

Account Transfer Authorization

A complete copy of the client's most recent Statement is necessary to process this transfer.

SB Clearing No. 0418	<table style="width: 100%;"><tr><td style="width: 20%;">Account Number</td><td style="width: 20%;">Branch</td><td style="width: 20%;">Account</td><td style="width: 20%;">T</td><td style="width: 20%;">C</td><td style="width: 20%;">FA</td></tr></table>	Account Number	Branch	Account	T	C	FA	<table style="width: 100%;"><tr><td><input type="checkbox"/> Retail</td><td><input type="checkbox"/> IRA</td><td><input type="checkbox"/> Roth IRA</td><td><input type="checkbox"/> Simple IRA</td></tr><tr><td><input type="checkbox"/> Education Savings Account</td><td><input type="checkbox"/> Qualified</td><td><input type="checkbox"/> Mutual Fund Rollover</td><td><input type="checkbox"/> Direct Rollover</td></tr><tr><td><input type="checkbox"/> ACAT</td><td><input type="checkbox"/> Non-ACAT</td><td><input type="checkbox"/> Partial</td><td><input type="checkbox"/> Mutual Fund Rollover</td></tr><tr><td colspan="4"><input type="checkbox"/> BROKER CHANGE ONLY</td></tr></table>	<input type="checkbox"/> Retail	<input type="checkbox"/> IRA	<input type="checkbox"/> Roth IRA	<input type="checkbox"/> Simple IRA	<input type="checkbox"/> Education Savings Account	<input type="checkbox"/> Qualified	<input type="checkbox"/> Mutual Fund Rollover	<input type="checkbox"/> Direct Rollover	<input type="checkbox"/> ACAT	<input type="checkbox"/> Non-ACAT	<input type="checkbox"/> Partial	<input type="checkbox"/> Mutual Fund Rollover	<input type="checkbox"/> BROKER CHANGE ONLY			
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Carrying Firm's Clearing No.		Carrying Firm's Account No.																						
Account Title																								
Carrying Firm's Name																								
Carrying Firm's Street Address		City State Zip																						
Social Security or Tax I.D. Number <small>(as shown on Carrying Firm's Client Statement)</small>		Tax I.D. Number of Prior Trustee																						

U.S. Federal law requires us to obtain, verify and record information that identifies each person or entity that opens an account. What this means for you is that when you open an account, we will ask for your name, a street address, date of birth, and an identification number. such as a Social Security No. or other identification number, that Federal law requires us to obtain. We may also ask to see a driver's license, corporate formation document (for corporate entities), or other identifying documents that will allow us to identify you or the corporate entity seeking to open an account. We appreciate your cooperation. SEE IMPORTANT DISCLOSURE ON PAGE 2.

DELIVERING AGENT PLEASE NOTE: Complete delivery instructions and fed wire instructions are on the reverse side of this form.

<input type="checkbox"/> BROKERAGE ACCOUNT TRANSFER Check one: <input type="checkbox"/> Transfer my ENTIRE account. <i>(Please go directly to Signature area.)</i> <input type="checkbox"/> Transfer only the assets listed here. <i>(This section is used for partial transfers. If necessary, please attach sheet listing additional assets.)</i>	<table border="1" style="width: 100%;"><thead><tr><th>Qty</th><th>Description</th><th>Liq.</th><th>Re-Reg.</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>	Qty	Description	Liq.	Re-Reg.													<table border="1" style="width: 100%;"><thead><tr><th>Qty</th><th>Description</th><th>Liq.</th><th>Re-Reg.</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>	Qty	Description	Liq.	Re-Reg.												
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<input type="checkbox"/> BANK ACCOUNT TRANSFER <i>See reverse side for mailing instructions.</i> Check one: <input type="checkbox"/> Liquidate ALL assets. <input type="checkbox"/> Liquidate Certificates of Deposit IMMEDIATELY. <i>I am aware of and acknowledge the penalty I will incur from an early withdrawal.</i> <input type="checkbox"/> Forward proceeds of Certificates of Deposit AT MATURITY. <i>(Please submit 2 - 3 weeks before maturity.)</i>
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<input type="checkbox"/> MUTUAL FUND TRANSFER Check one: <input type="checkbox"/> Redeem ALL shares and transfer cash. <input type="checkbox"/> Re-register my Mutual Fund to Citigroup Global Markets Inc. as custodian.	<table style="width: 100%;"><tr><td style="width: 50%;">Rep. Name</td><td style="width: 50%;">Rep. Phone</td></tr></table>	Rep. Name	Rep. Phone
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Certain mutual funds or variable insurance products may not be transferable because, for example, they may be non-portable proprietary products. In these situations, you have the option to continue to hold the investments at your prior firm.

<input type="checkbox"/> LIMITED PARTNERSHIP TRANSFER <i>(For CGMI IRA Custodian Accounts only.)</i> <input type="checkbox"/> Re-register my Limited Partnership investment to Citigroup Global Markets Inc. as custodian. <i>(See reverse side for mailing instructions.)</i>

TO THE CARRYING FIRM NAMED ABOVE: If this account is a qualified retirement account, I have amended my retirement plan and have adopted a new retirement plan with Citigroup Global Markets Inc. as successor custodian. Pursuant to the said amendment, please transfer all assets in my account to Citigroup Global Markets Inc. as successor custodian. I understand that to the extent any assets in my account are not readily transferable, with or without penalties, such assets may not be transferred within the time frames required by New York Stock Exchange Rule 412 or similar rule of the National Association of Securities Dealers or other designated examining authority.

I understand that the carrying organization named above and/or Morgan Stanley Smith Barney will contact me with respect to the disposition of any assets in my account that are nontransferable, and authorize the deduction of any outstanding fees due from the credit balance in my account. If my account does not contain a credit balance, or if the credit balance is insufficient to satisfy any outstanding fees due, the carrying organization named above is authorized to liquidate the assets in my account to the extent necessary to satisfy any outstanding fees due. If certificates or other instruments in my account are in the physical possession of the carrying organization, they are to be transferred in good deliverable form, including affixing any tax waivers, to enable the successor custodian to transfer them in its name for the purpose of sale, when and as directed by me. Upon receiving a copy of this transfer instruction, the carrying organization will cancel all open orders for my account on its books.

Unless otherwise indicated in the instruction above, I authorize you to liquidate any nontransferable money market fund assets that are part of my account and transfer the resulting credit balance to Citigroup Global Markets Inc. as successor custodian. I understand that if I choose a method of disposition of such assets other than liquidation and transfer, I may become liable for the payment of taxes and penalties with respect to such assets.

Disposition of money markets other than liquidation and transfer: _____

Client's Signature	Date
Morgan Stanley Smith Barney Authorized Signature	Date
Joint Account Owner's Signature <i>(All Joint account owners must sign)</i>	
Morgan Stanley Smith Barney Contact Person	Date
Telephone Number	
To the prior trustee: If this is a retirement plan, please be advised that Citigroup Global Markets Inc. will accept the above account as successor custodian.	
The New Account Name will be: Citigroup Global Markets Inc. Custodian for	

Citigroup Global Markets Inc. Tax I.D. Number: 13-2919773

Signature
Guaranteed
by:

Notice Regarding Money Market Mutual Funds

ITGP

Any increase in the number of shares an investor holds after the close of business on September 19, 2008 will not be guaranteed.

If you close your account with a fund or broker-dealer, any future investment in the fund will not be guaranteed.

If the number of shares an investor holds fluctuates over the period, the investor will be covered for either the number of shares held as of the close of business on September 19, 2008 or the current amount, whichever is less. The Program expires on December 18, 2008 unless extended by the United States Treasury.

Clients who own shares in a money market mutual fund that is covered by the guarantee could lose the benefit of the guarantee in the account transfer upon closure of the account with the carrying firm or upon transfer of the shares to the receiving firm. If you have any questions about a potential loss of coverage you should contact the carrying firm before closing an account.

Morgan Stanley Smith Barney account protection

Morgan Stanley Smith Barney has a Bank Deposit Program that provides FDIC protection depending on the type of account maintained (i.e. individual account, joint account, trust account). Please discuss with your Financial Advisor the account protections available.

ACCOUNT TRANSFER CHECKLIST

This form consolidates the Change of Broker Dealer (2222A), the Retail Account Transfer (600A), the Retirement Account Transfer (4058) and Letter of Intent forms.

1. Check the AS01 screen to determine if the contra firm is ACATS-eligible.
2. Please verify that this form includes:
 - account number
 - the **delivering firm's** name, address and account number(s) (brokerage and mutual fund numbers, as applicable)
 - the proper **account title** (title **must match** the contra firm, Smith Barney and client statement account title)
 - the client's **signature** and **Social Security** or Taxpayer I.D. Number
 - a **Signature Guarantee**
 - a copy of the client's last **statement** dated within the past 3 months
 - all required **legal documents** (e.g., corporate resolution, letters testamentary, etc.)
 - **Mutual Fund instructions**, if applicable
 - **Retirement account type** checked (IRA or Qualified)
3. Use a separate form for each account transfer and also verify that all copies of this form are legible and the signatures visible on all copies.
4. For **Cash Only** transfers, please place local branch address label over the "Forward Checks To" (#7) Delivery Instructions below.
5. Do NOT submit liquidations on ACATS. Mail this form directly to contra firm.
6. **Partial Transfers, Cash Only, Liquidations and Change of Broker/Dealer** must be handled at the branch level.
7. For status on ACAT transfers, check the BCAT and AXON screens. Address any questions to your Operations Manager.

Delivery Instructions for Non-ACATS Participants *All deliveries MUST INCLUDE client name and account number.*

1.	All DTC-eligible securities	Deliver to:	DTC Clearing #0418
2.	All physical delivery of securities	Deliver to:	Citigroup Global Markets Inc. 111 Wall Street, 6th Floor New York, NY 10005
3.	Fed Book Entry-eligible securities (e.g., Treasury Notes)	Book to:	BK of NYC/SBSRTL ABA 021 000 018
4.	Limited Partnership re-registration forms	Send to:	Citigroup Global Markets Inc. Limited Partnerships 700 Red Brook Blvd., Suite 300 Owings Mills, MD 21117
5.	Fed wired monies	Wire to:	CITIBANK N.A. ABA 021 000 089 FBO CITIGROUP GLOBAL MARKETS INC. A/C 3060-4518 FOR FURTHER CREDIT TO (Client's Smith Barney Account No.)
6.	Checks	Send to	Citigroup Global Markets Inc.

DO NOT MAIL SECURITIES TO THIS ADDRESS