

## MSIFT Ultra-Short Income Portfolio Account Application

You may open an account, subject to acceptance by MSIFT Ultra-Short Income Portfolio (the “Fund”), by completing and signing this Account Registration Form (“Application”). Please email, fax, or mail the completed and signed Application to Morgan Stanley Client Service at [msifclientservice@morganstanley.com](mailto:msifclientservice@morganstanley.com), fax to 888.378.9501, or the address below.

Via regular mail:

Morgan Stanley Funds  
c/o DST Asset Manager Solutions, Inc.  
P.O. Box 219804  
Kansas City, MO 64121-9804

Via overnight delivery:

Morgan Stanley Funds  
c/o DST Asset Manager Solutions, Inc.  
430 West 7th Street  
Kansas City, MO 64105

For assistance in completing this application, please call 888.378.1630.

### Important Information About Procedures for Opening a New Account

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each entity that opens an account. Therefore, you will be required to supply the following information:

- Full legal name of entity
- Employer Identification Number (“EIN”)
- Documents to evidence the existence of the entity (see chart on page 8)
- Documents to evidence the authority of the persons signing the Application and authorized to trade on the Account on the entity’s behalf

### Account Information

Please fill in where appropriate below, including checking all applicable boxes.

**Registration name**

Attention
Employer Identification Number (“EIN”)

### Mailing address

Please fill in completely, including telephone number(s). Confirmations and month-end statements will be mailed to this address.

Street address ▶ <i>if using P.O. box, street address must be included.</i>	
City	State
Zip	Country
Business telephone number	Fax number
Email address	

### Principal place of business *if different from above*

Street address ▶ <i>do not use P.O. Box</i>	
City	State
Zip	Country
Business telephone number	Fax number

### Interested party option

In addition to the confirmations and month-end statements sent to my/our registered address, we hereby authorize MSIFT Ultra-Short Income Portfolio (the “Fund”) to mail confirmations and/or month-end statements to the name and address provided below.

MONTH-END STATEMENTS

ACCOUNT ACTIVITY CONFIRMATIONS

Name	
Street address ▶ <i>if using P.O. box, street address must be included</i>	
City	State
Zip	Country
Business telephone number	Fax number
Email address	

### Intermediary Use Only

Dealer Code ▶ <i>if applicable</i>
Branch Code ▶ <i>if applicable</i>

### Account type

Please indicate the form of business.

- BANK
- C-CORPORATION
- S-CORPORATION
- FOUNDATION
- INSURANCE COMPANY
- LIMITED LIABILITY COMPANY

- NONPROFIT ORGANIZATION
- PARTNERSHIP
- PERSONAL HOLDING COMPANY
- OTHER

### Class Section

Please indicate class.

Class IR shares minimum: \$10,000,000  
Class A shares minimum: \$1,000

Institutional shares minimum: \$5,000,000

- CLASS IR SHARES (8547)
- INSTITUTIONAL CLASS SHARES (8546)
- CLASS A SHARES (8545)

### Operational Information

#### Distribution option

Dividends and capital gains distributions (if any) will be reinvested in additional shares if no box is checked below. The instructions provided below may only be changed by written notification. Please select a distribution option for dividends and capital gains distributions:

- REINVEST IN ADDITIONAL SHARES
- PAID IN CASH

If cash option is chosen, distributions will be wired to the bank account indicated under the section “Wiring instructions”.

#### Telephone transactions

*Your account automatically includes the privilege to request exchanges or redemptions by speaking with a telephone representative during regular market hours. Your redemption will be sent to your bank account indicated below via wire. A signature guarantee is required if bank account is not registered identically to your Fund account. If you do NOT want these privileges, check the box below.*

- WE DECLINE TELEPHONE TRANSACTION PRIVILEGES

The Fund and the Fund’s transfer agent will employ reasonable procedures to confirm that instructions communicated by telephone are genuine. These procedures may include requiring the investor to provide certain personal identification information at the time an account is opened and prior to effecting each transaction requested by telephone. In addition, all telephone transaction requests will be recorded and investors may be required to provide additional telecopied written instructions of transaction requests. Neither the Fund nor the Fund’s transfer agent will be responsible for any loss, liability, cost or expense for following instructions received by telephone that it reasonably believes to be genuine.

#### Wiring instructions

The instructions provided below may only be changed by written notification. Please check appropriate box(es):

- WIRE REDEMPTION PROCEEDS
- WIRE DISTRIBUTION PROCEEDS

Bank name	Bank account number
Routing/ABA number	Name(s) in which your bank account is established
Bank’s street address	City
State	Zip code

For purchasing shares by wire, please send a Fedwire payment to:

State Street Corporation  
State Street Financial Center  
One Lincoln Street  
Boston, Massachusetts 02111-2101

ABA #011000028  
DDA #00575373  
Attn: Morgan Stanley Fund  
Ref: (Portfolio name, account name and number)

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## Marijuana Related Business (MRB) Policy

### Marijuana-Related Business Question:

Is the Client a Marijuana-Related Business, involved with a Marijuana-Related Business, or derives revenue from or substantially invests in a Marijuana-Related Business?

YES       NO

### Definition:

A Marijuana-Related Business includes: 1) an individual or entity directly involved in the manufacturing, production, sale or distribution of marijuana, whether for medicinal, recreational, or any other use; 2) an individual or entity that derives a substantial source of wealth, compensation, revenue or income from marijuana-related activity (e.g., service providers that cater largely to Marijuana-Related Businesses, commercial lessors that lease property to Marijuana-Related Businesses, etc.); or 3) an individual or entity that is directly and predominantly involved in supplying products, equipment or material intended or designed for use in furtherance of the manufacturing, production, sale, use or distribution of marijuana (e.g., marijuana LED grow-lights, marijuana grow tents, hydroponics, etc.).

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## Virtual Currency Related Business

### Virtual Currency Administrator or Exchanger

Is the Client a Virtual Currency Administrator or Exchanger or otherwise involved in accepting and transmitting virtual currencies?

YES       NO

### Definition:

Virtual Currency Administrator is an individual or entity engaged in issuing (putting into circulation) a virtual currency, and who has the authority to redeem (to withdraw from circulation) such virtual currency. A Virtual Currency Exchanger is an individual or entity engaged in the exchange of virtual currency for real currency, funds, or other virtual currency.

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## Extractive Industries

### Extractive Industries Question:

Is the Client in the Extractive Industries? (Such as mining or drilling)

YES       NO

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## Signature

### We acknowledge and agree as follows:

- The individuals identified in the “Authorized Traders and Signatories List” on page 6 of this Application (who are included in the attached corporate resolution or authorized signers list) have full authority and legal capacity to sign on our behalf and/or purchase and redeem shares of the Fund.
- We have received a current Prospectus for the Fund and agree to be bound by its terms. Any account options and/or transaction privileges that have been selected are subject to the terms and conditions of the Prospectus.
- Our purchase order will not be processed unless this Application and purchase payment are received in good order.
- If there is any information missing on this Application that is required to open an account, DST Asset Manager Solutions, Inc. (DST AMS), the Fund’s service agent will contact us directly. If DST AMS is not able to obtain the information in a reasonable time frame, we understand that the application will be rejected. If DST AMS obtains the required information, we understand that our investment will be accepted and will receive the price as of the next calculated net asset value after all the information is received.
- Neither we nor any other 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.

- We shall indemnify and hold harmless Morgan Stanley and its subsidiaries, including DST AMS (collectively “Morgan Stanley”) and any Morgan Stanley Funds Portfolio that may be involved in transactions authorized by telephone against any claims, losses, expenses or damages, including reasonable fees of investigation and counsel, in connection with any telephone transaction effected on our account. Morgan Stanley employs procedures it considers to be reasonable to confirm that instructions communicated by telephone are genuine. Such procedures may include requiring certain personal identification information prior to acting upon telephone instructions and providing written confirmation of instructions communicated by telephone. If reasonable procedures are employed, none of Morgan Stanley, DST AMS or the Fund will be liable for following telephone instructions which they reasonably believe to be genuine. Telephone exchanges may not be available if you cannot reach DST AMS by telephone, whether because all telephone lines are busy or for any other reason; in such case, you would have to use the Fund’s other procedures available to you as described in the Fund’s prospectus.

This authorization shall be effective upon its receipt by DST AMS. If any provision of this authorization is declared by any court to be illegal or invalid, the validity of the remaining parts shall not be affected thereby, and the illegal or invalid portion shall be deemed stricken from this authorization.

**Taxpayer Identification Number Certification**

We certify that we are a:

US ENTITY

We certify, under penalties of perjury, that (1) the employer identification number provided in this application is correct and (2) we are not subject to backup withholding because (a) we are exempt from backup withholding or (b) we have not been notified by the Internal Revenue Service (IRS) that we are subject to backup withholding as a result of a failure to report all interest or dividends or (c) the IRS has notified us that we are no longer subject to backup withholding and (3) I am a U.S. person (including a U.S. resident alien). (Please cross out item (2) above if it does not apply to you.)

*The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.*

**By signing this Application on behalf of the entity named below, I certify and represent that:**

- I am duly authorized by appropriate corporate resolutions to act on behalf of and to bind the business, trust or other corporate entity on whose behalf I am signing and have attached a copy of such resolutions certified by the corporate secretary or assistant secretary of the entity.
- I am duly authorized to act as custodian for the named entity.
- Under penalties of perjury, that all information provided herein and attached hereto is true and correct.
- I have been duly elected, am now legally holding the office set forth opposite my name below, and I have the authority to make this authorization.
- For corporations, trusts or partnerships: We hereby certify that
  - Each of the persons listed herein has been duly elected, is now legally holding the office set forth opposite his/her name, and has the authority to make this authorization.
  - In connection with an investment in the Fund, the undersigned, on behalf of the Entity, acknowledges and represents, that it
    - » qualifies as an Institutional Account, as defined in FINRA Rule 4512(c);
    - » is capable of evaluating investment risks independently, both in general and with regard to all transactions and investment strategies involving a security or securities and (ii) will exercise independent judgment in evaluating an investment in the Fund, unless it has otherwise notified DST AMS in writing;
    - » will notify DST AMS immediately if anything in this Application ceases to be true.
- I understand that any account options and/or transaction privileges that have been selected are subject to the terms and conditions of the current prospectus of the Fund.

Name of Entity ▶ <i>i.e., Registration Name</i>	
Printed name of Authorized Signatory	Title
Authorized Signature  X	Date

## Authorized Traders and Signatory Lists

Please identify below the individual(s) who have full authority and legal capacity to sign on the entity's behalf and/or purchase and redeem shares of the Fund. Please attach a certified copy of a corporate resolution or authorized signers list identifying such individual(s).

Account Name(s):
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<input type="checkbox"/> Trader <input type="checkbox"/> Signer	Print Name	Signature
	Date	X
<input type="checkbox"/> Trader <input type="checkbox"/> Signer	Print Name	Signature
	Date	X
<input type="checkbox"/> Trader <input type="checkbox"/> Signer	Print Name	Signature
	Date	X
<input type="checkbox"/> Trader <input type="checkbox"/> Signer	Print Name	Signature
	Date	X
<input type="checkbox"/> Trader <input type="checkbox"/> Signer	Print Name	Signature
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	Date	X
<input type="checkbox"/> Trader <input type="checkbox"/> Signer	Print Name	Signature
	Date	X
<input type="checkbox"/> Trader <input type="checkbox"/> Signer	Print Name	Signature
	Date	X
<input type="checkbox"/> Trader <input type="checkbox"/> Signer	Print Name	Signature
	Date	X
<input type="checkbox"/> Trader <input type="checkbox"/> Signer	Print Name	Signature
	Date	X

## Required Identification Documents for Verification of Non-Individual Entities (Must Be Attached to Account Application)

NON-INDIVIDUAL ENTITY	FORMATION/ ORGANIZATION DOCUMENTS	DOCUMENT IDENTIFYING PERSONS WITH AUTHORITY OVER THE ACCOUNT	SUPPLEMENTAL INFORMATION (GLOBAL)
Trust	<p>An acceptable method for verification purposes includes but is not limited to:</p> <ul style="list-style-type: none"> <li>• First and last page of Trust Agreement (noting the name of the Trust, Trustee(s) name(s), and signature page(s)).</li> </ul>	<p>Trustee that is an individual:</p> <ol style="list-style-type: none"> <li>1. Full Legal Name;</li> <li>2. Date of Birth/Age;</li> <li>3. Citizenship/Nationality;</li> <li>4. Country of Domicile; and</li> <li>5. Gov. issued ID Number (e.g. SSN number for US persons).</li> </ol> <p>Trustee that is a legal entity:</p> <ol style="list-style-type: none"> <li>1. Full Legal Name;</li> <li>2. Country of Formation;</li> <li>3. Principal Business Address; and</li> <li>4. Formation Document (e.g. Certificate of Formation, Certificate of Incorporation).</li> </ol> <p>Acceptable methods for gathering this information include, but are not limited to:</p> <ol style="list-style-type: none"> <li>1. Excerpt from Trust Agreement identifying the trustee; or</li> <li>2. Court order identifying the trustee; or</li> <li>3. Excerpt of will identifying the trustee; or</li> <li>4. A letter or email from a settlor/grantor/donor confirming the trustee.</li> </ol> <p>The Protector also needs to provide the same KYC requirements as a Trustee</p>	<p>The following information needs to be identified for any ultimate individual grantor/settlor/donor:</p> <ol style="list-style-type: none"> <li>1. Full Legal Name;</li> <li>2. Country of Domicile;</li> <li>3. Date of Birth/Age (if obtainable);</li> <li>4. Gov. issued ID number (e.g. SSN number for US persons);</li> <li>5. Address; and</li> <li>6. Source of Wealth.</li> </ol> <p>Acceptable methods for gathering this information include, but are not limited to:</p> <ol style="list-style-type: none"> <li>1. A letter or e-mail from the trustee identifying the trust's grantor/settlor/donor; or</li> <li>2. Excerpt of Trust Agreement identifying the trust's grantor/settlor/donor.</li> </ol> <p>The following information needs to be identified for any named/active beneficiaries:</p> <ol style="list-style-type: none"> <li>1. Full Legal Name;</li> <li>2. Date of Birth/Age;</li> <li>3. Citizenship/Nationality;</li> <li>4. Country of Domicile;</li> <li>5. Address; and</li> <li>6. Proof of Identity (e.g. passport, national ID).</li> </ol> <p>Acceptable methods for gathering required identification information include, but are not limited to:</p> <ol style="list-style-type: none"> <li>1. A letter or e-mail from the trustee identifying the trust's named/active beneficiary(ies); or</li> <li>2. Excerpt of Trust Agreement identifying the trust's named/active beneficiary(ies); or</li> <li>3. Standard Certification Form (where appropriate).</li> </ol>

NON-INDIVIDUAL ENTITY	FORMATION/ ORGANIZATION DOCUMENTS	DOCUMENT IDENTIFYING PERSONS WITH AUTHORITY OVER THE ACCOUNT	SUPPLEMENTAL INFORMATION (GLOBAL)
<p>S-Corporation <b>OR</b> C-Corporation</p>	<p>Proof of Identity must include:</p> <ol style="list-style-type: none"> <li>1. Full Legal Name;</li> <li>2. Country of Formation;</li> <li>3. Principal Business Address;</li> <li>4. Government-Issued Identification Number (including country/state of issuance); and</li> <li>5. Date of incorporation.</li> </ol> <p>Acceptable methods for verification purposes include:</p> <ol style="list-style-type: none"> <li>1. Extract from a Government company registrar/public database;</li> <li>2. Articles of Incorporation;</li> <li>3. Government-Issued Certificate of Formation;</li> <li>4. Government-Issued Certificate of Incorporation;</li> <li>5. State-Issued Business License (U.S.); or</li> <li>6. LLC Articles of Organization (if applicable).</li> </ol> <p>If applicable, identify listed status on a Recognized Exchange (i.e., name of the public stock exchange where majority of common share equities are listed must be a Recognized Exchange).</p> <p>Proof is required by a ticker symbol or quote from official Recognized Exchange site.</p>	<p>The following information needs to be identified and verified for one Key Controller:</p> <ol style="list-style-type: none"> <li>1. Full Legal Name;</li> <li>2. Title of the Key Controller;</li> <li>3. Address;</li> <li>4. Date of Birth;</li> <li>5. Gov. issued ID number (e.g. SSN Number for US persons); and</li> <li>6. Proof of identity.</li> </ol> <p>Key Controllers are defined as the natural persons with significant responsibility to control, manage, or direct a legal entity customer, including:</p> <ul style="list-style-type: none"> <li>• An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer, Director, or natural person Trustee); or</li> <li>• Any other individual who regularly performs similar functions.</li> </ul> <p>Acceptable methods for gathering required identification information include the collection of the Beneficial Ownership and Key Controller Certification form.</p>	<p>Ultimate Beneficial Owners of 25% or more need to be identified. The following data points need to be identified for each Ultimate Beneficial Owner:</p> <ol style="list-style-type: none"> <li>1. Full Legal Name;</li> <li>2. Date of Birth/Age;</li> <li>3. Citizenship/Nationality; and</li> <li>4. Country of Domicile;</li> <li>5. Address; and</li> <li>6. Proof of identity (e.g. passport, national ID).</li> </ol> <p>Acceptable methods for gathering required identification information include the collection of the Beneficial Ownership and Key Controller Certification form.</p>
<p>Partnership</p>	<p>Proof of Identity must include:</p> <ol style="list-style-type: none"> <li>1. Full Legal Name;</li> <li>2. Country of Formation;</li> <li>3. Principal Business Address;</li> <li>4. Government-Issued Identification Number (including country/state of issuance); and</li> <li>5. Date of incorporation.</li> </ol> <p>Acceptable methods for verification purposes include:</p> <ol style="list-style-type: none"> <li>1. Partnership Agreement (i.e., the pages showing the partnership title and the signatures of the partners); or</li> <li>2. Government-Issued Certificate of Formation.</li> </ol>	<p>The following information needs to be identified and verified for one Key Controller:</p> <ol style="list-style-type: none"> <li>1. Full Legal Name;</li> <li>2. Title of the Key Controller;</li> <li>3. Address;</li> <li>4. Date of Birth;</li> <li>5. Gov. issued ID number (e.g. SSN Number for US persons); and</li> <li>6. Proof of identity.</li> </ol> <p>Key Controllers are defined as the natural persons with significant responsibility to control, manage, or direct a legal entity customer, including:</p> <ul style="list-style-type: none"> <li>• An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer, Director, or natural person Trustee); or</li> <li>• Any other individual who regularly performs similar functions.</li> </ul> <p>Acceptable methods for gathering required identification information include the collection of the Beneficial Ownership and Key Controller Certification form.</p>	<p>Ultimate Beneficial Owners of 25% or more need to be identified. The following data points need to be identified for each Beneficial Owner:</p> <ol style="list-style-type: none"> <li>1. Full Legal Name;</li> <li>2. Date of Birth/Age;</li> <li>3. Citizenship/Nationality;</li> <li>4. Country of Domicile;</li> <li>5. Address; and</li> <li>6. Proof of identity (e.g. passport, national ID).</li> </ol> <p>Acceptable methods for gathering required identification information include the collection of the Beneficial Ownership and Key Controller Certification form.</p>



NON-INDIVIDUAL ENTITY	FORMATION/ ORGANIZATION DOCUMENTS	DOCUMENT IDENTIFYING PERSONS WITH AUTHORITY OVER THE ACCOUNT	SUPPLEMENTAL INFORMATION (GLOBAL)
<p>Limited Liability Company (LLC)</p>	<p>Proof of Identity must include:</p> <ol style="list-style-type: none"> <li>1. Full Legal Name;</li> <li>2. Country of Formation;</li> <li>3. Principal Business Address;</li> <li>4. Government-Issued Identification Number (including country/state of issuance); and</li> <li>5. Date of incorporation.</li> </ol> <p>Acceptable methods for verification purposes include but are not limited to:</p> <ol style="list-style-type: none"> <li>1. Extract from a Government company registrar/public database;</li> <li>2. Articles of Incorporation;</li> <li>3. Memorandum and Articles of Association;</li> <li>4. Government-Issued Certificate of Formation;</li> <li>5. Government-Issued Certificate of Incorporation;</li> <li>6. State-Issued Business License (U.S.); or</li> <li>7. LLC Articles of Organization (if applicable).</li> </ol>	<p>The following information needs to be identified and verified for one Key Controller:</p> <ol style="list-style-type: none"> <li>1. Full Legal Name;</li> <li>2. Title of the Key Controller;</li> <li>3. Address;</li> <li>4. Date of Birth;</li> <li>5. Gov. issued ID number (e.g. SSN Number for US persons); and</li> <li>6. Proof of identity.</li> </ol> <p>Key Controllers are defined as the natural persons with significant responsibility to control, manage, or direct a legal entity customer, including:</p> <ul style="list-style-type: none"> <li>• An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer, Director, or natural person Trustee); or</li> <li>• Any other individual who regularly performs similar functions.</li> </ul> <p>Acceptable methods for gathering required identification information include the collection of the Beneficial Ownership and Key Controller Certification form.</p>	<p>Identify all layers of the organizational structure through to Ultimate Beneficial Owner(s) with a holding of 25% or more.</p> <p>Verify all layers of the organizational structure through to the Ultimate Beneficial Owner(s) with a holding of 25% or more. Acceptable documents may include (provide at least one of the following or an equivalent document):</p> <ul style="list-style-type: none"> <li>• Share registry; or</li> <li>• Ownership structure chart.</li> </ul> <p>Ultimate Beneficial Owners of 25% or more need to be identified.</p> <p>The following data points need to be identified for each Ultimate Beneficial Owner:</p> <ul style="list-style-type: none"> <li>• Full Legal Name;</li> <li>• Date of Birth/Age;</li> <li>• Citizenship/Nationality;</li> <li>• Country of Domicile;</li> <li>• Address; and</li> <li>• Proof of identity. (e.g. passport, national ID).</li> </ul> <p>Acceptable methods for gathering required identification information include the collection of the Beneficial Ownership and Key Controller Certification form.</p>
<p>Nonprofit Organization or other incorporated or non-incorporated entity (e.g., charitable, religious, educational, medical organization, association)</p>	<p>Proof of Identity must include:</p> <ol style="list-style-type: none"> <li>1. Full Legal Name;</li> <li>2. Country of Formation;</li> <li>3. Principal Business Address;</li> <li>4. Government-Issued Identification Number (including country/state of issuance); and</li> <li>5. Date of incorporation.</li> </ol> <p>Acceptable methods for verification purposes include:</p> <ol style="list-style-type: none"> <li>1. Articles of Incorporation;</li> <li>2. Charitable Constitution and Organization's By-Laws;</li> <li>3. Government-Issued Certificate of Incorporation; or</li> <li>4. Organization's Charter.</li> </ol>	<p>The following information needs to be identified and verified for one Key Controller:</p> <ol style="list-style-type: none"> <li>1. Full Legal Name;</li> <li>2. Title of the Key Controller;</li> <li>3. Address;</li> <li>4. Date of Birth;</li> <li>5. Gov. issued ID number (e.g. SSN Number for US persons); and</li> <li>6. Proof of identity.</li> </ol> <p>Key Controllers are defined as the natural persons with significant responsibility to control, manage, or direct a legal entity customer, including:</p> <ul style="list-style-type: none"> <li>• An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer, Director, or natural person Trustee); or</li> <li>• Any other individual who regularly performs similar functions.</li> </ul> <p>Acceptable methods for gathering required identification information include the collection of the Beneficial Ownership and Key Controller Certification form.</p>	<p>Also provide and maintain evidence of the following, when applicable:</p> <ol style="list-style-type: none"> <li>1. Listing in a central register of charities; or</li> <li>2. General register office certificate or other documentation from the headquarters or regional organization of a denomination/religion.</li> </ol> <p>Major donors (those that give 10% or more of annual operating costs) need to be identified with the following data points for each:</p> <ol style="list-style-type: none"> <li>1. Full Legal Name;</li> <li>2. Date of Birth/Age;</li> <li>3. Citizenship/Nationality;</li> <li>4. Country of Domicile;</li> <li>5. Gov. issued ID number (e.g. SSN number for US persons);</li> <li>6. Source of Wealth; and</li> <li>7. Proof of identity.</li> </ol> <p>For legal entity Major Donors, the following information needs to be identified:</p> <ol style="list-style-type: none"> <li>1. Full Legal Name;</li> <li>2. Country of incorporation;</li> <li>3. Gov. issued ID number (e.g. tax ID);</li> <li>4. Address; and</li> <li>5. Source of Wealth.</li> </ol>

<b>NON-INDIVIDUAL ENTITY</b>	<b>FORMATION/ ORGANIZATION DOCUMENTS</b>	<b>DOCUMENT IDENTIFYING PERSONS WITH AUTHORITY OVER THE ACCOUNT</b>
All Governments and Wholly-Owned Central Banks	Proof of Identity must include: <ul style="list-style-type: none"> <li>• Full Legal Name;</li> <li>• Country of Formation;</li> <li>• Principal Business Address;</li> <li>• Government-Issued Identification Number (including country/state of issuance); and</li> <li>• Date of incorporation.</li> </ul>	Any publicly available official information (often on the internet) would constitute acceptable evidence if it provides information as to the constitution, purpose and/ or structure of the entity, authority or department/ministry concerned. For example, acceptable methods may include: <ul style="list-style-type: none"> <li>• Certificate from the State; or</li> <li>• Government Agency's License; or</li> <li>• Government Charter (i.e., extracts of the legal statute creating the Bank).</li> </ul>

## U.S. Customer Privacy Notice

<b>FACTS</b>	<b>WHAT DOES MSIM DO WITH YOUR PERSONAL INFORMATION?</b>
<b>WHY?</b>	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
<b>WHAT?</b>	The types of personal information we collect and share depend on the product or service you have with us. This information can include: <ul style="list-style-type: none"> <li>• Social Security number and income</li> <li>• investment experience and risk tolerance</li> <li>• checking account number and wire transfer instructions</li> </ul>
<b>HOW?</b>	All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons MSIM chooses to share; and whether you can limit this sharing.

<b>REASONS WE CAN SHARE YOUR PERSONAL INFORMATION</b>	<b>DOES MSIM SHARE?</b>	<b>CAN YOU LIMIT THIS SHARING?</b>
<b>For our everyday business purposes</b> —such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
<b>For our marketing purposes</b> —to offer our products and services to you	Yes	No
<b>For joint marketing with other financial companies</b>	No	We don't share
<b>For our affiliates' everyday business purposes</b> —information about your transactions and experiences	Yes	No
<b>For our affiliates' everyday business purposes</b> —information about your creditworthiness	No	We don't share
<b>For our affiliates to market to you</b>	No	We don't share
<b>For nonaffiliates to market to you</b>	No	We don't share

<b>QUESTIONS?</b>	Call toll-free (844) 312-6327 or email: <a href="mailto:imprivacyinquiries@morganstanley.com">imprivacyinquiries@morganstanley.com</a>
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<b>WHO WE ARE</b>	
<b>Who is providing this notice?</b>	Morgan Stanley Investment Management, Inc. and its affiliated registered investment advisers, registered broker-dealers, and registered and unregistered funds ("MSIM")

<b>WHAT WE DO</b>	
<b>How does MSIM protect my personal information?</b>	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. We have policies governing the proper handling of customer information by personnel and requiring third parties that provide support to adhere to appropriate security standards with respect to such information.
<b>How does MSIM collect my personal information?</b>	<p>We collect your personal information, for example, when you</p> <ul style="list-style-type: none"> <li>• open an account or make deposits or withdrawals from your account</li> <li>• buy securities from us or make a wire transfer</li> <li>• give us your contact information</li> </ul> <p>We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.</p>
<b>Why can't I limit all sharing?</b>	<p>Federal law gives you the right to limit only</p> <ul style="list-style-type: none"> <li>• sharing for affiliates' everyday business purposes—information about your creditworthiness</li> <li>• affiliates from using your information to market to you</li> <li>• sharing for nonaffiliates to market to you</li> </ul> <p>State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state law.</p>

<b>DEFINITIONS</b>	
<b>Affiliates</b>	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> <li>• Our affiliates include companies with a Morgan Stanley name and financial companies such as Morgan Stanley Smith Barney LLC and Morgan Stanley &amp; Co.</li> </ul>
<b>Nonaffiliates</b>	<p>Companies not related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> <li>• MSIM does not share with nonaffiliates so they can market to you.</li> </ul>
<b>Joint marketing</b>	<p>A formal agreement between nonaffiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> <li>• MSIM doesn't jointly market</li> </ul>

<b>OTHER IMPORTANT INFORMATION</b>	
<b>Vermont:</b>	Except as permitted by law, we will not share personal information we collect about Vermont residents with Nonaffiliates unless you provide us with your written consent to share such information.
<b>California:</b>	Except as permitted by law, we will not share personal information we collect about California residents with Nonaffiliates and we will limit sharing such personal information with our Affiliates to comply with California privacy laws that apply to us.

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

## Beneficial Owner(s) (25% or More) and Key Controller Certification

### I. General Instructions

#### What is this form?

U.S. law requires financial institutions to obtain, verify, and record information about the beneficial owners and key controllers of legal entity customers.

#### Who has to complete this form?

This form is applicable to legal entity customers and must be completed by the person opening a new account or establishing a customer relationship on behalf of a legal entity. For the purposes of this form, a **legal entity** includes a corporation, limited liability company, partnership, personal holding company, statutory trust, or other entity created by the filing of a public document with a Secretary of State or similar office, and any similar business entity formed in the United States or a foreign country. **Legal entity** does not include sole proprietorships, unincorporated associations, or natural persons opening accounts or establishing a customer relationship on their own behalf.

#### What information do I have to provide?

This form requires you to provide the name, address, date of birth and social security number (in the case of non-U.S. individuals, a social security number, a passport number or other similar information) for the following:

- (i) Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of a corporation); **and**
- (ii) An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

### II. Certification of Beneficial Owner(s) and Key Controller

Persons opening an account or establishing a customer relationship on behalf of a legal entity must provide the following information:

Name and Title of Natural Person Opening Account/Establishing Customer Relationship:
Name, Legal Entity Type, and Address of Legal Entity for Which the Account is Being Opened/Relationship Established:

## A. Beneficial Owner(s)

Nonprofit legal entities and Pooled Investment Vehicles, please skip to Section B (Key Controller) below.

Please provide the following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests ("Beneficial Owner") of the legal entity listed above.

**BENEFICIAL OWNER NOT APPLICABLE** (CHECK THIS BOX AND SKIP TO SECTION B (KEY CONTROLLER) IF THERE IS NO INDIVIDUAL THAT MEETS THE DEFINITION OF A BENEFICIAL OWNER STATED ABOVE.)

### Beneficial Owner 1

Individual name	Street address			
Date of birth	City	State	Zip	Country
SSN	<b>Only complete if no SSN available*</b> Government-issued identification type			
	Identification number		Country of issuance	
	Issuance date		Expiration date	

### Beneficial Owner 2

Individual name	Street address			
Date of birth	City	State	Zip	Country
SSN	<b>Only complete if no SSN available*</b> Government-issued identification type			
	Identification number		Country of issuance	
	Issuance date		Expiration date	

### Beneficial Owner 3

Individual name	Street address			
Date of birth	City	State	Zip	Country
SSN	<b>Only complete if no SSN available*</b> Government-issued identification type			
	Identification number		Country of issuance	
	Issuance date		Expiration date	

### Beneficial Owner 4

Individual name	Street address			
Date of birth	City	State	Zip	Country
SSN	<b>Only complete if no SSN available*</b> Government-issued identification type			
	Identification number		Country of issuance	
	Issuance date		Expiration date	

\* Where a social security number is unavailable, Non-U.S. Persons may provide a passport number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

## B. Key Controller

All legal entities must complete this section.

Please provide the following information for one individual with significant responsibility to control, manage, or direct the legal entity listed above, such as:

- An executive officer or senior manager (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer; with regards to a pooled investment vehicle, a portfolio manager, commodity pool operator, commodity trading advisor, or general partner); or
- Any other individual who regularly performs similar functions.

(Where applicable, an individual listed under the **Beneficial Owner(s)** section above may also serve as a **Key Controller** and be listed below.)

### Key Controller

Individual name		Street address		
Title/Responsibility of key controller at legal entity				
Date of birth	City	State	Zip	Country
SSN	<b>Only complete if no SSN available*</b> Government-issued identification type			
	Identification number		Country of issuance	
	Issuance date		Expiration date	

### Certification

I, \_\_\_\_\_ (name of natural person opening account/ establishing customer relationship), hereby certify, to the best of my knowledge, that the information provided above is complete and correct. I further agree to inform Morgan Stanley of any changes to the Beneficial Owner and Key Controller information provided, including if/when an individual becomes a 25 percent or more Beneficial Owner.

Signature	Date
X	
Legal entity identifier (optional)	

\* Where a social security number is unavailable, Non-U.S. Persons may provide a passport number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.