

Morgan Stanley Funds Designation of Beneficiary Form

Please keep a copy of this form for your own records and mail signed and completed form to:

Regular Mail:

Morgan Stanley Funds
c/o Boston Financial Data Services, Inc.
P.O. Box 219804
Kansas City, MO 64121-9804

Overnight Delivery:

Morgan Stanley Funds
c/o Boston Financial Data Services, Inc.
430 West 7th Street
Kansas City, MO 64105

If you have questions, or for more information, you may contact our Client Relations department at 1.800.548.7786.

1. Purpose of this Form

Use this form to designate or change the beneficiary(ies) for:

1. Morgan Stanley Sponsored Traditional, SEP, and Roth IRAs.
2. Morgan Stanley Sponsored 403(b) Tax Sheltered Custodial Account.

A separate form must be completed for each plan type.

2. Account Owner Information

Name in which account is registered ▶ <i>first, middle, last</i>	
Address	
City	State
Zip	Daytime phone number ▶ <i>include area code</i>
Date of birth ▶ <i>month/day/year</i>	Social Security number
Fund name	Account number

3. Beneficiary Information

Please provide the beneficiary's full name. If no designation of primary or contingent is made, the beneficiary will be considered primary. Naming a trust as beneficiary may affect your age 70½ required minimum distribution calculation and the tax-deferred status of the funds at the time of your death. Please consult your tax advisor.

Type of Account (choose only one):

- TRADITIONAL IRA ROTH IRA SEP IRA 403(B) ACCOUNT

A separate form must be completed for each type of account.

1. Beneficiary's full name ▶ <i>first, middle, last</i>		
Date of birth ▶ <i>month/day/year</i>	Social Security number	
Permanent residence address ▶ <i>include street, apartment, suite or rural route number. DO NOT USE P.O. Box or "in care of" addresses.</i>		
City	State	Zip

Please check one for both part A and part B:

- A. SPOUSE OR OTHER (RELATIONSHIP): _____ PERCENTAGE _____ %
 B. PRIMARY OR CONTINGENT

2. Beneficiary's full name ▶ <i>first, middle, last</i>		
Date of birth ▶ <i>month/day/year</i>	Social Security number	
Permanent residence address ▶ <i>include street, apartment, suite or rural route number. DO NOT USE P.O. Box or "in care of" addresses.</i>		
City	State	Zip

Please check one for both part A and part B:

- A. SPOUSE OR OTHER (RELATIONSHIP): _____ PERCENTAGE _____ %
 B. PRIMARY OR CONTINGENT

3. Beneficiary's full name ▶ <i>first, middle, last</i>		
Date of birth ▶ <i>month/day/year</i>	Social Security number	
Permanent residence address ▶ <i>include street, apartment, suite or rural route number. DO NOT USE P.O. Box or "in care of" addresses.</i>		
City	State	Zip

Please check one for both part A and part B:

- A. SPOUSE OR OTHER (RELATIONSHIP): _____ PERCENTAGE _____ %
 B. PRIMARY OR CONTINGENT

I hereby designate the person(s) named above as my beneficiary to receive any assets held in my above-referenced retirement account at the time of my death pursuant to the terms and conditions of the applicable retirement plan referenced herein. If more than one person is named as primary beneficiary, such assets will be paid in equal shares to the primary beneficiaries who are living at the time of my death; if you do not select the beneficiary as primary or contingent, he or she will be deemed a primary beneficiary; if no primary beneficiary survives me, such assets will be paid in equal shares to the contingent beneficiaries who are living at the time of my death; if no beneficiary survives me, then such assets shall be paid to my spouse, if living; if none, then such assets will be paid to my estate. In the event of any conflict between the terms of the applicable retirement plan referenced herein or any contract issued hereunder, the applicable retirement plan provisions shall control.

By this Designation of Beneficiary, I hereby revoke all such forms previously filed for my Morgan Stanley Funds Retirement Account referenced herein.

Signature of retirement account owner X	Date
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Note: If you are married and the beneficiary named is someone other than your spouse—and if you reside in a community property or marital property state—you should consult your legal or tax advisor regarding this designation.

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