



Dividend Reinvestment Plan

Broadridge Corporate Issuer Solutions
P.O. Box 1342
Brentwood, NY 11717-0718
Phone: (800) 622-2393
TTY: (855) 627-5080
Fax: (215) 553-5402

Dear Shareholder,

Thank you for contacting Broadridge Corporate Issuer Solutions regarding your Morgan Stanley Stock Account and expressing interest in managing the dividend elections on an existing account. Enclosed is the document you requested. Please read the content carefully and follow all of the instructions provided.

Things to remember before sending in your completed form:

1. 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).
2. Consult your Plan document for additional information about the Plan, including purchase dates, minimum and maximum investment amounts, and any fees associated with the Plan.

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

Telephone Number: (800) 622-2393

E-mail: msshareholder@broadridge.com

Please retain a copy of all documents for your records. Please return the above items to:

Regular Mail

**Broadridge Shareholder Services
c/o Broadridge Corporate Issuer Solutions
P.O. Box 1342
Brentwood, NY 11717-0718**

OR

Overnight Mail

**Broadridge Shareholder Services
c/o Broadridge Corporate Issuer Solutions
1155 Long Island Avenue
Edgewood, NY 11717-8309
ATTN: IWS**

Sincerely,

Correspondence Department
Broadridge Corporate Issuer Solutions
Shareholder Services

SECTION I - EXISTING SHAREHOLDERS - PLEASE PRINT

You may also utilize our Shareholder Portal at shareholder.broadridge.com to update any of your existing account's information.

- 1. Company Name _____ (Please see Plan documents for enrollment eligibility requirements.)
- 2. Account Number _____ 3. Last Four of Owner's Social Security Number or Tax Identification Number _____
- 4. Account Registration _____
- 5. Account Address _____
 Street City State Zip Code
- 6. Telephone Number _____ 7. E-mail Address _____

This section is to be completed only if you already maintain an account with Broadridge. Please proceed to Section II to manage existing Account Elections.

SECTION II - DIVIDEND ELECTIONS - PLEASE PRINT

You may choose to reinvest all or a portion of the cash dividends paid on _____ (Insert Company Name)
 Please check one box below to indicate your reinvestment election. (If you do not check a box, you will be deemed to have selected the "Fully Reinvest" option.)

- Reinvest the dividends on ALL shares.**
- I would like a portion of my dividends reinvested.** Please remit to me the dividends on _____ shares. I understand that the dividends on my remaining shares, as well as all future shares that I acquire, will be reinvested. (number)
- All cash – Do not reinvest my dividends – Receive check.** Your dividend check will be automatically mailed to your address of record.
- All cash – Do not reinvest my dividends – Direct deposit my dividends.** I/We hereby authorize Broadridge Corporate Issuer Solutions, Inc. to have my/our dividends deposited automatically in my/our checking/savings account pursuant to the terms of the applicable plan. (See Section IV.)

SECTION III - AUTHORIZATION FOR ONE TIME OR RECURRING INVESTMENTS - OPTIONAL

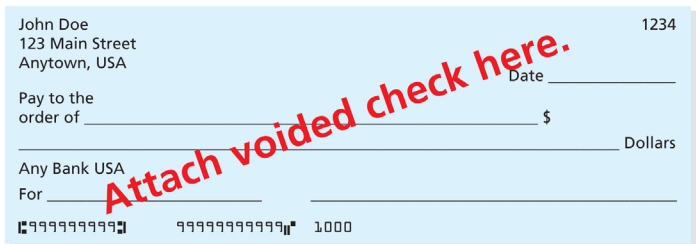
- I/We hereby authorize Broadridge Corporate Issuer Solutions, Inc. to make a **one time** voluntary contribution in the amount indicated to invest in shares of _____ pursuant to the terms of the issuer's applicable Plan. The check made payable to Broadridge for \$ _____ is enclosed. (Please see Plan documents for min./max. amount.)
- I/We hereby authorize Broadridge Corporate Issuer Solutions, Inc. to make a **one time** automatic withdrawal from my/our checking/savings account in the amount indicated below to invest in shares of _____ pursuant to the terms of the issuer's applicable Plan. One Time Investment Amount \$ _____ (Please see Plan documents for min./max. draft amount.)
- I/We hereby authorize Broadridge Corporate Issuer Solutions, Inc. to **start** making recurring automatic withdrawals from my/our checking/savings account in the amount indicated below to invest in shares of _____ pursuant to the terms of the issuer's applicable Plan.
 Automatic Investment Amount \$ _____ (Please see Plan documents for min./max. draft amount.)
 Frequency: Monthly Quarterly Semi-Annual (Please see Plan documents for permitted frequencies.)
- I/We hereby authorize Broadridge Corporate Issuer Solutions, Inc. to **change** the automatic recurring investment amount from my/our checking/savings account to \$ _____.
- I/We hereby authorize Broadridge Corporate Issuer Solutions, Inc. to **terminate** existing instructions authorizing recurring automatic withdrawals from my/our checking/savings account.

SECTION IV - BANKING INFORMATION FOR ONE TIME OR RECURRING INVESTMENTS AND/OR DIRECT DEPOSIT AUTHORIZATION - INCLUDE A VOIDED CHECK

Select One: Type of Account:

Checking Savings

Name(s) on Bank Account:



To be completed by your financial organization only if a voided check cannot be supplied or your account is with a credit union or savings & loan.

Name of Financial Organization _____
 Bank Routing Number _____
 Bank Account Number _____

 Authorized Signature of Financial Organization

 Date

SECTION V - SIGNATURE(S)

SIGNATURE(S) - The signatures below indicate that I/we have read the company's respective plan document and agree to its terms. By signing below, I/we agree to the indicated account election changes referenced above. The signature of all registered holders is required.

 Signature Date Signature Date