

INVESTMENT MANAGEMENT

Application: Morgan Stanley Investment Funds

<p>USEFUL TO KNOW</p> <ul style="list-style-type: none"> • Print in BLOCK LETTERS using dark ink. To avoid delays, provide all information and attachments indicated, read all terms, and sign. • Be sure to attach all applicable information requested. Also attach any information not accommodated by the form (for example, information about additional owners, contact persons or signatories). All attachments must be in one of the languages listed in the right-hand column. • You must notify us immediately (see contact details at end of form) if any representations made on this application change. • We may ask for additional information and documentation, when opening your account or at any later time, and may periodically require you to update information already provided. Note that your account will not be fully operational until we have your original application and all other material we believe necessary. 	<p>CLIENT SERVICES</p> <p>ALL INVESTORS EXCEPT ASIA INVESTORS FAX FOR ORDERS (352) 2460 9902 INQUIRIES (352) 2605 9782 EMAIL csmorganstanley@caceis.com</p> <p>ASIA INVESTORS FAX FOR ORDERS (352) 2460 6554 EMAIL sgcsa@morganstanley.com</p>	<p>ESCALATIONS</p> <p>ALL INVESTORS MSIM Fund Management (Ireland) Ltd, Luxembourg Branch EMAIL cslux@morganstanley.com PHONE</p> <table border="1"> <tr> <td>English</td> <td>(352) 3464 6110</td> </tr> <tr> <td>German</td> <td>(352) 3464 6120</td> </tr> <tr> <td>French</td> <td>(352) 3464 6130</td> </tr> <tr> <td>Spanish</td> <td>(352) 3464 6140</td> </tr> <tr> <td>Italian</td> <td>(352) 3464 6150</td> </tr> </table>	English	(352) 3464 6110	German	(352) 3464 6120	French	(352) 3464 6130	Spanish	(352) 3464 6140	Italian	(352) 3464 6150
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1. Account Holder Name and Address

Account Holder		Existing MSIM account number, if any ▶ 3 letters followed by 7 digits						
National ID number	Type of ID							
		Jurisdiction of ID issuer						

LEGAL PERSON INFORMATION *For legal persons only.*

Place of business ▶ <i>If not registered office</i>
Legal form

DIRECTORS *For legal persons only.*

Full name ▶ <i>If natural person only</i>	
Exact denomination ▶ <i>If corporate director only</i>	Role
Country of residence ▶ <i>Country of registration/establishment for corporate director</i>	

ACCOUNT DESIGNATION Make this the Account Holder's master account

Designation This is <input type="checkbox"/> the coded name of <input type="checkbox"/> the actual name of <input type="checkbox"/> not the name of a third party on whose behalf this account is being created

REGISTERED ADDRESS *Cannot be a post box or "in care of" address.*

Address		
City/Postcode	Country	Fax

MAILING ADDRESS Same as registered address *Default if no other information indicated below.*

Address		
City/Postcode	Country	Fax

MAIN CONTACT PERSON *Institutions only. To add more contact persons, attach comparable information for each.*

Full name	Email
Phone ▶ <i>With local and international codes</i>	Fax ▶ <i>With local and international codes</i>
General department name	Department email
Phone ▶ <i>With local and international codes</i>	Fax ▶ <i>With local and international codes</i>

BIRTH/CITIZENSHIP *Individuals only.*

Date of birth	Place of birth	Occupation
Primary citizenship	Other citizenship(s)	

2. Type of Investor

- Institution Individual
 Morgan Stanley employee or family member of Morgan Stanley employee

Employee number	If family member, relationship to employee
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CONSENT FOR RECEIVING INFORMATION ON MORGAN STANLEY PRODUCTS

The account holder does does not consent to receive information on Morgan Stanley products.

3. Entity Information

Individuals: proceed to section 5. To ensure the fastest possible processing, provide copies of a passport, driver's licence, utility bill or bank statements for each individual for whom information is requested; and, as applicable, current articles of incorporation, extract from the companies register (registre des sociétés), or equivalent supporting evidence.

ENTITY STATUS

- Regulated financial institution *Provide regulator and reference below.*
 Unregulated financial institution but with regulated parent *Provide regulator, reference and parent below.*

Regulator	Reference number	Parent company
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- Publicly traded company

Exchange where listed	Ticker symbol	Industry
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- Insurance company

Name of authorising/licensing body

Scope of activities *Tick all that apply.*

- Life insurance Insurance intermediation Other:
 Non-life insurance Reinsurance

Type of activity

- Other financial institution Trust Social/Religious group Other:
 Private company Non-government pension scheme Government/Educational entity
 Partnership Charity

Type of entity

RELEVANT JURISDICTIONS

Country/jurisdiction where domiciled/regulated	Country/jurisdiction of operation, if different
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INTERMEDIARY STATUS

- None: investing on own behalf *Proceed to section 5.*
 Investing on behalf of the third party identified immediately below in section 5 and whose MiFID 2 status is:
 Retail Client *Default.* Professional Client Eligible Counterparty

Legal name of third party

Address	
City/Postcode	Country

Investing as nominee for multiple undisclosed clients through a pooled account that does does not include UK retail business *If yes, account will be subject to Retail Distribution Review rules.*

UK INVESTMENT ADVICE STATUS FOR THIS ACCOUNT

Will provide investment advice for a UK investor that qualifies as "advised" business under UK FCA RDR (COBS 6.1B) *A dealer code will be assigned.*
 Will NOT provide such investment advice (and is therefore eligible to receive a commission)

4. Ultimate Beneficial Owner(s) *Entities only. Provide details of all ultimate beneficial owners or controllers or, if none, senior managing officials, as defined below (UBOs). If more than four individuals, provide additional data in an attachment. Include parties to a trust, such as trustee(s), settlor(s), beneficiary(ies) and protector(s).*

- 25%+ Beneficial Owner/Controller *A natural person who, directly or indirectly, ultimately owns or controls more than 25% of shareholdings or voting share capital.*
- Other Controller *A natural person exercising ultimate effective control over the entity through other means.*
- Senior Managing Official *A natural person exercising control over the daily business of the entity through a senior management position, such as Director, Chief Executive Officer (CEO), Chief Financial Officer (CFO), Managing or Executive Director, or President or Chairman.*

Full name	Government-issued ID number	Type of ID	Date of birth (DD/MM/YYYY)
Nationality(ies)	City and country of birth		
Registered address			Role <i>Senior Managing Official only</i>
Politically Exposed Person* <input type="checkbox"/> Yes ▶ <i>provide details</i> <input type="checkbox"/> No			

25%+ Beneficial Owner/Controller Other Controller Senior Managing Official

Full name	Government-issued ID number	Type of ID	Date of birth (DD/MM/YYYY)
Nationality(ies)	City and country of birth		
Registered address			Role <i>Senior Managing Official only</i>
Politically Exposed Person* <input type="checkbox"/> Yes ▶ <i>provide details</i> <input type="checkbox"/> No			

25%+ Beneficial Owner/Controller Other Controller Senior Managing Official

Full name	Government-issued ID number	Type of ID	Date of birth (DD/MM/YYYY)
Nationality(ies)	City and country of birth		
Registered address			Role <i>Senior Managing Official only</i>
Politically Exposed Person* <input type="checkbox"/> Yes ▶ <i>provide details</i> <input type="checkbox"/> No			

25%+ Beneficial Owner/Controller Other Controller Senior Managing Official

Full name	Government-issued ID number	Type of ID	Date of birth (DD/MM/YYYY)
Nationality(ies)	City and country of birth		
Registered address			Role <i>Senior Managing Official only</i>
Politically Exposed Person* <input type="checkbox"/> Yes ▶ <i>provide details</i> <input type="checkbox"/> No			

* A current or former board member of an international organisation or senior official in the executive, legislative, administrative, military or judicial branches of a government (including government agencies and government-owned commercial enterprises), or any immediate family member or close personal or business associate of such an individual.

5. Tax Residency/US Person Status

Tax status of account holder Attach information about any additional countries of tax residency, or any former main country of tax residency if there has been a change in the past 2 years.

TAX RESIDENCY

Main country of tax residency	Tax ID number <input type="checkbox"/> Not applicable
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US PERSON STATUS

The account holder is:

- A US Specified Person
- A US citizen
- A US tax resident
- None of the above

US TIN ▶ Provide if the account holder is any of the first three options

6. FATCA/CRS Classification Individuals and Morgan Stanley employees: proceed to section 8. Institutions: consistent with the Luxembourg laws of 18 December 2015 and 24 July 2015 (respectively CRS law and FATCA law), provide information below for the account holder.

CRS (COMMON REPORTING STANDARD) CLASSIFICATION

Financial or Investment Entity

- Reporting Financial Institution
- Non-Reporting Financial Institution *Includes pension schemes as well as central banks and international financial institutions.*
- Professionally managed Investment Entity not based in a CRS jurisdiction *Provide details of each Controlling Person in Section 7.*

Active Non-Financial Entity

- Corporation regularly traded on an established securities market or an affiliate of such a corporation
- Governmental Entity
- International Organisation
- Other Active NFE

Passive Non-Financial Entity

- Passive Non-Financial Entity *Provide details of each Controlling Person in Section 7.*

Other classification

Description

FATCA CLASSIFICATION As an alternative to completing this section, attach a completed W8-BEN.

Financial Institution with a Global Intermediary ID Number (GIIN) Provide GIIN and indicate category below.

GIIN

- UK Financial Institution or Partner Jurisdiction Financial Institution
- Participating Foreign Financial Institution in a non-IGA jurisdiction
- Financial Institution resident in USA or its territories

Financial Institution without a GIIN

- Waiting to receive a GIIN for which it has applied *Indicate entity's category in "Financial Institution (FI) with a Global Intermediary ID Number (GIIN)" above.*
- Other type of Deemed Compliant Foreign Financial Institution
- Non-Participating Foreign Financial Institution in a non-IGA jurisdiction

Non-Financial Institution

- Exempt Beneficial Owner
- Active Non-Financial Foreign Entity
- Passive Non-Financial Foreign Entity *Provide details of each Controlling Person in Section 7.*

Tax status of beneficial owner Attach comparable tax information to the above for all beneficial owners.

TAX RESIDENCY Complete this information only if the account holder is different than the beneficial owner.

Main country of tax residency	Tax ID number <input type="checkbox"/> Not applicable
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US PERSON STATUS

The beneficial owner is:

- A US citizen
- A US Specified Person
- Neither of two

7. FATCA/CRS Controlling Person(s) Complete this section only if indicated on the CRS or FATCA option you ticked above. Provide information here for all ultimate beneficial owners identified in Section 4. If there are more than four controlling persons, provide complete data in an attachment.

Full name ▶ <i>If listed in section 3 provide name and tax info only</i> <input type="checkbox"/> 25%+ Owner <input type="checkbox"/> Senior Managing Official <input type="checkbox"/> Other		Date of birth (DD/MM/YYYY)
City and country of birth	Country(ies) of tax residency and respective TIN(s) <input type="checkbox"/> Not applicable ▶ <i>Provide reason</i>	
Residential address		
Mailing address ▶ <i>If different from residential address</i>		

For trusts: controlling person is a Settlor Beneficiary Trustee Protector

For other legal arrangements: controlling person is equivalent to a Settlor Beneficiary Trustee Protector Other

Full name ▶ <i>If listed in section 3 provide name and tax info only</i> <input type="checkbox"/> 25%+ Owner <input type="checkbox"/> Senior Managing Official <input type="checkbox"/> Other		Date of birth (DD/MM/YYYY)
City and country of birth	Country(ies) of tax residency and respective TIN(s) <input type="checkbox"/> Not applicable ▶ <i>Provide reason</i>	
Residential address		
Mailing address ▶ <i>If different from residential address</i>		

For trusts: controlling person is a Settlor Beneficiary Trustee Protector

For other legal arrangements: controlling person is equivalent to a Settlor Beneficiary Trustee Protector Other

Full name ▶ <i>If listed in section 3 provide name and tax info only</i> <input type="checkbox"/> 25%+ Owner <input type="checkbox"/> Senior Managing Official <input type="checkbox"/> Other		Date of birth (DD/MM/YYYY)
City and country of birth	Country(ies) of tax residency and respective TIN(s) <input type="checkbox"/> Not applicable ▶ <i>Provide reason</i>	
Residential address		
Mailing address ▶ <i>If different from residential address</i>		

For trusts: controlling person is a Settlor Beneficiary Trustee Protector

For other legal arrangements: controlling person is equivalent to a Settlor Beneficiary Trustee Protector Other

Full name ▶ <i>If listed in section 3 provide name and tax info only</i> <input type="checkbox"/> 25%+ Owner <input type="checkbox"/> Senior Managing Official <input type="checkbox"/> Other		Date of birth (DD/MM/YYYY)
City and country of birth	Country(ies) of tax residency and respective TIN(s) <input type="checkbox"/> Not applicable ▶ <i>Provide reason</i>	
Residential address		
Mailing address ▶ <i>If different from residential address</i>		

For trusts: controlling person is a Settlor Beneficiary Trustee Protector

For other legal arrangements: controlling person is equivalent to a Settlor Beneficiary Trustee Protector Other

8. Source, Purpose and Nature of Investment

IF INVESTING ON OWN BEHALF

Main source(s) of funds being invested *Tick all that apply.*

Redemption from other investments *Provide details.*

Sale of assets/property *Provide details.*

Inheritance *Provide details.*

Treasury investments

Savings from earned income

Other:

Source countries	Details
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Main source(s) of wealth *Tick all that apply. Mandatory for individuals and Morgan Stanley employees only.*

- Investments Business activities: Other:
- Sale of assets/property Inheritance Pension contributions Savings from earned income

Main country of origin	Occupation
Employer	Annual salary
Other incomes	

IF INVESTING ON BEHALF OF A THIRD PARTY

Main source(s) of funds being invested *Tick all that apply. After completing this information, proceed to "Account Communications and Power of Attorney".*

- Retail investors that are are not high net worth customers Non-life insurance products
- Institutional investors (within the meaning of the Luxembourg Law of 17 December 2010) Own funds/investments or retained earnings
- Fund of funds Other:
- Premiums received from:
- Life insurance products with or without profit sharing features but not investment-related Unit-linked insurance products and/or investment-related life insurance products

Source countries

Expected activity *Non-binding.*

FREQUENCY OF TRADING

- Single transaction Weekly Quarterly Annually
- Daily Monthly Semi-annually Ad hoc

TOTAL INVESTMENT *For non-EUR investments, indicate equivalent in EUR.*

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AMOUNT PER TRANSACTION

Financial institutions acting on behalf of a third party:

- Less than EUR 1 million More than EUR 1 million

Banks/financial institutions, corporations, public sector organisations, investment funds, pension vehicles, foundations/charities/NGOs, or trusts/legal arrangements investing on their own behalf:

- Less than EUR 10 million EUR 10 to 50 million More than EUR 50 million

Individual investors investing on their own behalf:

- Less than EUR 10,000 EUR 10,000 to 50,000 More than EUR 50,000

Other investors investing on their own behalf:

- Less than EUR 1 million EUR 1 to 10 million More than EUR 10 million

9. Account Communications and Power of Attorney

COMMUNICATIONS TO ACCOUNT HOLDER

- Send all communications by post to the address of record *Default.*
 Also send statements and reports via email *Provide email address(es) below.*
 Request reporting and correspondence via email *Provide email address(es) below.*

Name	Email
Name	Email

Name	Email

POWER OF ATTORNEY

Providing information will authorise an entity or individual to place subscriptions, switches and redemptions on this account on behalf of the account holder(s). In granting power of attorney (POA) to the individual(s) or entity(ies) identified below, the account holder(s) does does not relinquish his/her/their right to place trades on this account directly.

Name of individual or entity	Address
Entities only ▶ <i>If Regulated, List Jurisdiction and Regulator</i>	POA holder <input type="checkbox"/> does <input type="checkbox"/> does not instruct on changes to account registration

10. Bank Account and Dividend Handling *We do not make any payments to unrelated third-party accounts.*

BANK ACCOUNT FOR SUBSCRIPTIONS AND REDEMPTIONS *Required if payment by electronic transfer has been agreed. If more than one bank account is involved, including for different currencies, attach account information and instructions on a separate sheet, including signatures of all bank account owners.*

Account owner's/custodian's name ▶ <i>Must be same as, or for the benefit of, the name in section 1</i>		Bank account number/IBAN
Bank name	Bank address	
Bank city/postcode	Bank country	
SWIFT code	BIC or Sort Code	Currency

CORRESPONDENT BANK *If applicable.*

Correspondent bank name	SWIFT code
Name on correspondent bank account	Correspondent bank account number

HANDLING OF DIVIDENDS *Note that all dividends less than USD 100 or equivalent will be reinvested without charge.*

- Reinvest all dividends in additional shares of the same fund and type *Default.*
- Pay all dividends to the bank account indicated above

Preferred currency

11. Account Holder Signature(s) and Date

By signing below, you make this contract legally binding, and you also state, instruct, acknowledge and/or agree as follows:

- you have received and read the relevant prospectus(es), the Data Protection Notification (in the prospectus or at morganstanley.com/im) and any other required documents (including key information documents), and you understand and accept the terms and conditions of this investment as described in those documents and in this form, including the costs, risks, requirements, data handling and transfer
- your account will not be opened unless and until we receive all materials we consider necessary and are satisfied that they are complete, correct, and authentic
- these investments are not and will not be registered for sale in the United States
- with respect to all laws and regulations, and all relevant terms in the prospectus, you are not a U.S. Person, nor will this account be held for the benefit of, or on behalf of, such a person
- you are responsible for providing any relevant tax authorities with all necessary information and for complying with all other applicable tax and tax reporting obligations, and you confirm that any funds you invest in Morgan Stanley Investment Funds do not represent the proceeds of any crime (including tax crimes)
- we are required by law to provide your account data to tax, supervisory, or other authorities, which may result in your data being transferred to a country with a weaker data protection regime than the European Economic Area
- we record telephone conversations, and we are not liable for fraudulent telephone orders that we reasonably believe to be authentic
- all requests for transactions in fund shares will be processed based on when the request is accepted for processing, as described in the prospectus, and not according to any other information or event
- commissions may only be paid in accordance with local regulation, and any initial commission fee on a retail class is paid to the distributor, sales agent or (in exceptional cases) to the fund
- all legal matters concerning this account, and any transactions in it, will be resolved according to Luxembourg law
- all of the information in this form, including ultimate beneficial owners, is truthful, correct and complete, and you have notified all beneficial owners and controlling persons that you have provided us with the information concerning them
- you are at least 18 years old and are authorised to sign this application
- you are eligible to invest in any shares in which you are requesting investment, as described in the prospectus and applicable laws
- you will not engage in any activity that might adversely affect a fund or its shareholders, under penalty of rejection, cancellation or other measures the management company may consider appropriate
- you indemnify us against all costs, losses and claims arising from the good faith acceptance of any instructions made under this agreement that may prove incorrect or fraudulent
- you authorise us to act on trading instructions from any individual designated on this form, or via subsequent amendment, and to release the proceeds of all redemption orders to the settlement bank account
- this agreement, and all authorisations granted within it, will remain in force until amended or withdrawn by notice of the account holder(s) in writing and delivered by post to the applicable address below
- you are aware that any false representation in these matters could lead to penalties or other adverse actions against you
- you agree to notify us in writing within 30 days of any changes or updates to the information provided in this application, including all attachments
- you confirm that if you request CACEIS to send monthly account statement of your position in the register of the Company, confirmations and transaction reports (statements and reports), you fully acknowledge that email is not a secure communication means and recognise and fully accept the associated risks pertaining to the provision of the statements and reports by email including, without limitation, the risks of non-receipt or delay in the receipt, the interruption of the email communication, the interference with the integrity of the email communication and loss of confidentiality; you acknowledge that CACEIS has no obligation to check that the statements and reports are sent to persons or entities duly authorised to receive the statements and reports provided that CACEIS sends the statements and reports to the email address given in section 9; in any case, should the email address become invalid or unused, you commit to provide a two weeks' prior written notice to CACEIS's registered office; CACEIS will not accept any responsibility or liability of any kind for sending the statements and reports to an invalid, deactivated, outdated or unused email address in the event CACEIS has not been informed in advance of the change of email address in accordance with the above provisions
- you agree that CACEIS shall not be responsible or liable for any errors and omissions or losses, liabilities or damages which may be suffered or incurred by you solely as a result of CACEIS sending you the documents by e-mail (except in the event of CACEIS's gross negligence, fraud or willful misconduct), including, but not limited to, losses or damages arising from viruses or worms, or from the interception, tampering or breach of confidentiality of data or information transmitted; for the avoidance of doubt, CACEIS shall not be liable for indirect, incidental, special, or consequential damages and damages for loss of profits, revenue or savings (actual or anticipated), economic loss, loss of data or loss of goodwill or other similar measure (whether or not either party knew of the possibility of such damage or such damage was otherwise foreseeable)
- you agree and undertake that you shall not make any claims or demands or take any action or start any legal proceedings against CACEIS for any losses or damages whatsoever that you may suffer by reason of you receiving, or not receiving, accepting and/or acting on such documents received by e-mail or otherwise suffered or incurred by you solely as a result of or in connection with the sending of the documents by e-mail

Name
Position (<i>entities only</i>)
Date (<i>DD/MM/YYYY</i>)
Signature


Name
Position (<i>entities only</i>)
Date (<i>DD/MM/YYYY</i>)
Signature


12. Morgan Stanley Employee Certification Required if account holder is an employee family member.

By signing at right, you represent that all of the following are true:

- you are a Morgan Stanley employee and your employee number has been entered in section 2
- you have read the current Benefits Policy on the Morgan Stanley intranet at iis.ms.com/pwm/europe/et_general.asp
- the applicant is a member of your immediate family, as defined in the Benefits Policy

Name of Morgan Stanley employee	
Title	Date (DD/MM/YYYY)
Signature 	

13. Intermediary Certification Required if account holder is investing on behalf of a third party or as a nominee.

By signing at right, you also state, acknowledge and/or agree as follows:

- the account holder is acting as an intermediary for one or more third parties
- the account holder has verified the identity of the third part(ies) consistent with the anti-money laundering and terrorist financing laws and regulations of Luxembourg or equivalent
- the account holder confirms that it takes reasonable measures to verify the tax compliance of its customers and their beneficial owners, where appropriate
- the account holder has read and reviewed the offering document and the applicable KID(s)
- the account holder agrees to provide, upon request from Morgan Stanley Investment Funds, the registrar and transfer agent, auditors or any competent authorities, relevant data and documentation relating to the identification of its customers, and their ultimate beneficial owners, as established and collected pursuant to local legislation/regulations applicable to the account holder
- the individual is authorised to sign this form on behalf of the account holder

Additional terms for account holders that are nominees:

- you have attached proof of licence or other evidence of AML/CFT regulated status;
- the nominee has identified all UBOs (including screening against sanctions lists), certifies that all UBOs are in compliance with AML/KYC procedures, and maintains adequate transaction-monitoring and ongoing due diligence (including records of same) on all UBOs
- no UBO will hold a stake giving it control of 25% or more of the voting rights of MSINVF itself

Name of person signing for intermediary (account holder)	
Title	Date (DD/MM/YYYY)
Signature (in this box) and stamp (below) 	

Review the completed form and attachments. Inaccurate or incomplete information will delay an application.

For this application and for any supporting documentation we tell you is necessary, you must submit originals or certified copies in English or in a form or language to our satisfaction. All translations or copies must be certified as being a true translation or copy by an embassy, consulate, solicitor, licensed lawyer or a notary (empowered public authority), or by a bank regulated in a jurisdiction that has implemented AML/CTF regulations that are equivalent, under Luxembourg law, to Luxembourg standards. The certification must show the official stamp of the authority, the date, and the name, signature and, if possible, position of the representative. Our requirements may differ depending on the status and location of the corporate entity.

SUBMIT APPLICATION AND ATTACHMENTS AS FOLLOWS:

All investors except Asia investors

Morgan Stanley Investment Funds, c/o CACEIS Bank, Luxembourg Branch
5, Allée Scheffer, L-2520 Luxembourg

Fax: (352) 24-60 9902 *Originals or certified copies must also be sent by mail.*

QUESTIONS? See contact details on page 1

Asia investors

Fax: (352) 24-60 6554 *Originals or certified copies must also be sent by mail.*