Morgan Stanley

INVESTMENT MANAGEMENT

Morgan Stanley Funds Individual Retirement Account (IRA) Transfer of Assets

Notice: This form is intended for Shareholders who own Morgan Stanley mutual fund shares directly with the fund. If you own shares of a Morgan Stanley mutual fund through a Financial Intermediary, including Morgan Stanley Wealth Management, please contact your Financial Intermediary for instructions on updating your account.

Regular Mail

Morgan Stanley Funds P.O. Box 219804 Kansas City, MO 64121-9804 Overnight Mail

Morgan Stanley Funds 801 Pennsylvania Ave, Suite 219804 Kansas City, MO 64105-1307 For assistance:

800-869-6397 9:00 a.m. – 5:30 p.m. ET, Mon-Fri

Important Instructions: To use a fillable form in Windows Edge, please click on the three dots at the upper right of the browser and select "Open with Internet Explorer" which will make the fillable sections appear.

Important Information About Procedures For Opening A New Account

Use this form to request an IRA transfer of assets or a direct rollover (excluding qualified rollover conversions to a Roth IRA) from an existing retirement plan account to your IRA at Morgan Stanley Funds. Based on your instructions, the Custodian will initiate the transfer or rollover for you. If you are over age 72, you are responsible for distributing any required minimum distribution amounts from your current retirement plan account (excluding Roth IRAs) in advance of the transfer or rollover. Please remember that a transfer of assets can only occur between the same types of retirement plans.

Incomplete information will result in delays in processing your request. If you need assistance completing this form, please contact Shareholder Services at 800-869-6397.

This form will be provided to your current custodian along with notification of acceptance of your assets from Morgan Stanley. Please contact your current Custodian to understand their requirements for processing to avoid delays.

Not to be used for Morgan Stanley brokerage accounts.

Part 1. Participant Information (YOU MUST COMPLETE ALL ITEMS)

| irst Name | Middle Initial | Last Name |
|---|----------------------|-----------|
| Daytime Phone Number | Evening Phone Number | r |
| Address | | |
| City | State | ZIP |
| Social Security Number | Date of Birth | |
| Part 2. Investment Instructions (COMPLETE ITEMS A, B, | C, AND D) | |
| a. I am opening a new IRA and have attached the required IRA ${\sf Ap}$ | plication | |
| Deposit the proceeds into my existing IRA Account Number | er: | |
| o. Type of account transferring into: | | |
| Traditional IRA Rollover IRA SEP IRA Roth | IRA | |
| Beneficiary/Inherited IRA Decedent's Name: | | |

| c. Invest as follows: | | | |
|---|---|---|---|
| Fund Name | Fund Number | Allocati | on |
| | | 5 or _ | % |
| | | or _ | % |
| | | or _ | % |
| | | or | % |
| | | \$ or _ | % |
| | | or | % |
| d. Type of Request: Transfer of Assets (like accounts) Direct Direct Rollover from a 403(b) or 457 to an IRA SEP and SIMPLE (after the required two year ho | • | | |
| Part 3. Direct Rollover Notice | | | |
| If this contribution is a direct rollover from a qualified packnowledging that the direct rollover contribution is a may be accorded to distributions from a qualified plan, or custodian to ensure that you have completed any do custodian regarding the required minimum distribution an IRA can only be in the form of cash. Part 4. Current Custodian | an irrevocable election and is no longer 403(b), or 457 plan. You may want to ocuments they may require. If you are c | eligible for special tax t contact your current pla over age 72, please conta | reatment which In administrator ct your current |
| If you are Rolling Over a Qualified Plan, Please Contact | t Your Current Plan Administrator for | · Distribution/Rollover F | orm Requirements |
| Please attach your most recent statement, if possible. and ask if they require a Medallion Signature Guarante Authorization section for an explanation of the Medall | To avoid delays, contact your current ee to process your transfer or rollover | custodian to confirm th | eir address |
| Name of Current Custodian | | | |
| Mailing Address | | | |
| City | State | ZIP | |
| Contact Name | Daytime Telephone Nu | mber | |

2 | Morgan Stanley Funds Individual Retirement Account (IRA) Transfer of Assets

| for Delivering (| Lustodian | | |
|--|--|---|--|
| eneficiary IRA | Simple IRA | SEP-IRA | |
| | | | |
| | | | Transfer In-Kind |
| | Investment: _ | | |
| ount \$ | or # of Share | es | Transfer In-Kind |
| At Maturity D | Date | | |
| . Mor | gan Stanley Funds | , P.O. Box 219804, | Kansas City, MO 64121-9804 |
| s noted above to to process this re | my Morgan Stanle quest on my behal | y funds IRA and a f. I understand it i | uthorize my current s my responsibility to nd all information on this |
| s noted above to to process this re ver by the current | my Morgan Stanle quest on my behal | y funds IRA and a f. I understand it i | uthorize my current s my responsibility to |
| s noted above to to process this re ver by the current n. | my Morgan Stanle quest on my behal | y funds IRA and a If. I understand it i read and understa | uthorize my current s my responsibility to nd all information on this Date |
| 1 | ount \$ Ount \$ At Maturity E At Maturity E sterred immediates from certificates | Investment: ount \$ or # of Share At Maturity Date or # of Share | Investment: ount \$ or # of Shares At Maturity Date Investment: ount \$ or # of Shares At Maturity Date sferred immediately and they have not yet matured, yet from certificates of deposit more than 60 days before |

If you have any questions about this form, please call 800-869-6397 Monday through Friday, between 9:00 a.m. and 5:30 p.m. Eastern Time. Visit our website at MSIM.com.