

# 403(b)(7) Distribution Request

This 403(b)(7) Distribution Request Form is used by 403(b) owners and beneficiaries of deceased 403(b) owners to request a distribution from an existing non-ERISA 403(b)(7) custodial account.

**Regular Mail**

Morgan Stanley Funds  
 PO Box 219804  
 Kansas City, MO 64121-9804

**Overnight Mail**

Morgan Stanley Funds  
 430 W 7th Street  
 Kansas City MO 64105-1407

**For assistance:**

800-869-6397  
 9:00 a.m. - 5:30 p.m. ET, M-F

**Important Instructions:** To use a fillable form in Windows Edge, please click on the three dots at the upper right of the browser and select "Open with Internet Explorer" which will make the fillable sections appear.

**Fees:** A \$20 fee will be assessed per each fund account for all full liquidations, up to a maximum of \$40.

**You should consult a tax advisor as to the tax consequences of this distribution.**

## Part 1. 403(b)(7) Owner Information

Name	Social Security Number/TIN		Date Of Birth
Mailing Address	City	State	Zip
Residence Address	City	State	Zip
Email Address	Work Phone Number <input type="text"/>		
403(B)(7) Account/Plan Number (Required)			
U.S. Citizenship Status (check one):    Citizen    Resident Alien			

## Part 2. Reason For Distribution

**A) Selections subject to mandatory withholding:**

Severance from employment. The name of my former employer was \_\_\_\_\_

Regular due to:

I'm at least 59 ½ but have not reached my 73 year

I have reached my 73 year and already satisfied my required minimum distributions for that year

Death distribution to a spousal beneficiary:

Decedent's name: \_\_\_\_\_

Decedent's date of death: \_\_\_\_\_

Premature Distribution

Death distribution to a non-spousal beneficiary:

Decedent's name: \_\_\_\_\_

Decedent's date of death: \_\_\_\_\_

Disability<sup>1</sup>

Qualified reservist distribution as defined under Internal Revenue Code Section 72(t)

Plan termination by employer

<sup>1</sup>Please attach a letter from your physician, verifying the disability, and dated within the past twelve months.

**B) Selections not subject to 20% mandatory withholding:**

Direct rollover to another 403(b)(7), IRA,<sup>2</sup> Morgan Stanley IRA Fund # \_\_\_\_\_ Account # \_\_\_\_\_, or  
QP due to:

- Severance from employment
- Regular (I'm at least 59 ½ but have not reached my 73 year)
- Death (I'm a spouse beneficiary): Decedent's name and date of death. :

Direct rollover by a nonspouse beneficiary to an Inherited IRA.

Direct rollover to an IRA account outside of Morgan Stanley. Please fill out Part 6 with the name of the receiving financial institution.

**A Medallion Signature Guarantee is required. See Part 11.**

Excess Contribution: Approximate date of excess contribution \_\_\_\_\_ Amount: \_\_\_\_\_

Financial Hardship<sup>3</sup> Employer Signature Required \_\_\_\_\_ Date: \_\_\_\_\_

Substantially equal periodic payments under Internal Revenue Code 72(t) (early distribution penalty exception).

Please base the calculations on:

- My life expectancy using the Single Life table
- My joint life expectancy with my beneficiary (complete beneficiary information below) using the Joint Life and Last Survivor table
- Uniform Lifetime table

Required minimum distribution (I'm in my 73 year or later) Please base the calculations on (check one):

- Uniform Lifetime table
- Joint Life and Last Survivor table (My spouse is my sole primary beneficiary and is more than 10 years younger than me  
Beneficiary's Name, Date of Birth, and Social Security Number \_\_\_\_\_)

**Part 3. Fund Name and Dollar Amount to be Distributed**

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Fund Name / Fund Number	Dollar % To Be Distributed
_____	_____
_____	_____
_____	_____
	Total \$ _____

**Part 4. Amount of Distribution**

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(Please select only one):

- A partial distribution as specified in Part 3
- Please close my account
- Mandatory distribution as specified in Part 2

<sup>2</sup>Please include the Fund name and Account number. If you intend this to be a direct rollover to a Morgan Stanley IRA, Please be sure that one is already established. If an IRA is not already established, please include a completed IRA application when you return this form. <sup>3</sup>Please refer to section 403(b)(A)(ii) of the Internal Revenue Code in order to determine whether or not you have encountered financial hardship. By authorizing such a request, you hereby understand that any distribution paid to you prior to your reaching age 59½ may be subject to a 10% premature penalty imposed by the Internal Revenue Service, except for certain medical expenses, in addition to any income tax due on this distribution. Further, you agree to indemnify and hold harmless the Custodian of the account and the applicable Morgan Stanley Funds, Morgan Stanley Distribution, Inc. and its affiliates against any and all claims, liabilities, expense or loss arising out of this determination of financial hardship. Only Elective Deferral Contributions (excluding earnings) are eligible for financial hardship distributions.

### Part 5. Distribution Frequency

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(Please select only one):

As soon as possible

Monthly, on the \_\_\_\_\_ day of each month.

Quarterly, on the \_\_\_\_\_ day of January, April, July and October

Annually, on the \_\_\_\_\_ day of the month \_\_\_\_\_

\* If you do not select a date, the redemption will be made on or about the 18th of the month, provided that the distribution amount requested does not exceed the market value of your account(s).

### Part 6. Payment Method (Please select only one):

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Please transfer to my (non-IRA) Morgan Stanley Fund and Account Number. \_\_\_\_\_

Please rollover funds to my Morgan Stanley IRA as specified in Part 2, Section B.

Please wire to my bank, a voided check is attached.\* (Medallion Signature Guarantee required. See Part 11.)

Please use Direct Deposit to send to my bank account, a voided check is attached.\* (Medallion Signature Guarantee required. See Part 11.)

Please send my direct rollover check to the following institution: (Medallion Signature Guarantee required. See Part 11.)

Please send to the address on my account.

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Name of Financial Institution

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Telephone Number of Institution

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Direct Rollover Account Number (Required)

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Street

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City

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State

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Zip

Please attach a voided check here

\*You must include a voided check from your bank account for this option. Please note that if you have chosen option 4 or 5 you must include a voided check. Your request cannot be processed without it.

### Part 7. Employer Authorization

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Notice: Signature of employer or plan administrator may be required. Generally, authorization is not required if the shareholder indicates having left the employer before January 1, 2009, having made no contributions to the plan after 2008, the distributions is a Required Minimum Distribution, or the company is no longer in existence. Other exceptions may apply, please contact a Morgan Stanley representative for more information.

If no authorization provided, please provide the reason \_\_\_\_\_

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Name of 403(B) Employer Recordkeeper/403(B) Administrator

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Contact Person Primary Phone Number

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Mailing Address

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Email

I/we certify that the above named participant/beneficiary is eligible for the distribution requested. I/we hereby authorize the custodian to process the distribution as requested.

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Authorized Signature Of Employer Date

### Part 8. Withholding Notice and Election (Eligible Rollover Distributions Paid to You) (W-4R - OMB No. 1545-0074) Dept. of Treasury, IRS

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**Notice:** If you are requesting to have an eligible rollover distribution amount paid directly to you (rather than having such amount transferred or directly rolled over to another plan or IRA), the taxable portion of such amounts will be subject to mandatory 20% Federal income tax withholding. You may have more than 20% withheld by checking the box below and writing in a dollar amount. If you are under 59½, you may be subject to an additional 10% IRS early distribution penalty. This penalty is not deducted from the distribution amount.

**Election:** In addition to the mandatory 20% Federal income tax withholding applicable to eligible rollover distribution amounts not rolled over, I want an additional \_\_\_\_\_ % or \$ \_\_\_\_\_ withheld on such amounts

### Part 9. Federal Withholding

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**Mandatory 20% Withholding** – Applies ONLY if the distribution is an “eligible rollover distribution” as described in §402(c) of the Internal Revenue Code and you do not elect to directly roll the monies into another qualified plan, 403(b) or individual retirement account. You understand you will receive only 80% of the payment since the Custodian is required to withhold 20% of the distribution and send it to the IRS as federal income tax withholding to be credited against your taxes. You understand the custodian will not apply voluntary withholding elections and will neither waive mandatory withholding nor apply elections for additional withholding when mandatory withholding is applicable.

**Voluntary Withholding** – Applies ONLY if the distribution is not an “eligible rollover distribution” as described in §402(c) of the Internal Revenue Code. Eligibility is described in the *Rollover Explanation For Qualified Plans and 403(b) Plans - Special Tax Notice Regarding Plan Payments*. Voluntary Federal income tax will be withheld at the rate of 10% from any distribution, subject to the IRS withholding rules, unless you elect a withholding rate of 0% below or have previously elected out of withholding. Tax will be withheld on the gross amount of the payment even though you may be receiving amounts that are not subject to withholding because they are excluded from gross income.

This withholding procedure may result in excess withholding on the payments. If you elect to have no federal taxes withheld from your distribution, or if you do not have enough federal income tax withheld from your distribution, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

You understand that your below election will remain in effect until such time as you make a different election with the Custodian.

I elect federal income tax withholding of 0%, do not withhold federal income tax from my distributions.\*

I elect federal income tax withholding of \_\_\_\_\_ % must be a whole percent, you may elect any rate from 1% to 100%.\*

See the attached Form W-4R Withholding Certificate which has the **Marginal Rate Tables** and **"Suggestion for determining withholding"** instructions. You may use these tables and instructions to help you select the appropriate withholding rate.

\*Generally, you can't elect less than 10% federal income tax withholding for payments to be delivered outside the United States and its possessions.

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## Part 10. State Withholding Notice and Election

Complete this part only if you are a resident of one of the states below.

**State Income Tax Withholding: Applicable ONLY to AR, CA, CT, DC, DE, IA, KS, ME, MA, MI, MS, NE, NC, OK, OR, VT, VA.** The custodian is required to withhold part of your distribution for state income tax. For most of these states if federal taxes are withheld mandatory tax withholding will apply, unless you check do not withhold below. Your state may have its own requirements to opt out of mandatory state tax withholding (Ex. Michigan requires its own form: MI W-4P), consult with your tax advisor or refer to your state's tax laws for more information before making your decision. **If no election is made, the custodian is required to withhold taxes at the applicable rate. In some instances state taxes will be withheld regardless of your election below.**

For the above referenced states only.

Withhold at the mandatory rate. If you would like additional state withholding, provide a dollar amount here (do not indicate a percentage): \$ \_\_\_\_\_

DO NOT withhold state income tax.

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## Part 11. Acknowledgement

I certify that I am the proper party authorized to make these elections and that all information provided is true and accurate. I further certify that no tax or legal advice has been given to me by the Custodian, the Sponsor, or any agent of either of them, and that all decisions regarding the elections made on this form are my own. The Custodian is hereby authorized and directed to distribute funds from my account in the manner requested. The Custodian may conclusively rely on this certification and authorization without further investigation or inquiry. I expressly assume responsibility for any adverse consequences which may arise from the election(s) and agree that the Custodian, the Sponsor, and their agents shall in no way be responsible, and shall be indemnified and held harmless, for any tax, legal or other consequences of the election(s) made on this form. I have received, read, understand and agree to be legally bound by the terms of this form. By completing this form, I am affirmatively electing to waive the 30 day notification period as described in the Rollover Explanation For Qualified Plans and 403(b) Plans - Special Tax Notice Regarding Plan Payments.

Substitute W-9 - Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number, and
2. I am not subject to backup withholding because:
  - a. I am exempt from backup withholding; or
  - b. I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends; or
  - c. The IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (as defined in the Form W-9 instructions found at [www.irs.gov](http://www.irs.gov)).
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Cross out item 2 above if the IRS has notified you that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

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

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Signature of 403(b)(7) Owner (or other authorized person)

Date

A Medallion Signature Guarantee is required if you are a beneficiary taking a death distribution, or your check is to be sent to an address other than the address on record.

Each Signature must be Medallion Guaranteed by a bank, broker-firm, savings and loan association, credit union, national securities exchange or any other "eligible guarantor institution" as defined in rules adopted by the Securities and Exchange Commission. Signatures may also be guaranteed with a medallion stamp of the Stamp program or the NYSE Medallion Signature Program, provided that the amount of the transaction does not exceed the relevant surety coverage of the medallion. If you are unable to obtain a Medallion Guarantee a Signature Guarantee may be accepted, additional documentation may be necessary, please call Morgan Stanley Client Services for further information. A notary public cannot provide a signature guarantee, and a notarization cannot be accepted in lieu of a signature guarantee.

A Medallion Signature Guarantee Stamp is required if your redemption is:

- Sent by check to your address, if the address has been updated within the last 15 calendar days.
- Sent to an alternate payee, or address other than the address on your account.
- Sent via wire or ACH to banking instructions that were not previously on your account.
- Or if this request is being signed by the account owner's Power of Attorney.
- The redemption is over \$50,000.

Please attach medallion here

# U.S. Privacy Policy and Notice

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## Privacy and Security

This U.S. Privacy Policy and Notice (“Notice”) covers the services offered in the U.S. by Morgan Stanley, including, but not limited to, Morgan Stanley & Co, LLC, Morgan Stanley Smith Barney, LLC, Morgan Stanley Bank, N.A., Morgan Stanley Private Bank, National Association, E\*TRADE Futures LLC, Morgan Stanley Investment Management, Inc. Together, these entities are referred to as “Morgan Stanley” “our affiliates,” “we,” “us,” and “our” in this Notice.

We are committed to maintaining the privacy and confidentiality of your personal information. Morgan Stanley has a global framework to comply with applicable data protection and privacy laws, which includes policies and procedures that prescribe how Morgan Stanley personnel must process your personal data.

This Notice explains what personal information we collect about you, how we use, disclose and share that information, and the rights you have in connection with that information. Certain rights, requirements, and disclosures in this Notice may be subject to exemption or otherwise may not apply to you based, for example, on applicable law or regulations. This information is required by law and is not a promotion of our products and services.

Personal information that we collect from or about you when you apply for or obtain a Morgan Stanley financial product or service for personal, family or household purposes is also governed by a separate privacy notice. Except as noted below, if you are a current or former applicant or customer of Morgan Stanley, one or more the following privacy notices may be applicable to you depending on the product or service you obtained or sought to obtain from Morgan Stanley.

To view full Privacy Policy Notices, visit <https://www.morganstanley.com/disclaimers/us-privacy-policy-and-notice>

## Important Information — USA Patriot Act

Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. This information will be verified to ensure the identity of all individuals opening a mutual fund account.

**If you have any questions about this form, please call 1 (800) 869-6397, between 9 a.m and 5:30 p.m. ET Monday through Friday. Visit our website at [MorganStanley.com/IM](https://www.morganstanley.com/IM)**

**Substitute W-4R 2024 - Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions – For use with 403(b) ONLY**

Where instructed to provide your withholding election on “line 2” use the space provided on the attached form under “Federal Income Withholding Election.”

**For an eligible rollover distribution, the withholding rate is 20%. You may not elect a different rate.**

**2024 Marginal Rate Tables**

You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See below for more information on how to use this table.

Single or Married filing Separately		Married filing jointly or Qualifying surviving spouse		Head of household	
Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more
\$0	0%	\$0	0%	\$0	0%
14,600	10%	29,200	10%	21,900	10%
26,200	12%	52,400	12%	38,450	12%
61,750	22%	123,500	22%	85,000	22%
115,125	24%	230,250	24%	122,400	24%
206,550	32%	413,100	32%	213,850	32%
258,325	35%	516,650	35%	265,600	35%
623,950*	37%	760,400	37%	631,250	37%

\*If married filing separately, use \$380,200 instead for this 37% rate.

**General Instructions:** Section references are to the Internal Revenue Code.

**Future developments.** For the latest information about any future developments related to Form W-4R, such as legislation enacted after it was published, go to [www.irs.gov/FormW4R](http://www.irs.gov/FormW4R).

**Purpose of form.** Complete Form W-4R to have payers withhold the correct amount of federal income tax from your nonperiodic payment from an employer retirement plan, annuity (including a commercial annuity), or individual retirement arrangement (IRA). See below for the rules and options that are available for each type of payment.

**Caution:** If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. Your withholding choice (or an election not to have withholding on a nonperiodic payment) will generally apply to any future payment from the same plan or IRA. Submit a new Form W-4R if you want to change your election.

**Nonperiodic payments—10% withholding.** Your payer must withhold at a default 10% rate from the taxable amount of nonperiodic payments unless you enter a different rate on line 2. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. Note that the default rate of withholding may not be appropriate for your tax situation. You may choose to have no federal income tax withheld by entering “-0-” on line 2. See the specific instructions below for more information. Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including “-0-”) on any payments to be delivered outside the United States and its territories.

**Note:** If you don’t give Form W-4R to your payer, you don’t provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer must withhold 10% of the payment for federal income tax and can’t honor requests to have a lower (or no) amount withheld. Generally, for payments that began before 2024, your current withholding election (or your default rate) remains in effect unless you submit a Form W-4R.

**Payments to nonresident aliens and foreign estates.** Do not use Form W-4R. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

**Tax relief for victims of terrorist attacks.** If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, enter “-0-” on line 2. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

**Specific Instructions**

**Line 2 - More withholding.** If you want more than the default rate withheld from your payment, you may enter a higher rate on line 2.

**Less withholding (nonperiodic payments only).** If permitted, you may enter a lower rate on line 2 (including “-0-”) if you want less than the 10% default rate withheld from your payment. If you have already paid, or plan to pay, your tax on this payment through other withholding or estimated tax payments, you may want to enter “-0-”.

**Suggestion for determining withholding.** Consider using the Marginal Rate Tables above to help you select the appropriate withholding rate for this payment or distribution. The tables are most accurate if the appropriate amount of tax on all other sources of income, deductions, and credits has been paid through other withholding or estimated tax payments. If the appropriate amount of tax on those sources of income has not been paid through other withholding or estimated tax payments, you can pay that tax through withholding on this payment by entering a rate that is greater than the rate in the Marginal Rate Tables.

The marginal tax rate is the rate of tax on each additional dollar of income you receive above a particular amount of income. You can use the table for your filing status as a guide to find a rate of withholding for amounts above the total income level in the table.

To determine the appropriate rate of withholding from the table, do the following. Step 1: Find the rate that corresponds with your total income not including the payment. Step 2: Add your total income and the taxable amount of the payment and find the corresponding rate.

If these two rates are the same, enter that rate on line 2. (See Example 1 below.)

If the two rates differ, multiply (a) the amount in the lower rate bracket by the rate for that bracket, and (b) the amount in the higher rate bracket by the rate for that bracket. Add these two numbers; this is the expected tax for this payment. To get the rate to have withheld, divide this amount by the taxable amount of the payment. Round up to the next whole number and enter that rate on line 2. (See Example 2 below.)

If you prefer a simpler approach (but one that may lead to overwithholding), find the rate that corresponds to your total income including the payment and enter that rate on line 2.

**Examples.** Assume the following facts for Examples 1 and 2. Your filing status is single. You expect the taxable amount of your payment to be \$20,000. Appropriate amounts have been withheld for all other sources of income and any deductions or credits.

**Example 1.** You expect your total income to be \$62,000 without the payment. Step 1: Because your total income without the payment, \$62,000, is greater than \$61,750 but less than \$115,125, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$82,000, is greater than \$61,750 but less than \$115,125, the corresponding rate is 22%. Because these two rates are the same, enter “22” on line 2.

**Example 2.** You expect your total income to be \$43,700 without the payment. Step 1: Because your total income without the payment, \$43,700, is greater than \$26,200 but less than \$61,750, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$63,700 is greater than \$61,750 but less than \$115,125, the corresponding rate is 22%. The two rates differ. \$18,050 of the \$20,000 payment is in the lower bracket (\$61,750 less your total income of \$43,700 without the payment), and \$1,950 is in the higher bracket (\$20,000 less the \$18,050 that is in the lower bracket). Multiply \$18,050 by 12% to get \$2,166. Multiply \$1,950 by 22% to get \$429. The sum of these two amounts is \$2,595. This is the estimated tax on your payment. This amount corresponds to 13% of the \$20,000 payment (\$2,595 divided by \$20,000). Enter “13” on line 2.