MorganStanley

Account Maintenance Form

Broadridge Corporate Issuer Solutions P.O. Box 1342 Brentwood, NY 11717-0718

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Dear Shareholder,

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Thank you for contacting Broadridge Corporate Issuer Solutions. The enclosed form can be used to: request statements, tax documents, or replacement checks, update your address, and/or contact information. Please read the content carefully and follow all of the instructions provided.

Things to remember before sending in your completed form:

- 1. These and other changes can be expedited online through our shareholder portal. Simply visit us at shareholder.broadridge.com for further information.
- 2. Make sure your form has all of the required signatures. If the account has a joint tenant registration, both shareholders are required to sign. If you are signing for the shareholder, please include your title (i.e., POA, Custodian, Executor) after your signature and the proper documentation supporting your title, if applicable (i.e., appointment documents).
- 3. If you are requesting replacement checks, please consult your plan document regarding any fees which may be associated with this process.
- 4. Please retain a copy of all documents for your records. Please return the above items to:

<u>Kegular Mali</u>		<u>Overnignt Mail</u>
Broadridge Corporate Issuer Solutions P.O. Box 1342 Brentwood, NY 11717-0718	<u>OR</u>	Broadridge Corporate Issuer Solutions Attn: BCIS IWS 51 Mercedes Way Edgewood, NY 11717

If you have any questions regarding your shareholder account, please contact us at:

Telephone Numbers: TTY: (855) 627-5080 or Local: (720) 414-6858. Fax: (215) 553-5402

E-mail: msshareholder@broadridge.com

Sincerely,

Correspondence Department Broadridge Corporate Issuer Solutions

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USE THIS FORM TO REQUEST AND AUTHORIZE BROAD	RIDGE TO MAKE CHANGES TO THE FOLLOWING ACCOUNT:		
Account Number: (2-10 digits after the dash)			
2 9 4 3 -			
Account Registration: (Example: John Smith OR John Smith and Mary Smith JT			
Company: (Example: XYZ Company)			
FORM REPLACEMENT REQUEST CHECK REPLACEMENT			
1. 1099 □ DIV □ B	3. Please replace the following un-cashed check(s):		
For Tax Year:	There may be a fee associated with this transaction.		
Replace all outstanding checks older than 180 days.			
2. Statement BOOK* PLAN** CERTIFICATE Check Number:			
For Period:	Date:		
*For shares held electronically	Amount:		
**Dividend Re-Investment, Employee Stock Purchase Plan, etc.	*Please do not cash outdated checks. You may incur a fee at your financial institution.		
CONTACT INFO CHANGE			
4. Write New Primary Address:			
Telephone No.:	E-mail Address:		
5. Write New Seasonal Address:			
Time frame at			
this address:			
6. Write Alternate Address for:			
Proxy Tax Forms			
Statements Div. Check			
TRANSACTION APPROVAL			
7. I/We authorize Broadridge to make the account maintenance changes detailed above and I/we confirm that I/we am/are the correct and right party to request these changes. The signature of all registered holders is required.			
Print Name:			
Sign Name:	Date:		
Print Name:			
Sign Name:	Date:		