Morgan Stanley Funds
ACH Direct Deposit Dividend Form

Revised 02/2015

Do not fax this form. Only original signatures will be accepted. For further information, consult the appropriate mutual fund prospectus or call 1.800.548.7786. Shareholders should sign the form and send it to:
Morgan Stanley Funds, c/o Boston Financial Data Services, Inc., P.O. Box 219804, Kansas City, MO 64121-9804

Please complete Section 3, 4 or 5 if you would like to apply for, change or cancel the ACH Direct Deposit.

1. Account Information

Fund name | Fund's account number

Fund name | Fund's account number

Fund name | Fund's account number

Fund name | Fund's account number

2. Account Registration

Print your name and address as registered on your account.

Shareholder's name (First, M.I., Last)

Shareholder's name (First, M.I., Last) — (if a joint account)

Address

City | State | Zip

3. Payment to a Predesignated Account

☐ **NEW DIRECT DEPOSIT**

I authorize Boston Financial Data Services, Inc. to deposit my entire fund distributions into my _____ checking account or _____ savings account at the bank shown below. To ensure that my account is properly credited, I have attached a voided check from the checking account or a deposit slip from the savings account where my distributions will be deposited.

BANK ACCOUNT INFORMATION

Type of account: ☐ Checking account (attach a voided check) ☐ Savings account (attach a voided personalized account deposit slip)

Name in which the bank account is registered | Bank account number

Bank routing code (9 digit number) | Bank name | Bank telephone number

4. Change in Bank Information

☐ I hereby give Boston Financial Data Services, Inc. written notice that I am changing banks or my bank branch from _____ and/or bank account number from _____ to the bank and account number indicated below. To ensure that my account is properly credited, I have attached a voided check from my checking account, or a deposit slip from the savings account where my fund distributions will be deposited.

BANK ACCOUNT INFORMATION

Type of account: ☐ Checking account (attach a voided check) ☐ Savings account (attach a voided personalized account deposit slip)

Name in which the bank account is registered

Bank account number

Bank routing code (9 digit number)

Bank name

Bank telephone number

5. Cancellation of Direct Deposit

☐ I hereby give Boston Financial Data Services, Inc. written notice that I wish to cancel my participation in the Direct Deposit Program. Within 5 days of the receipt of this form my fund distributions will no longer be deposited directly into my checking or savings account.

6. Signature

This section must be signed by all account holder(s) who own funds from which direct deposits of distributions will be made. If either Section 3 or 4 has been completed, a signature guarantee is required. Contact Boston Financial Data Services, Inc. to see if an institution is an eligible guarantor.

Shareholder's signature (sign within box)

Shareholder's signature (sign within box)

SIGNATURE GUARANTEE STAMP

SIGNATURE GUARANTEED

MEDALLION GUARANTEED

SIGNATURE GUARANTEED

Name of guarantor

Name of guarantor

By: Authorized signature

Authorized signature (name and title)

Name of medallion signature program

BANK INFORMATION: PLEASE ATTACH A VOIDED CHECK OR SAVINGS DEPOSIT SLIP HERE IF YOU HAVE COMPLETED SECTION 4.

NOT FDIC INSURED	OFFER NO BANK GUARANTEE	MAY LOSE VALUE	NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY	NOT A DEPOSIT

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Morgan Stanley

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