

# Morgan Stanley

INVESTMENT MANAGEMENT

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## IRA Distribution Request

**Notice: This form is intended for Shareholders who own Morgan Stanley mutual fund shares directly with the fund. If you own shares of a Morgan Stanley mutual fund through a Financial Intermediary, including Morgan Stanley Wealth Management, please contact your Financial Intermediary for instructions on updating your account.**

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**Regular Mail**

Morgan Stanley Funds  
P.O. Box 219804  
Kansas City, MO 64121-9804

**Overnight Mail**

Morgan Stanley Funds  
801 Pennsylvania Ave, Suite 219804  
Kansas City, MO 64105-1307

**For assistance:**

800-869-6397  
9:00 a.m. – 5:30 p.m. ET, Mon-Fri

**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.

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This IRA Distribution Request Form is used by IRA owners, beneficiaries of deceased IRA owners and Inherited IRA owners to request a distribution from a Traditional, Roth or SEP.

### Part 1. IRA Owner Information

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Name

Date of Birth

Residence Address

Mailing Address

Email Address

Primary Phone

IRA Account number (required)      U.S. Citizenship Status (check one):       Citizen       Resident Alien

### Part 2. IRA Beneficiary or Inherited IRA Owner Information

(Complete only if requesting a death distribution)

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Name

Social Security Number/TIN

Date of Birth

Residence Address

Mailing Address

Email Address

Primary Phone

IRA Account number

U.S. Citizenship Status (check one):       Citizen       Resident Alien      Beneficiary's Status (check one):       Spouse       Nonspouse

### Part 3. Reason for Distribution

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**Option 1 — Distribution from a Traditional, SEP, or Simple IRA. Indicate reason for distribution:**

Early Distribution (no known exception).

Direct Roth IRA Conversion. Have you attained age 59½? Yes No

Series of substantially equal periodic payments under Internal Revenue Code Sec. 72(t)

Permanent disability — You certify that you are disabled within the meaning of section 72(m)(7) of the Internal Revenue Code.\*\*

Death

Normal Distribution (including life expectancy/required minimum distributions)

Return of Excess Contribution Plus Earnings. For what year was the contribution made? Current Year Prior Year\*

Excess Contribution Amount: \$ \_\_\_\_\_

Direct Rollover to an Eligible Employer-Sponsored Plan

Other (Explain): \_\_\_\_\_

**Qualified Charitable Distribution Request**

- Qualified charitable distribution (QCD) from a traditional, Roth, SIMPLE, SEP/SARSEP or inherited IRA.
- You must be at least 70½ or older on the date of distribution. If you are RMD age and the account is subject to a Required Minimum Distribution (RMD), the distribution counts toward your RMD for the current year.
- The QCD will be tax reported on Form 1099-R as a QCD normal distribution code Y7 (or as a QCD death distribution code Y4 if the account is an inherited IRA). For more information, refer to [www.irs.gov](http://www.irs.gov) or consult your tax advisor.
- As a QCD is not subject to tax withholding, it will not be applied to this request.
- A QCD cannot be made from an ongoing SIMPLE, SEP or SARSEP IRA. The account is generally considered to be ongoing if you make salary deferrals or receive employer contributions for the current year.

Note: The maximum exclusion from gross income per individual per tax year is \$108,000 for 2025 (indexed for inflation) You should consult with your tax advisor regarding applicable IRS rules to ensure the distribution satisfies the QCD requirements.

**Charitable organization information**

- The charity must be an organization that is eligible to receive tax-deductible contributions. Consult your financial professional or tax advisor to ensure the organization is eligible.
- The check will be made payable to the charitable organization.
- Follow up with the charity for a receipt of your donation.

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Name of charitable organization

Attention

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Address

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City

State

ZIP

\*Deadline to remove a contribution as an excess contribution with earnings, is the IRA Owner's tax filing deadline (for the tax year of the contribution), plus any extensions.

\*\*For purposes of section 72(m)(7), an individual shall be considered to be disabled if he is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or to be of long-continued and indefinite duration.

**Option 2 — Distribution from a Roth IRA. Has the 5-year holding period been met?**      Yes      No/Don't Know**Indicate reason for distribution:**

Early Distribution (no known exception).

Permanent disability — You certify that you are disabled within the meaning of section 72(m)(7) of the Internal Revenue Code.\*\*

Death

Age 59½ or Older

Return of Excess Contribution Plus Earnings. For what year was the contribution made?      Current Year      Prior Year\*

Excess Contribution Amount: \$ \_\_\_\_\_

Direct Rollover to an Eligible Employer-Sponsored Plan

Other (Explain): \_\_\_\_\_

\*Deadline to remove a contribution as an excess contribution with earnings, is the IRA Owner's tax filing deadline (for the tax year of the contribution), plus any extensions.

**Option 3 — IRA Recharacterization:**

Contribution Amount to be Recharacterized: \$ \_\_\_\_\_

## Type of Contribution (Current IRA) to be Recharacterized (Select One):

Regular/Spousal Traditional IRA for Tax Year \_\_\_\_\_

Regular/Spousal Roth IRA for Tax Year \_\_\_\_\_

Conversion from Traditional IRA

Contribution/Conversion Date (Current IRA): \_\_\_\_\_ \*

\*Deadline to recharacterize a contribution is the IRA Owner's tax filing deadline (for the tax year of the contribution), plus any extensions.

Special Instructions: \_\_\_\_\_

**Part 4. Distribution Amount**

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**Choose only one option in Part 4**

## Amount:

I wish to withdraw my entire account balance.

I wish to make a one-time, partial withdrawal from my fund(s) as indicated below.

I wish to set up systematic withdrawals from my fund(s) as indicated below. Systematic withdrawals, once initiated, will continue indefinitely until canceled. You must complete Part 5.

Fund Name	Fund Number	Amount
Total \$ _____		

## Life Expectancy/Required Minimum Distributions:

I wish to make a one-time withdrawal of my required minimum distribution for this year \_\_\_\_\_ calculated by me, see my amounts and allocation above.

I wish to have my required minimum distribution for this year \_\_\_\_\_ calculated by the Trustee/Custodian (check box) one-time immediately or (check box) systematically, complete part 5. Please have funds distributed to me proportionately across all funds. Amounts based on each funds individual balance.

I wish to have my require minimum distribution for this year \_\_\_\_\_ and all future years calculated by the Trustee/Custodian and distributed proportionately across all funds. You must complete part 5.

**Part 5. Frequency**

(for systematic withdrawals, including Life Expectancy/Required Minimum Distributions)

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Beginning Date:

(If no date is selected, the default date is the 15th.)

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

Quarterly, on the \_\_\_\_\_ day of \_\_\_\_\_ (Specify Month)

Annually, on (Specify Date) \_\_\_\_\_

Other (Please Specify) \_\_\_\_\_

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

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Mail check to the address currently on file.

Deposit electronically to my bank which is already on file.

Deposit to my Morgan Stanley Account Number: \_\_\_\_\_

Please deposit electronically to my bank via the Automated Clearing House (ACH), a voided check in my name is attached  
(Requires Medallion Signature Guarantee).

Please wire to my bank, a voided check in my name is attached (not available for systematic withdrawals)  
(Requires Medallion Signature Guarantee).

Qualified Charitable Distribution (Requires Medallion Signature Guarantee, please refer to Part 3.)

Other (Explain): \_\_\_\_\_

Please attach a voided check here

## Part 7. Federal Withholding Notice and Election

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**Notice:** 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.

**Notice:** See the attached Form W-4R Withholding Certificate for Nonperiodic Payments 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.

Withhold 10% for Federal Income tax for my distribution.

I acknowledge that I have reviewed IRS Form W-4R and the applicable instructions, and I have elected a withholding amount other than the default withholding 10% rate for the requested transaction(s). Withhold \_\_\_\_\_ Percent.

Do not withhold Federal Income Tax

\*For an eligible rollover distribution, the default rate is 20%. You can choose a rate greater than 20% by entering the rate. You may not choose a rate less than 20%.

Withhold 20% for Federal Income tax for my distribution.

Withhold more than 20%. Enter rate here \_\_\_\_\_

## Part 8. State Withholding Notice and Election

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Complete this section 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-4R), 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.

## Part 9. Acknowledgement

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By signing this IRA Distribution Request Form, I certify that the information I have provided is true and correct, and I authorize the Custodian to distribute my IRA as instructed above. I understand that I am responsible for ensuring I am eligible to authorize this distribution and I assume all responsibility for any consequences as a result of my actions. I will indemnify and hold the Custodian harmless from any consequences related to executing my instructions, including payments made in error. I have been advised to seek competent legal and tax advice, and have not been provided any such advice from the Custodian. If this is a recharacterization, I authorize the IRA Trustee(s)/Custodian(s) identified above to recharacterize my IRA contribution or conversion, along with the net income attributable to such amounts, as instructed above. I understand this recharacterization election is irrevocable and that I am responsible for ensuring I am eligible to make this recharacterization. I also understand that my recharacterization is reportable to the IRS and that the amounts I recharacterize in the receiving IRA will be treated as if they were made on the same date and for the same tax years as when the amounts were contributed to the first IRA. I certify, under penalty of perjury, that my social security number shown on this form is correct.

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.

A Medallion Signature Guarantee or bar-coded Medallion Guarantee stamp is required and may be obtained from eligible guarantors, including: Commercial Banks, Trust Companies, member firms of a domestic stock exchange, Savings Associations and Credit Unions. A notary public is NOT an acceptable guarantor.

A Medallion Signature Guarantee is required if your redemption is:

Please attach medallion here

- 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.

For more information on any Morgan Stanley fund, please contact your financial advisor, call Morgan Stanley at 800-869-6397, or visit [www.msim.com](http://www.msim.com) for a free prospectus. An investor should consider the investment objectives, risks, charges, and expenses of an investment carefully before investing. The prospectus contains this and other information. Please read it carefully before you invest or send money.

For additional copies of this form, go to [www.msim.com](http://www.msim.com).

## U.S. Customer Privacy Notice

FACTS	WHAT DOES MSIM DO WITH YOUR PERSONAL INFORMATION?
<b>WHY?</b>	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
<b>WHAT?</b>	The types of personal information we collect and share depend on the product or service you have with us. This information can include: <ul style="list-style-type: none"> <li>▪ Social Security number and income</li> <li>▪ investment experience and risk tolerance</li> <li>▪ checking account information and wire transfer instructions</li> </ul>
<b>HOW?</b>	All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons MSIM chooses to share; and whether you can limit this sharing.

REASONS WE CAN SHARE YOUR PERSONAL INFORMATION	DOES MSIM SHARE?	CAN YOU LIMIT THIS SHARING?
<b>For our everyday business purposes</b> —such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
<b>For our marketing purposes</b> —to offer our products and services to you	Yes	No
<b>For joint marketing with other financial companies</b>	No	We don't share
<b>For our affiliates' everyday business purposes</b> —information about your transactions and experiences	Yes	No*
<b>For our affiliates' everyday business purposes</b> —information about your creditworthiness	Yes	Yes*
<b>For our affiliates to market to you</b>	Yes	Yes*
<b>For nonaffiliates to market to you</b>	No	We don't share

<b>TO LIMIT OUR SHARING</b>	Call toll-free (844) 312-6327 or email: <a href="mailto:imprivacyinquiries@morganstanley.com">imprivacyinquiries@morganstanley.com</a> <b>Please note:</b> If you are a <i>new</i> customer, we can begin sharing your information 30 days from the date we sent this notice. When you are no longer our customer, we continue to share your information as described in this notice. However, you can contact us at any time to limit our sharing.
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<b>QUESTIONS?</b>	Call toll-free (844) 312-6327 or email: <a href="mailto:imprivacyinquiries@morganstanley.com">imprivacyinquiries@morganstanley.com</a>
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<b>WHO WE ARE</b>	
<b>Who is providing this notice?</b>	Morgan Stanley Investment Management Inc. and its investment management affiliates ("MSIM") (See Affiliates definition below.)

WHAT WE DO	
<b>How does MSIM protect my personal information?</b>	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. We have policies governing the proper handling of customer information by personnel and requiring third parties that provide support to adhere to appropriate security standards with respect to such information.
<b>How does MSIM collect my personal information?</b>	We collect your personal information, for example, when you <ul style="list-style-type: none"> <li>▪ open an account or make deposits or withdrawals from your account</li> <li>▪ buy securities from us or make a wire transfer</li> <li>▪ give us your contact information</li> </ul> We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.
<b>Why can't I limit all sharing?</b>	Federal law gives you the right to limit only <ul style="list-style-type: none"> <li>▪ sharing for affiliates' everyday business purposes—information about your creditworthiness</li> <li>▪ affiliates from using your information to market to you</li> <li>▪ sharing for nonaffiliates to market to you</li> </ul> State laws and individual companies may give you additional rights to limit sharing. (See below for more on your rights under state law.)
<b>What happens when I limit sharing for an account I hold jointly with someone else?</b>	Your choices will apply to everyone on your account.

DEFINITIONS	
<b>Affiliates</b>	Companies related by common ownership or control. They can be financial and nonfinancial companies. <ul style="list-style-type: none"> <li>▪ Our affiliates include registered investment advisers such as Eaton Vance Management and Calvert Research and Management, registered broker-dealers such as Morgan Stanley Distributors Inc. and Eaton Vance Distributors, Inc., and registered and unregistered funds sponsored by Morgan Stanley Investment Management such as the registered funds within Morgan Stanley Institutional Fund, Inc. (together, the "Investment Management Affiliates"); and companies with a Morgan Stanley name and financial companies such as Morgan Stanley Barney LLC and Morgan Stanley &amp; Co. (the, "Morgan Stanley Affiliates").</li> </ul>
<b>Nonaffiliates</b>	Companies not related by common ownership or control. They can be financial and nonfinancial companies. <ul style="list-style-type: none"> <li>▪ MSIM does not share with nonaffiliates so they can market to you.</li> </ul>
<b>Joint marketing</b>	A formal agreement between nonaffiliated financial companies that together market financial products or services to you. <ul style="list-style-type: none"> <li>▪ MSIM doesn't jointly market.</li> </ul>

OTHER IMPORTANT INFORMATION	
<b>* PLEASE NOTE: MSIM does not share your creditworthiness information or your transactions and experiences information with the Morgan Stanley Affiliates, nor does MSIM enable the Morgan Stanley Affiliates to market to you. Your opt outs will prevent MSIM from sharing your creditworthiness information with the Investment Management Affiliates and will prevent the Investment Management Affiliates from marketing their products to you.</b>	
<b>Vermont:</b>	Except as permitted by law, we will not share personal information we collect about Vermont residents with Nonaffiliates unless you provide us with your written consent to share such information.
<b>California:</b>	Except as permitted by law, we will not share personal information we collect about California residents with Nonaffiliates and we will limit sharing such personal information with our Affiliates to comply with California privacy laws that apply to us.

## Substitute W-4R 2026 - Withholding Certificate for Nonperiodic Payments – For use with IRAs ONLY

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

### 2026 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%
16,100	10%	32,200	10%	24,150	10%
28,500	12%	57,000	12%	41,850	12%
66,500	22%	133,000	22%	91,600	22%
121,800	24%	243,600	24%	129,850	24%
217,875	32%	435,750	32%	225,900	32%
272,325	35%	544,650	35%	280,350	35%
656,700*	37%	800,900	37%	664,750	37%

\*If married filing separately, use \$400,450 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 2026, 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 \$70,000 without the payment. Step 1: Because your total income without the payment, \$70,000, is greater than \$66,500 but less than \$121,800, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$90,000, is greater than \$66,500 but less than \$121,800, 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 \$60,000 without the payment. Step 1: Because your total income without the payment, \$60,000, is greater than \$28,500 but less than \$66,500, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$80,000, is greater than \$66,500 but less than \$121,800, the corresponding rate is 22%. The two rates differ. \$6,500 of the \$20,000 payment is in the lower bracket (\$66,500 less your total income of \$60,000 without the payment), and \$13,500 is in the higher bracket (\$20,000 less the \$6,500 that is in the lower bracket). Multiply \$6,500 by 12% to get \$780. Multiply \$13,500 by 22% to get \$2,970. The sum of these two amounts is \$3,750. This is the estimated tax on your payment. This amount corresponds to 19% of the \$20,000 payment (\$3,750 divided by \$20,000). Enter “19” on line 2.