to select a different sweep investment, please select one of the money market funds below and review the prospectus. You should consider the investment objectives, risks, charges and expenses of the fund before investing. Also, if you select a fund and do not meet the applicable minimum investment, your Free Credit Balances will be invested in your default sweep investment.

☐ **Bank Deposit Program**

- ☐ Active Assets Tax-Free Trust ($250,000 minimum household assets balance)
- ☐ Active Assets California Tax-Free Trust ($250,000 minimum household assets balance)
- ☐ Active Assets New York Tax-Free Trust ($250,000 minimum household assets balance)
- ☐ Active Assets Institutional Government Securities Trust ($5 million minimum initial investment; $2 million minimum balance)
- ☐ Active Assets Institutional Money Trust ($5 million minimum initial investment; $2 million minimum balance)
- ☐ Active Assets MoneyTrust (available only if you are not a U.S. Person[2] and not eligible for the Bank Deposit Program)
- ☐ SICAV U.S. Dollar Liquidity Fund Offshore Money Market Fund (available only if you are not a U.S. Person[2])

Automatic Margin Privileges

Please note that you are automatically requesting margin privileges[3] unless you check the "NO MARGIN" box:

☐ **NO MARGIN**

Margin privileges may not be available in certain jurisdictions.

Note that if you have more than one account with Margin privileges held with us the value of marginable securities in certain accounts held in the same client name and capacity will be aggregated to determine your cumulative margin credit. For more information on margin privileges, please read the Signatures Section of this Application and the Margin Disclosure Statement which is provided to you as part of the Account opening process. The Margin Disclosure Statement is also available through your Financial Advisor, or online at www.morganstanleyindividual.com/customerservice/disclosures. See the Margin Interest Rate Schedule for margin interest rates.

Portfolio Loan Accounts

A line of credit, offered by Morgan Stanley Bank, N.A., may be established to provide liquidity for nearly any purpose except to purchase securities or repay margin debt. Secured by eligible assets held in your Morgan Stanley Smith Barney accounts, a Portfolio Loan Account ("PLA") can be established with no up-front fees. Typical uses for PLA loans include, but are not limited to, real estate purchases, home renovations, financing business needs or general liquidity. For more information on the PLA, including how to apply, contact your Financial Advisor. Please note that approval of a PLA is at the sole discretion of Morgan Stanley Bank, N.A.

[1] If you reside outside the U.S. and are not eligible for the Bank Deposit Program, the SICAV U.S. Dollar Liquidity Fund Offshore Money Market Fund will be your default sweep investment unless you elect otherwise.
[2] In this regard, a "U.S. Person" means any U.S. citizen or U.S. resident.
[3] Morgan Stanley Smith Barney reserves the right to approve margin privileges at its discretion.

Choice Select

If you are a moderate or active trader, you may want to consider enrolling in Choice Select—a pricing alternative for equities and options[4] trades in a brokerage account. With traditional brokerage pricing, clients are charged commissions on a trade-by-trade basis. In Choice Select, clients are charged commissions monthly in arrears based on a sliding scale commission schedule that resets annually. The more you trade, the lower your marginal commission rate. Any investment advice is solely incidental to Morgan Stanley Smith Barney's business as a broker-dealer. Clients do not pay for, nor do they receive, a level of advice different from that provided to other full-service brokerage clients who pay on a per-trade basis. Contact your Financial Advisor for more information regarding Choice Select.

Debit Card[5]

You will receive a Debit Card for free with the Account. Additional cards are free as well. This debit card is accepted anywhere MasterCard is accepted. Purchases are automatically debited from your Account at the end of the month so your money continues to earn dividends or interest throughout the month.

☐ **You will automatically receive a free Debit Card unless you opt out by checking this box.**

Name on Debit Card. Your name will appear on your card exactly as it does on your Account Statement unless you indicate differently. If you want your name to appear on your card differently, please print how you would like your name reflected on your card.

PRIMARY ACCOUNT OWNER

JOINT ACCOUNT OWNER

Other Account Features

A. Checkwriting:

Your Account includes checkwriting privileges that provide you with access to the Available Funds in your Account.

☐ **You will receive 50 complimentary wallet-style checks unless you opt out of checkwriting privileges by checking this box.**

B. Online Bill Payment:

Morgan Stanley Smith Barney offers free online bill payment services for clients with eligible Accounts via ClientServ.® For more information, contact your Financial Advisor.

C. Direct Deposit Service

The Direct Deposit Service enables you to have payroll, pension or other checks automatically deposited directly into your Account. You should contact such third party payers directly to setup or terminate such a direct deposit.

D. Account Linking Service

To minimize the number of separate mailings you receive, Morgan Stanley Smith Barney offers an automatic Account Linking Service. The Account Linking Service allows you to receive multiple account statements and other important information together in a single envelope, in a consolidated format with a summary page showing the account value of each account. Accounts which have the same mailing address, branch and Financial Advisor, and Social Security Number(s)/Tax ID Number(s) will be subject to the automatic Account Linking Service. Annual Summary Statements may not be linked. There is no charge for this service. ***If you do not wish to take advantage of the automatic Account Linking Service and want to opt-out of that service, please contact your Financial Advisor.***

[4] Options are not suitable for all investors.
[5] Debit MasterCard Cards are issued by JPMorgan Chase pursuant to a license granted by MasterCard International Incorporated. MasterCard is a registered trademark of MasterCard International Incorporated.

You may also manually add accounts to an account linked group for accounts that have different Social Security Numbers/Tax ID Number(s), provided all other eligibility rules have been met. If you link your accounts with separate accounts(s) owned by others, however, your personal and financial information will be provided to such other account owners by virtue of being consolidated in a single envelope.

After an account has been identified as eligible for automatic Account Linking, but before the link is active, you will see a message on your monthly account statement advising you that these new accounts will be added to an Account Link group during the following statement cycle. Upon receipt of your next monthly account statement, your eligible accounts will be consolidated into a single envelope through our Account Linking service. With Account Linking, your consolidated statements all arrive at the same time and can be accessed online through a single ClientServ sign-on. Account Linking also allows the addressee designated as the primary account holder, and anyone to whom the primary account holder has delegated access, to have access to view all linked accounts online on ClientServ. For information about our client website, and online services such as eDelivery of your statement, go to www.morganstanleyclientserv.com.

Disclosure of Your Name to Issuers of Securities

SEC rules require us to disclose to an issuer, upon the issuer's request, your name, address and the number of shares of the issuer's securities that we hold for you in "street" name, unless you have objected to such disclosure. The issuer is permitted to use this information for shareholder communications only.

☐ **If you object to us providing this information to issuers, please check this box.**

The USA PATRIOT[6] Act

Important Information About Procedures for Opening a New Account or Establishing a New Customer Relationship

To help the government fight the funding of terrorism and money laundering activities, federal law requires all U.S. financial institutions to obtain, verify and record information that identifies each individual or institution that opens an account or establishes a customer relationship with Morgan Stanley Smith Barney.

What this means for you: When you enter into a new customer relationship with Morgan Stanley Smith Barney, we will ask for your name, address, date of birth (as applicable) and other identification information. This information will be used to verify your identity. As appropriate, Morgan Stanley Smith Barney may, in its discretion, ask for additional documentation or information. If all required documentation or information is not provided, Morgan Stanley Smith Barney may be unable to open an account or maintain a relationship with you.

[6] The Uniting and Strengthening America by Providing Appropriate Tools Required to Intercept and Obstruct Terrorism Act, Pub.l.No. 107-56 (2001).

STEP II. Client Profile

For Joint Accounts, fill out one profile for each joint owner.

INDIVIDUAL NAME

LEGAL RESIDENCE: STREET ADDRESS

CITY, STATE AND ZIP OR POSTAL CODE (AND COUNTRY IF OUTSIDE THE UNITED STATES)

HOME PHONE | BUSINESS PHONE | CELL PHONE

MAILING ADDRESS (IF DIFFERENT FROM PRIMARY RESIDENCE): STREET ADDRESS

MAILING ADDRESS/CITY, STATE AND ZIP OR POSTAL CODE (AND COUNTRY IF OUTSIDE THE U.S.)

E-MAIL ADDRESS (REQUIRED FOR CERTAIN ONLINE SERVICES)

OWNERSHIP % (FOR TENANTS IN COMMON ONLY) | SOCIAL SECURITY (OR TAXPAYER IDENTIFICATION NUMBER) | DATE OF BIRTH (MM/DD/YYYY)

Marital Status ☐ Married ☐ Single ☐ Domestic Partner

Number of dependents ☐

Gender ☐ Male ☐ Female

Citizenship/Residence

Country of Citizenship: ☐ U.S. Citizen ☐ Other _____

Country of Residence: ☐ U.S. Resident ☐ Other _____

If not a U.S. citizen, please provide: _____ PASSPORT NUMBER | _____ DATE OF EXPIRATION (MM/DD/YYYY) | _____ ISSUING COUNTRY

Employment Status

☐ Employed ☐ Self-Employed ☐ Not Employed ☐ Student ☐ Retired ☐ Other

If employed, please specify occupation and title _____

EMPLOYER NAME/ADDRESS

CITY, STATE AND ZIP OR POSTAL CODE (AND COUNTRY IF OUTSIDE THE UNITED STATES)

Affiliations

Check here if you, your spouse or immediate family member[7] is a:

☐ Director, 10% or greater shareholder, policymaking executive officer or executive officer for a U.S. publicly traded firm (including a foreign company that has securities, such as American Depository Receipts, that are listed on a U.S. exchange or trade publicly in the United States).

☐ Director, partner or employee of registered broker-dealer, a securities exchange or an entity controlled by a securities exchange or a registered securities association; or a portfolio manager for a bank, savings and loan institution, insurance company, investment company, investment advisor or collective investment account.

Please complete the following for each person for whom you checked a box (if applicable):

EMPLOYER'S NAME	TITLE AND POSITION
EMPLOYER'S NAME	TITLE AND POSITION

[7] "Immediate family member" means any child, stepchild, grandchild, parent, grandparent, spouse, sibling, in-law, adoptive relationship and any individual to whom you provide material support (i.e., more than 25% of the individual's income or living in the same household).

STEP II. Custodian/Guardian Profile

Custodian/Guardian Information

CUSTODIAN/GUARDIAN NAME

LEGAL RESIDENCE: STREET ADDRESS

CITY, STATE AND ZIP OR POSTAL CODE (AND COUNTRY IF OUTSIDE THE UNITED STATES)

HOME PHONE | BUSINESS PHONE | CELL PHONE

MAILING ADDRESS (IF DIFFERENT FROM PRIMARY RESIDENCE): STREET ADDRESS

MAILING ADDRESS/CITY, STATE AND ZIP OR POSTAL CODE (AND COUNTRY IF OUTSIDE THE U.S.)

SOCIAL SECURITY (OR TAXPAYER IDENTIFICATION NUMBER) | DATE OF BIRTH (MM/DD/YYYY)

E-MAIL ADDRESS (REQUIRED FOR CERTAIN ONLINE SERVICES)

Citizenship/Residence

Country of Citizenship: ☐ U.S. Citizen ☐ Other _____

Country of Residence: ☐ U.S. Resident ☐ Other _____

If not a U.S. citizen, please provide: _____ (PASSPORT NUMBER) _____ (DATE OF EXPIRATION (MM/DD/YYYY)) _____ (ISSUING COUNTRY)

Employment Status

☐ Employed ☐ Self-Employed ☐ Not Employed ☐ Student ☐ Retired ☐ Other

If employed, please specify occupation and title _____

EMPLOYER NAME/ADDRESS

CITY, STATE AND ZIP OR POSTAL CODE (AND COUNTRY IF OUTSIDE THE UNITED STATES)

Affiliations

Check here if you, your spouse or immediate family member[7] is a:

☐ Director, 10% or greater shareholder, policymaking executive officer or executive officer for a U.S. publicly traded firm (including a foreign company that has securities, such as American Depository Receipts, that are listed on a U.S. exchange or trade publicly in the United States).

☐ Director, partner or employee of registered broker-dealer, a securities exchange or an entity controlled by a securities exchange or a registered securities association; or a portfolio manager for a bank, savings and loan institution, insurance company, investment company, investment advisor or collective investment account.

Please complete the following for each person for whom you checked a box (if applicable):

EMPLOYER'S NAME | TITLE AND POSITION

EMPLOYER'S NAME | TITLE AND POSITION

[7] "Immediate family member" means any child, stepchild, grandchild, parent, grandparent, spouse, sibling, in-law, adoptive relationship and any individual to whom you provide material support (i.e., more than 25% of the individual's income or living in the same household).

STEP II. Custodian/Guardian Profile (Continued)

Minor/Ward Information

MINOR/WARD NAME _____ DATE OF BIRTH (MM/DD/YYYY) _____

Gender ☐ Male ☐ Female

LEGAL RESIDENCE: STREET ADDRESS _____

CITY, STATE AND ZIP OR POSTAL CODE (AND COUNTRY IF OUTSIDE THE UNITED STATES) _____

SOCIAL SECURITY (OR TAXPAYER IDENTIFICATION NUMBER) _____

Citizenship/Residence

Country of Citizenship: ☐ U.S. Citizen ☐ Other _____

Country of Residence: ☐ U.S. Resident ☐ Other _____

If not a U.S. citizen, please provide: PASSPORT NUMBER _____ DATE OF EXPIRATION (MM/DD/YYYY) _____ ISSUING COUNTRY _____

Affiliations

Check here if an immediate family member[7] of the minor or ward is a:

☐ Director, 10% or greater shareholder, policymaking executive officer or executive officer for a U.S. publicly traded firm (including a foreign company that has securities, such as American Depository Receipts, that are listed on a U.S. exchange or trade publicly in the United States).

☐ Director, partner or employee of registered broker-dealer, a securities exchange or an entity controlled by a securities exchange or a registered securities association; or a portfolio manager for a bank, savings and loan institution, insurance company, investment company, investment advisor or collective investment account.

Please complete the following information relating to such immediate family member if you checked a box:

FAMILY MEMBER'S EMPLOYER NAME _____ FAMILY MEMBER'S TITLE AND POSITION _____

FAMILY MEMBER'S EMPLOYER NAME _____ FAMILY MEMBER'S TITLE AND POSITION _____

[7] "Immediate family member" means any child, stepchild, grandchild, parent, grandparent, spouse, sibling, in-law, adoptive relationship and any individual to whom you provide material support (i.e., more than 25% of the individual's income or living in the same household).

STEP II. Trust/Sole Proprietorship/Partnership Profile

Entity Information

TRUST/SOLE PROPRIETORSHIP/PARTNERSHIP NAME

BUSINESS ADDRESS: STREET ADDRESSS (FOR TRUST PROVIDE LEGAL RESIDENCE OF TRUSTEE)

CITY, STATE AND ZIP OR POSTAL CODE (AND COUNTRY IF OUTSIDE THE UNITED STATES)

E-MAIL ADDRESS (REQUIRED FOR CERTAIN ONLINE SERVICES)

BUSINESS PHONE | SOCIAL SECURITY (OR TAXPAYER IDENTIFICATION NUMBER) | DATE OF TRUST

Trustee/Proprietor/Partner Information

- Where there are more than three Trustees or Partners, please complete an additional Profile page

TRUSTEE/PROPRIETOR/PARTNER

SOCIAL SECURITY OR U.S. TAXPAYER IDENTIFICATION NUMBER (IF ANY) | DATE OF BIRTH (MM/DD/YYYY) | ☐ Yes ☐ No U.S. CITIZEN | ☐ Yes ☐ No U.S. RESIDENT

PRIMARY RESIDENCE: STREET ADDRESS | CITY, STATE AND ZIP OR POSTAL CODE (AND COUNTRY IF OUTSIDE THE UNITED STATES)

HOME PHONE | BUSINESS PHONE | E-MAIL ADDRESS (REQUIRED FOR ONLINE ACCOUNT ACCESS)

MAILING ADDRESS (IF DIFFERENT FROM PRIMARY RESIDENCE): STREET ADDRESS | CITY, STATE AND ZIP OR POSTAL CODE (AND COUNTRY IF OUTSIDE THE UNITED STATES)

NON-U.S. CITIZENS: PASSPORT NUMBER | DATE OF EXPIRATION (MM/DD/YYYY) | PASSPORT ISSUED BY (COUNTRY)*

TRUSTEE/PROPRIETOR/PARTNER

SOCIAL SECURITY OR U.S. TAXPAYER IDENTIFICATION NUMBER (IF ANY) | DATE OF BIRTH (MM/DD/YYYY) | ☐ Yes ☐ No U.S. CITIZEN | ☐ Yes ☐ No U.S. RESIDENT

PRIMARY RESIDENCE: STREET ADDRESS | CITY, STATE AND ZIP OR POSTAL CODE (AND COUNTRY IF OUTSIDE THE UNITED STATES)

HOME PHONE | BUSINESS PHONE | E-MAIL ADDRESS (REQUIRED FOR ONLINE ACCOUNT ACCESS)

NON-U.S. CITIZENS: PASSPORT NUMBER | DATE OF EXPIRATION (MM/DD/YYYY) | PASSPORT ISSUED BY (COUNTRY)*

TRUSTEE/PROPRIETOR/PARTNER

SOCIAL SECURITY OR U.S. TAXPAYER IDENTIFICATION NUMBER (IF ANY) | DATE OF BIRTH (MM/DD/YYYY) | ☐ Yes ☐ No U.S. CITIZEN | ☐ Yes ☐ No U.S. RESIDENT

*Please attach the Passport/National Identity Card Form (Non-Resident Aliens) along with a photocopy of your passport to this Application.

PRIMARY RESIDENCE: STREET ADDRESS | CITY, STATE AND ZIP OR POSTAL CODE (AND COUNTRY IF OUTSIDE THE UNITED STATES)

HOME PHONE | BUSINESS PHONE | E-MAIL ADDRESS (REQUIRED FOR ONLINE ACCOUNT ACCESS)

NON-U.S. CITIZENS: PASSPORT NUMBER | DATE OF EXPIRATION (MM/DD/YYYY) | PASSPORT ISSUED BY (COUNTRY)*

For Trust

Country of Trust for Taxation Purposes: ☐ United States ☐ Other _____

State law that governs Trust: _____

For Partnership

Country of Organization: ☐ United States ☐ Other _____

Tax Residence Jurisdiction: ☐ United States ☐ Other _____

Name as you would like it to appear on Debit Card(s), if different than Trustee/Sole Proprietor/Partner name on the certification.

(Please leave a space before last name(s).)

DEBIT CARD NAME

DEBIT CARD NAME

DEBIT CARD NAME

Check here if any Trustee, Trust Beneficiary,** Proprietor or Partner is:

☐ an Employee of Morgan Stanley Smith Barney, its subsidiaries or affiliates, or

☐ related to an Employee of Morgan Stanley Smith Barney, its subsidiaries or affiliates.

Affiliations

Check here if any Trustee, Trust Beneficiary,** Proprietor or Partner or any immediate family member[7] thereof is:

☐ Director, 10% or greater shareholder, policymaking executive officer or executive officer for a U.S. publicly traded firm (including a foreign company that has securities, such as American Depository Receipts, that are listed on a U.S. exchange or trade publicly in the United States).

☐ Director, partner or employee of registered broker-dealer, a securities exchange or an entity controlled by a securities exchange or a registered securities association; or a portfolio manager for a bank, savings and loan institution, insurance company, investment company, investment advisor or collective investment account.

Please complete the following information for each person for whom you checked a box (if applicable):

EMPLOYER'S NAME | TITLE AND POSITION

EMPLOYER'S NAME | TITLE AND POSITION

* Please attach the Passport/National Identity Card Form (Non-Resident Aliens) along with a photocopy of your passport to this Application.

** Those beneficiaries who have a current, absolute right, free from Trustees' discretion, to receive income and/or principal from the trust; this does not include contingent remainder beneficiaries.

[7] "Immediate family members" means any child, stepchild, grandchild, parent, grandparent, spouse, sibling, in-laws, adoptive relationships and any individual to whom you provide material support (i.e., more than 25% of the individual's income or living in the same household).

STEP II. Estate/Fiduciary Profile

Estate Information

ESTATE NAME

ESTATE TAX IDENTIFICATION | DECEDENT'S DATE OF DEATH (MM/DD/YYYY) | DECEDENT'S SOCIAL SECURITY

Fiduciary Information

- If there is more than one Administrator, Executor or Representative of the Estate, please complete an additional Profile page.

FIDUCIARY NAME (ADMINISTRATOR/EXECUTOR/REPRESENTATIVE OF THE ESTATE)

LEGAL RESIDENCE: STREET ADDRESS

CITY, STATE AND ZIP OR POSTAL CODE (AND COUNTRY IF OUTSIDE THE UNITED STATES)

HOME PHONE | BUSINESS PHONE | CELL PHONE

MAILING ADDRESS (IF DIFFERENT FROM PRIMARY RESIDENCE): STREET ADDRESS

MAILING ADDRESS/CITY, STATE AND ZIP OR POSTAL CODE (AND COUNTRY IF OUTSIDE THE U.S.)

E-MAIL ADDRESS (REQUIRED FOR CERTAIN ONLINE SERVICES)

SOCIAL SECURITY (OR TAXPAYER IDENTIFICATION NUMBER) | DATE OF BIRTH (MM/DD/YYYY)

Citizenship/Residence

Country of Citizenship: ☐ U.S. Citizen ☐ Other _____

Country of Residence: ☐ U.S. Resident ☐ Other _____

If not a U.S. citizen, please provide: PASSPORT NUMBER | DATE OF EXPIRATION (MM/DD/YYYY) | ISSUING COUNTRY

Affiliations

Check here if you, your spouse or immediate family member[7] is a:

☐ Director, 10% or greater shareholder, policymaking executive officer or executive officer for a U.S. publicly traded firm (including a foreign company that has securities, such as American Depository Receipts, that are listed on a U.S. exchange or trade publicly in the United States).

☐ Director, partner or employee of registered broker-dealer, a securities exchange or an entity controlled by a securities exchange or a registered securities association; or a portfolio manager for a bank, savings and loan institution, insurance company, investment company, investment advisor or collective investment account.

Please complete the following for each person for whom you checked a box (if applicable):

EMPLOYER'S NAME | TITLE AND POSITION

EMPLOYER'S NAME | TITLE AND POSITION

[7] "Immediate family member" means any child, stepchild, grandchild, parent, grandparent, spouse, sibling, in-law, adoptive relationship and any individual to whom you provide material support (i.e., more than 25% of the individual's income or living in the same household).

STEP III. Tax Certifications and Signatures

Signatures

By signing below, you acknowledge and agree to the terms of the Client Agreement which is incorporated by reference herein and of which you hereby acknowledge receipt, and that:

1. Unless you have checked "No Margin" in the Margin Section of this Application, you understand that margin loans may be extended to you from time to time for purposes of purchasing securities or otherwise. Please see the section entitled "Margin Privileges" in the account opening materials, which includes a description of the risks associated with margin borrowing and read the Margin Disclosure Statement (also available at: www.morganstanleyindividual.com/customerservice/disclosures). You acknowledge that your securities may be loaned to us or to others. Notwithstanding the foregoing, you also understand and agree that a margin loan may be established to cover transactions (including funds transfers and debit card purchases) when there are insufficient funds in your Account.

2. If you have requested any cash management services, you agree to the terms of the Client Agreement and other agreements which govern those services and authorize MSSB to establish checkwriting privileges, online bill payment services, Electronic Fund Transfer capabilities and to issue Debit Cards as instructed by you. You affirm that you have the authority to open this Account. You understand and agree that this account is governed by the Client Agreement and/or other agreements you may have with MSSB or other providers of services related to the account. You agree that if you decline to participate in any of MSSB's services today, but elect to do so in the future, you agree to be bound by the applicable terms in the Client Agreement and any other agreements relating to such service at that time.

3. You agree that Morgan Stanley Smith Barney may use this Application and the certifications in connection herewith, including certain authorization forms to, among other things, establish additional Active Assets Accounts[SM]. You understand and agree that, subject to any information you provide relating to such additional Accounts (e.g., on the Additional Account Addendum), the terms of this Application, the Client Agreement (as amended) and all certifications in connection herewith, shall apply to such additional Accounts.

4. You confirm that the information provided in this Application is correct and that you will promptly advise Morgan Stanley Smith Barney of any changes to your financial status, investment objectives, name, address, or any other material information provided by you to Morgan Stanley Smith Barney. You acknowledge and understand that MSSB will rely on the accuracy of the information you provide and that MSSB will rely on your agreement to promptly notify it of any material changes to the information you provide.

5. You authorize Morgan Stanley Smith Barney at its sole discretion to inquire from any source, including your employer or a consumer reporting agency, as to your identity, creditworthiness (and your spouse's, if you live in a community property state) and ongoing eligibility for the Account(s) upon the opening thereof and any time thereafter.

6. You represent that neither you nor any other person who has an ownership interest in, or authority over, the Account is or has been a Politically Exposed Person, also known as a senior foreign political figure, or an immediate family member or close associate of a senior foreign political figure within the meaning of the U.S. Department of the Treasury's Guidance on Enhanced Scrutiny for Transactions That May Involve the Proceeds of Foreign Official Corruption and as referenced in the USA PATRIOT ACT.[8] If you, any other owner of, or authorized person on the Account is or has been such a figure, you agree to disclose that fact to Morgan Stanley Smith Barney and provide the necessary information required by law to open and/or to service your Account. You also represent

[8] For the purposes of this paragraph, a "Politically Exposed Person" is a senior official in the executive, legislative, administrative, military or judicial branch of a foreign government (whether elected or not) or a major foreign political party, a senior executive of a foreign government-owned corporation or a corporation, business or other entity formed by, or for the benefit of, such a figure; "immediate family" includes, but is not limited to, parents, siblings, children and in-laws; "close associate" means a person who is widely and publicly known to maintain an unusually close relationship with a senior foreign political figure, including a person in a position to conduct substantial domestic and international financial transactions on behalf of such figure. For a fuller discussion of the preceding terms and definitions, see http://www.federalreserve.gov/boarddocs/srletters/2001/sr0103.htm.

that this Account will not be used for any transactions with, or for the benefit of, any person, entity or country subject to sanctions administered by the U.S. Treasury Department's Office of Foreign Assets Control ("OFAC").

7. If you transmit an executed copy of this Application or other required documentation either by facsimile or via portable document format ("PDF"), you agree that such electronic version will be binding on all parties.

8. Additional certifications for clients who are not U.S. Persons:[9]

   a. You certify that you do not qualify as a U.S. Person under applicable U.S. securities laws. You understand that certain investments may have other or additional restrictions and that you will be responsible for any violations of such restrictions. You affirm, as applicable, that any photocopies are true and accurate copies of your current and valid passport or national identity card. You agree to notify Morgan Stanley Smith Barney immediately in the event you become a U.S. Person.

   b. For clients selecting the offshore SICAV money market mutual fund sweep, you confirm that you were not in the United States at the time you signed this Application (and were not solicited to select this mutual fund in the United States).

9. You represent that neither you nor any person who has an ownership interest in or authority over this Account knowingly owns, operates or is associated with a business that uses, at least in part, the Internet to receive or send information that could be used in placing, receiving, or otherwise knowingly transmitting a bet or wager.

[9] In this regard, a "U.S. Person" means any U.S. Person as defined in Regulation S under the U.S. Securities Act of 1933, as amended.

☐ **By checking this box, you confirm that you are opening one or more additional Active Assets Accounts by completing the attached Additional Account Addendum (one addendum per additional Account).**

☐ **By checking this box, you confirm that you are requesting Electronic Delivery and agree to be bound by the terms thereof.**

E-MAIL ADDRESS FOR ELECTRONIC DELIVERY:

If you are not a U.S taxpayer, your signature below does not constitute a certification to form W-9. Non-U.S. taxpayers must file the appropriate form W-8 which will be supplied to you separately. Morgan Stanley Smith Barney may be required by law to withhold a percentage of dividends, interest and gross proceeds of sales of securities for any account which has not filed a Form W-9 or an appropriate Form W-8.

Tax Certification and Signatures

Form W-9: Request for Taxpayer Identification Number and Certification

Under penalties of perjury, You certify that:

1. The number you have provided herein is your correct Taxpayer Identification Number (or you are waiting for a number to be issued to you); and
2. You are not subject to backup withholding because:
   a. You are exempt from backup withholding, or
   b. You have not been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding as a result of a failure to report all interest and dividends, or
   c. The IRS has notified you that you are no longer subject to backup withholding; and
3. You are a U.S. person (including a U.S. resident alien).

CERTIFICATION INSTRUCTIONS: YOU MUST CROSS OUT ITEM #2 ABOVE IF YOU HAVE BEEN NOTIFIED BY THE IRS THAT YOU ARE CURRENTLY SUBJECT TO BACKUP WITHHOLDING BECAUSE YOU HAVE FAILED TO REPORT ALL INTEREST AND DIVIDENDS ON YOUR TAX RETURN.

You understand that your Accounts at Morgan Stanley Smith Barney are governed by a predispute arbitration clause (see Paragraph 15 of the Client Agreement), and you agree in advance to arbitrate any controversies that may arise in connection with these Accounts with Morgan Stanley Smith Barney and its employees. You acknowledge that you have received a copy of the Client Agreement, including the predispute arbitration clause.

You understand that the Internal Revenue Service does not require your consent to any provision of this Client Agreement other than the certifications required to avoid backup withholding set forth above.

CLIENT/TRUSTEE/CUSTODIAN/GUARDIAN/PARTNER/EXECUTOR SIGNATURE — DATE (MM/DD/YYYY)

CLIENT/TRUSTEE/CUSTODIAN/GUARDIAN/PARTNER/EXECUTOR SIGNATURE — DATE (MM/DD/YYYY)

CLIENT/TRUSTEE/CUSTODIAN/GUARDIAN/PARTNER/EXECUTOR SIGNATURE — DATE (MM/DD/YYYY)

CLIENT/TRUSTEE/CUSTODIAN/GUARDIAN/PARTNER/EXECUTOR SIGNATURE — DATE (MM/DD/YYYY)

CLIENT/TRUSTEE/CUSTODIAN/GUARDIAN/PARTNER/EXECUTOR SIGNATURE — DATE (MM/DD/YYYY)

For Internal Use Only

Branch No. Account No. Financial Advisor No.

MorganStanley SmithBarney

Fiduciary Certification and Trust Account Agreement

All Trustees must provide all information that is requested on this Certification.

General Information

1. The full title of the Trust to which this Certification applies is:

   _____

   Example: John Jones and Sam Smith, Co-Trustees of the Mary Jones Trust Dated 12/07/1997
   Example: John Jones and Mary Jones, Trustees of the William Jones Trust Under the Will of Susan Jones Dated 08/06/1999

2. The date of the governing Trust or Will is: _____
3. The Grantor(s)/Trustor(s) of the Trust is/are: _____
4. Is the Trust revocable by the Grantor(s): ☐ Yes ☐ No

In consideration of Morgan Stanley Smith Barney ("MSSB") opening and/or maintaining an Account for the Trust described above (the "Trust Account"), you, the undersigned fiduciaries certify, represent and warrant to MSSB that you have read, understand and agree to the following terms and you further certify, represent and warrant that the Trust is in full force and effect, that the representations made herein are accurate, and that the below information is true and complete.

You represent that the Trust was validly created and that the signatories below are the only fiduciaries of the Trust ("Fiduciaries" or "Trustees"). If only one individual is named below, you agree that MSSB may assume that the individual is the sole fiduciary, and, where applicable, plural references herein shall be deemed to be singular.

The Fiduciaries are authorized to give orders and instructions to MSSB on behalf of the Trust (including orders to buy, sell, hold, transfer, or distribute securities and to disburse or receive money) and to execute any documents necessary to open or maintain an account or accounts for the Trust.

Any one Fiduciary may independently exercise any of the powers certified to herein and may individually act on behalf of and bind the Trust as well as execute any documents on behalf of the Trust that MSSB requires including an agreement to arbitrate all disputes concerning the Trust account. You agree that if you intend to name a delegate other than a Trustee that you have the power to do so and that you will execute MSSB's discretionary documentation or provide MSSB with alternative documentation acceptable to MSSB.

If MSSB receives conflicting instructions from different Trustees/Fiduciaries, or reasonably believes instructions from one Trustee/Fiduciary might conflict with the wishes of another Trustee/Fiduciary, MSSB may do any of the following: (a) choose which instructions to follow and which to disregard; (b) suspend all activity in the account until written instructions signed by all Trustees/Fiduciaries are received; (c) close the account and deliver all securities and other property, net of debits or liabilities, to the address of record; and/or (d) take other legal action. You agree that MSSB retains the right to require joint action of all Trustees/Fiduciaries and/or authorized persons with respect to any activity relating to the Trust Account whenever such joint action may be deemed necessary in MSSB's sole discretion.

1. Representations

You recognize that the Trust, will or other document by which the Trust referenced above was created ("Operative Document"), and/or all substantive laws that govern or apply to the Operative Document ("Governing Law"), can limit your authority with respect to the Trust. You also recognize that you are solely responsible for ensuring that all orders, instructions and transactions that the Trust enters into are permitted by the Operative Document and its Governing Law. Accordingly, you represent and warrant (which representations and warranties shall continue during the term of this Agreement), that:

(a) You are the only duly appointed and acting current fiduciaries of the Trust and you are familiar with the terms of the Operative Document and its Governing Law;

(b) You have authority under the Operative Document and Governing Law to enter into and perform the obligations set forth herein and in the *Client Agreement For Active Assets Accounts℠ (for Individuals and Businesses) and Individual Retirement Accounts (Traditional/Rollover/Roth/Inherited/SEP/SAR-SEP and SIMPLE IRAs (collectively "IRAs"))* ("Client Agreement");

(c) You have the power under the Operative Document and Governing Law to give MSSB valid orders and other instructions relative to the Trust Account as certified herein, and all such orders and instructions are and shall be binding on the Trust;

(d) The Operative Document and Governing Law authorize you to make distributions/transfers from the Trust by check, electronic funds transfer, Debit or other Cards (if issued) or otherwise, to yourselves, the beneficiaries and others as you may direct, and MSSB shall have no responsibility to ensure the proper application of trust funds, securities or other assets by any Trustee;

(e) To the extent that any order, instruction or transaction hereunder, including usage of checks, a Debit or other Card, requires a delegation of your fiduciary authority to act on behalf of and bind the Trust with third parties, you are fully empowered to make such delegation under the Operative Document and Governing Law, and have undertaken all acts necessary for such delegation to be effective;

(f) You are solely responsible for any and all tax consequences of any kind and nature related to any order, instruction or transaction as certified in herein. You acknowledge that each order, instruction or transaction may carry international, federal, state or local tax consequences, and that you will consult as necessary with qualified professionals to identify and evaluate any such consequences. You acknowledge that additions and/or distributions from the Trust Account may carry income, gift, estate and/or generation-skipping transfer tax consequences. You also acknowledge that issuance of a Debit or other Card may provide certain holders thereof with a "general power of appointment" over the Trust Account for U.S. tax purposes.

(g) You will immediately notify MSSB, in writing, if there are any amendments to the Operative Document that would affect or alter the accuracy of the information provided in connection with the opening and maintenance of the Trust Account, including changes in the identity of the fiduciaries and the persons authorized to act on behalf of the Trust. MSSB may rely on the information provided by you and the representations and warranties contained herein until it receives such written notice signed by all of the fiduciaries;

(h) You agree to provide MSSB with a copy of the first and last page of the Operative Document to evidence the formation of the Trust and, upon request, with a copy of the entire Operative Document; and

(i) These representations and warranties and the Client Agreement, represent a valid, legal and binding obligation of the Trust, enforceable against the Trust according to its/their terms.

2. Certification that All Investment Transactions and Instructions are Permitted by The Operative Document and/or Governing Law

You hereby certify that neither the Operative Document nor Governing Law place any restriction or limitation with respect to any instruction that you will give to MSSB to purchase or sell any security, option, or other investment product, to pursue any particular investment strategy, including the use of margin or to accept such instructions from a third party delegate. As a result, you hereby expressly agree that MSSB shall assume that any instruction that you give with respect to the Trust is duly authorized under the Operative Document and Governing Law, including (without limitation) with respect to transactions involving any of the following:

- Corporate Equity Securities
- Corporate Debt
- Municipal Securities
- U.S. Agency Securities

- U.S. Government Securities
- Mutual Funds
- Non-Traditional Investments (including hedge funds, funds of funds, private equity, venture capital or other collective investments or funds)
- Insurance and Annuities
- Margin Transactions (including short sales and non-purpose loans)
- Option transactions (including uncovered positions, spreads and straddles)
- Commodities and Futures Transactions (including collective investments or funds)
- Hiring of investment advisers and the delegation of investment discretion to third parties including MSSB or other investment advisers recommended by MSSB

You hereby certify that you will undertake, and accept sole responsibility for all duties with respect to the investment of the Trust, including without limitation any duties to control investment risk or to diversify investments, that apply under the Operative Document or Governing Law, and that you therefore agree that MSSB shall assume that any instruction, action or inaction on your part with respect to the investment of the Trust is consistent with the complete discharge of your fiduciary duties. You acknowledge that your investment authority under the Operative Document and Governing Law is broad, and that any one or more of your instructions, actions or inactions in connection with the investment of the Trust might appear to be inconsistent with the duties or other fiduciaries holding lesser investment authority. You certify, that MSSB shall have no obligation under the Operative Document or Governing Law to make any inquiry into your authority or the reasonableness or appropriateness of any direction, instruction, action or non-action given or taken by you.

3. Indemnification

You, individually and on behalf of the Trust, hereby agree to indemnify and hold harmless MSSB from any and all liabilities and expenses (including attorney's fees) for claims, judgments, surcharges, or settlement amounts for effecting transactions or instructions of the types specified herein or, where applicable, arising out of or in connection with the improper use of the account by any Trustee or delegate including any related check writing, Debit or other Card transactions, electronic funds transfer and other privileges, or otherwise relying on your representations and warranties herein and in the Client Agreement. You shall be jointly and severally liable for performing the obligations stated herein. Such obligations and this indemnification shall survive the termination of the Trust Account as well as your agreements herein and in the Client Agreement, and shall be binding upon all heirs, beneficiaries, successors or assigns.

To induce any transfer agent or other third party to act hereunder, you hereby agree that any transfer agent or other third party receiving a duly executed copy or facsimile of this instrument may act in reliance thereon, and that any modification, revocation or termination of the powers and authorities herein delineated shall be ineffective as to such transfer agent or third party, including MSSB and its affiliates, unless and until actual notice or knowledge of such modification, revocation or termination shall have been received by such transfer agent or third party. You, individually and on behalf of the Trust, agree to indemnify and hold harmless any such transfer agent or third party from and against all claims that may arise against such transfer agent or other third party by reason of such third party having relied on the representations and warranties you make herein and in the Client Agreement.

4. Entire Understanding and Governing Law

You agree that these representations and warranties and the Client Agreement, together with any other agreements you enter into with MSSB relating to the Trust Account, and any terms contained on any statements and confirmations sent to you by or on behalf of MSSB, contain the entire understanding between you and MSSB concerning the Trust Account. You acknowledge that you have read, received, understand and agree to the terms of the Client Agreement, and you further agree that the Trust Account is subject to the terms of the

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Branch No. Account No. Financial Advisor No.

Client Agreement. In respect of the Trust Account, these representations and warranties and the Client Agreement shall prevail over any prior conflicting provision of any agreement relating to the Trust Account. In the event of any conflict between these representations and warranties and the Client Agreement, these representations and warranties shall prevail in respect of the Trust Account. You further agree that these representations and warranties and all provisions herein, shall be governed, construed and interpreted in accordance with the laws of the State of New York without giving effect to the principles of conflicts of laws.

TRUSTEE/FIDUCIARY	DATE
TRUSTEE/FIDUCIARY	DATE
TRUSTEE/FIDUCIARY	DATE
TRUSTEE/FIDUCIARY	DATE
TRUSTEE/FIDUCIARY	DATE

Morgan Stanley
Smith Barney

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Branch No. Account No. Financial Advisor No.

Morgan Stanley
Smith Barney

Sole Proprietorship Certification

In consideration of Morgan Stanley Smith Barney opening and maintaining one or more accounts for the Sole Proprietorship identified below, I, the undersigned hereby certify as follows:

A. General Information

1. The name of the Sole Proprietorship is: _____
2. I certify that no other person has any interest in the Sole Proprietorship identified herein. I am sole owner thereof.
3. Does the Sole Proprietorship have a separate Employer Identification Number ("EIN")?

   ☐ Yes ☐ No If Yes, the separate EIN is as follows: _____

B. Other Matters

1. I hereby indemnify Morgan Stanley Smith Barney, its subsidiaries, affiliates, successors, and assigns and its employees and hold each of them harmless from any and all claims, liabilities, and expenses which may arise from accepting instructions (including, but not limited, instructions related to investments, withdrawals, distributions, contributions and transfers) from me or any other person or entity authorized to act on behalf of the Sole Proprietorship or which may arise from continued reliance on this Certification. The provisions of this paragraph shall survive the termination of the Account.
2. I hereby agree to notify Morgan Stanley Smith Barney in writing of any change to my authority or the authority of any other person or entity authorized to act on behalf of the Sole Proprietorship, or any other event which could materially alter the representations made in this Certification. I further agree to notify Morgan Stanley Smith Barney, in advance and in writing, if any other person or entity is given authority to act on behalf of the Sole Proprietorship. Morgan Stanley Smith Barney may rely on the continued validity of this Certification indefinitely, absent actual receipt of such written notice.
3. I agree that Morgan Stanley Smith Barney may apply this form to any accounts in the name of the entity listed in Section A above. I further agree that all of the terms, conditions, authorizations and representations shall apply to such accounts.

_____ _____

ACCOUNT OWNER DATE

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Branch No. Account No. Financial Advisor No.

MorganStanley SmithBarney

General Partnership or Limited Partnership ("LP") Certification

I/we, the General Partner(s) hereby certify the following:

A. General Information

1. The full name of the Partnership to which this Certification applies is:

_____

B. Agreement of the Partnership

In consideration of Morgan Stanley Smith Barney LLC ("MSSB") opening and maintaining a partnership account (the "Account") in the name of a duly organized partnership of which the undersigned are all the General Partners ("the Partnership"), the General Partners jointly and severally agree that, in connection with the Account, each General Partner has the authority on behalf of the Partnership:

1) to buy, sell (including short sales) and otherwise deal in, through MSSB, stocks, bonds, equity options, debt options, commodities and commodity options, mutual funds and any other securities, on margin or otherwise;
2) to receive demands, notices, confirmations, reports, account statements, purchase and sale notices, and other communications;
3) to deposit and withdraw money, securities and property of every kind to and from the Account;
4) to borrow money from MSSB and its applicable affiliates and to secure payment thereof with property of the Partnership;
5) to make agreements relating to any of the foregoing matters, or the Account generally, and to terminate, modify or waive any of the provisions of same; and
6) to deal with MSSB as fully and completely as if the Account were in the General Partner's name alone.

This authority hereby conferred shall remain in force until written notice of its revocation is delivered to MSSB at the office servicing the Account.

The General Partners agree to jointly and severally indemnify MSSB, its subsidiaries, affiliates, successors and assigns and its employees and hold each of them harmless from any and all claims, liabilities, and expenses which may arise from any action, instruction or omission attributable to any General Partner(s) or which may arise from continued reliance on this Certification. The provisions of this paragraph shall survive the termination of either the Partnership or the Account.

The General Partners agree to immediately notify MSSB in writing of the death, retirement, withdrawal or incompetency of any General Partner, the addition of a new General Partner, any amendment to the Partnership Agreement, or any other event which could materially alter the representations made in this Certification. MSSB may rely on the continued validity of this Certification indefinitely, absent actual receipt of such written notice.

If MSSB receives conflicting instructions from different General Partners, or reasonably believes instructions from one General Partner might conflict with the wishes of another General Partner, MSSB may do any of the following: (a) choose which instructions to follow and which to disregard; (b) suspend all activity in the account until written instructions signed by all General Partners are received; (c) close the account and deliver all securities and other property, net of debits or liabilities, to the address of record; and/or (d) take other legal action. The General Partners agree that MSSB retains the right to require joint action of all General Partners and/or authorized persons with respect to any activity relating to the Partnership Account whenever such joint action may be deemed necessary in MSSB's sole discretion.

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Branch No. Account No. Financial Advisor No.

The General Partners agree that MSSB may apply this form to any accounts in the name of the entity listed above. The General Partners further agree that all of the terms, conditions, authorizations and representations shall apply to such accounts.

NAME OF PARTNER/SIGNATURE	DATE
NAME OF PARTNER/SIGNATURE	DATE
NAME OF PARTNER/SIGNATURE	DATE
NAME OF PARTNER/SIGNATURE	DATE
NAME OF PARTNER/SIGNATURE	DATE
NAME OF PARTNER/SIGNATURE	DATE
NAME OF PARTNER/SIGNATURE	DATE
NAME OF PARTNER/SIGNATURE	DATE

For Internal Use Only

Branch No. Account No. Financial Advisor No.

MorganStanley SmithBarney

Direct Deposit Setup

To enroll in Direct Deposit, submit the completed and signed form to the organization or financial institution that will be depositing money in your Morgan Stanley Smith Barney account.

Direct Deposit allows you to have all or part of your salary, government, social security or other recurring payments automatically deposited into your account.

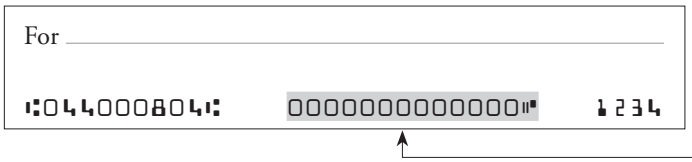
Client Information

ACCOUNT OWNER NAME

LEGAL RESIDENCE: STREET ADDRESS

CITY, STATE AND ZIP OR POSTAL CODE (AND COUNTRY IF OUTSIDE THE UNITED STATES)

Please use the account number found on your firm-issued check or contact your Financial Advisor for the correct information.



Checking Account Number

Checking

Type of Account

Morgan Stanley Smith Barney Information

MORGAN STANLEY & CO. INCORPORATED
JP MORGAN CHASE BANK NA
COLUMBUS, OH 43271

BANK NAME AND ADDRESS

044-000-804

BANK TRANSIT/ROUTING NUMBER

Payment Information

Salary, government or social security payments:

I authorize you to deposit _____% of each payment automatically into the Morgan Stanley Smith Barney account identified above.

Deposits from other financial institutions:

I authorize you to deposit $_____ automatically into the Morgan Stanley Smith Barney account identified above.

Select the frequency of these deposits:

☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Quarterly ☐ Other: _____
PLEASE DESCRIBE

SIGNATURE

MorganStanley SmithBarney

ACTIVE ASSETS ACCOUNT℠ APPLICATION
AAADDS N0611 (06/2011)

NY CS 6664180 06/11