# Morgan Stanley

**INVESTMENT MANAGEMENT** 

# Beneficiary Relationship Identification

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.

Regular Mail

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

Morgan Stanley Funds 430 West 7th Street Kansas City, MO 64105 **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.

The SECURE Act of 2020 modified the Internal Revenue Code definition of a retirement account beneficiary as well as the distribution rules a beneficiary must follow when distributing assets from an inherited retirement account. This in turn impacts when an inherited retirement account is considered abandoned under a state's unclaimed property law. As a result, we need to confirm your beneficiary type in the relation to the original owner from whom you inherited the retirement account. To prevent your inherited retirement account from being considered abandoned, we recommend you maintain regular contact with Morgan Stanley by either periodically logging into your account or contacting customer service.

#### **Account Information**

Account Registration (names of all registered owners) required	Phone Number
Fund Name/Number	Account Number

### **Inheriting Directly from the Original Owner**

- ☐ First Generation Non-Designated Beneficiary\* (1st Gen NDB)
  - Select this option if the inherited IRA is being transferred to an entity beneficiary (estate, charity, trust)
- ☐ First Generation Eligible Designated Sole Spouse Beneficiary (1st Gen EDB-Sole Spouse)
  - Select this option if you are a sole spouse and you are not electing to treat as your own IRA. If you are treating the IRA as your own, skip this section and see Installment Distribution/RMD Section below.
- ☐ First Generation Eligible Designated Minor Beneficiary of Deceased Owner\* (1st Gen EDB-Minor)
  - Select this option if the inherited IRA is for a minor (under the age of 18) who is a direct descendent (son or daughter) of the deceased shareholder.
- ☐ First Generation Eligible Designated Beneficiary Other\* (1st Gen DB)
  - Select this option if you are eligible for Life Expectancy payments (chronically Ill beneficiary, disabled beneficiary, eligible designated beneficiary less than 10 years younger than original account owner.)
- ☐ First Generation Designated Beneficiary
  - Select this option if you are not eligible for Life Expectancy (sibling of deceased, grandchild of deceased, child over the age of 18.)

## **Inheriting from a Beneficiary (not the Original Owner)**

- □ Succeeding Generation Beneficiary when First Generation was Eligible Designated Sole Spouse Beneficiary\* (2nd or > Gen EDB-Sole Spouse)
  - Select this option if you are a second generation or greater beneficiary when the first generation beneficiary was an Eligible Designated Sole Spouse.

(2nd or > Ge Select this o	n EDB-Minor)	generation or greater ben	ligible Designated Minor of Dec	ceased Owner* on beneficiary was a minor son or daug	hter (under the
Select this o		generation or greater ben	eficiary when the first generation	- Other* (2nd or > Gen EDB-Other) on beneficiary was eligible for Life Expe	ectancy payments
Select this o			Designated Beneficiary (2nd or eficiary when the first generation	r > Gen DB) on beneficiary was a designated benefic	ciary who was not
Prior Own	ers of IRA / Roth	IRA			
Complete th	is section only if you s	elected one of the Suc	cceeding Generation Benefi	ciary options above.	
-		-	omplete this section, but se information provided.	elected a First Generation Benefic	iary Option
Name			DOB	DOD	
Name			DOB	DOD	
□ Morgan St □ Please dis * Required Minimum D		lating the RMD amount.  to satisfating the account owner's $\frac{1}{2}$	fy the remaining RMD. ount owner's date of birth v date of birth was after June	was on or before June 30, 1949. F e 30, 1949.	Required
Select the ap	propriate installment	nstructions for the re	ported beneficiary type.		
Election to	eneficiary Options Treat Decedent IRA : le for sole spouse bene	as Your Own			
	edent IRA into my existing nt			_	
☐ Transfer dec	edent IRA into a new IRA	registered to me. (Compl	ete new IRA application for this	option.)	
Life Expecta	ancy Payment				
☐ Pay the total	l account balance over the	applicable life expectance	cy beginning on Mont	h Year	
□ Monthly	□ Quarterly or	□ Annually	Months	Day	
□ Check	□ ACH		WOILLIS	Say	

Voided Check must be attached to application, otherwise a Medallion Signature Guarantee is required for sending proceeds to a bank account not currently on file.

(May be no later than December 31st of the calendar year immediately following the year in which the IRA owner died.)

to January 1, 2020, you can elect to have life expectancy calculated on the original account owner's date of birth or the beneficiary's date of birth. If original owner passed away prior to January 1, 2020 please indicate which date of birth should be used for life expectancy calculations. ☐ Original Owner ☐ Beneficiary Date of birth to use\_ Request a Distribution ☐ Establish systematic distribution of \$\_\_\_\_\_\_ over a period of \_\_\_\_\_\_ months/years on \_\_\_\_\_\_ day ☐ One-time distribution of \$\_\_\_ ☐ Redeem the total balance in a single payment. ☐ Check □ACH Voided Check must be attached to application, otherwise a Medallion Signature Guarantee is required for sending proceeds to a bank account not currently on file. **Non-Spouse Non-Designated Beneficiary Options** If the non-spouse beneficiary is an entity (i.e., the estate, a charity or a non-qualified trust) the only option for such beneficiaries of (1) traditional IRAs if the IRA owner died before Required Minimum Distribution age,\* or (2) Roth IRAs, is to distribute the full balance by the end of the fifth calendar year following the year of the IRA owner's death. Request a Distribution ☐ Establish systematic distribution of \$\_\_\_ \_\_\_\_\_ over a period of 5 years. ☐ Monthly ☐ Quarterly or ☐ Annually \_\_\_ Day ☐ One-time distribution of \$\_\_ ☐ Redeem the total balance in a single payment. ☐ Request a distribution in the future. ☐ Check □ ACH Voided Check must be attached to application, otherwise a Medallion Signature Guarantee is required for sending proceeds to a bank account not currently on file. **Non-Spouse Eligible Designated Beneficiary Options** If the beneficiary is an "eligible designated beneficiary," such beneficiary may receive RMDs calculated with reference to his or her life expectancy. An "eligible designated beneficiary" is any individual who is the surviving spouse of the IRA owner, a child of the IRA owner who has not attained the age of 18 (upon such child attaining the age of majority any remaining assets must be distributed no later than the end of the tenth calendar year after the calendar year in which the child reaches the age of 18); certain disabled and chronically ill individuals, and an individual not listed above who is less than 10 years younger than the IRA owner. Please consult with your tax advisor to determine if you qualify as an eligible designated beneficiary. Life Expectancy Payment  $\square$  Pay the total account balance over the applicable life expectancy beginning on  $\_$ Year Month Request a Distribution ☐ Establish systematic distribution of \$\_\_\_\_ Month Year

Months

☐ Annually \_\_

☐ Monthly

☐ Quarterly or

Note: Life expectancy payments will be calculated using the birth date of the beneficiary. If the original account owner died prior

Day

□ One-time distributi	on of \$				
□ Redeem the total b	palance in a single paymen	<del>.</del> .			
□ Request a distribut	ion in the future.				
□ Check □	] ACH				
Voided Check mu bank account not		cation, otherwise a M	Iedallion Signature Gua	rantee is required for sending procee	ds to a
Designated Be	neficiary Options				
				n the traditional or Roth IRA must bing the year of the IRA owner's death	
Request a Distrib	oution				
□ Establish systemati	ic distributions of \$				
□ Monthly	□ Quarterly or	☐ Annually	Months	Day	
□ One-time distributi	on of \$				
□ Redeem the total b	palance in a single paymen	<del>.</del>			
□ Request a distribut	ion in the future.				
□ Check □	] ACH				
Voided Check mu bank account not		cation, otherwise a M	Iedallion Signature Gua	rantee is required for sending procee	ds to a
Bank Informat	ion				
Bank Name				Bank Telephone Number	
Account Type: ☐ Che	ecking 🗆 Savings	☐ Other, please spec	zify:		
Bank Account Numb	er		Bank Routing Numbe	r (please contact your bank to verify this in	formation)
Name(s) on Bank Aco	count				

If you do not have a voided check, please provide your banking information below. A Medallion Signature Guarantee will be required on this form.

Participant's Signature	Date
Notary or Medallion Signature Guarantee here	
Notary of Medation Signature dualance here	

A Signature Guarantee or bar-coded Medallion Guarantee stamp may be 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 Guarantee Stamp is required if your redemption is:

- Sent to an alternate payee, or address other than the address on your account.
- Sent via wire or ACH to banking instructions when no voided check is available or the voided check is a 3rd party check
- If this request is being signed by the account owner's Power of Attorney
- Or the redemption is over \$50,000.

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