

INVESTMENT MANAGEMENT

## Entity Application: Morgan Stanley Funds (UK)

|  |   |
|--|---|
| <p><b>USEFUL TO KNOW</b></p> <ul style="list-style-type: none"> <li>• Print in BLOCK LETTERS using dark ink. To avoid delays, provide all information and attachments indicated, read all terms, and sign.</li> <li>• Be sure to attach all information requested. Also attach any information not accommodated by the form (for example, information about additional owners, contact persons or signatories).</li> <li>• You must notify us immediately (see contact details at end of form) if any representations made on this application change.</li> <li>• We may ask for additional information and documentation, when opening your account or at any later time, and may periodically require you to update information already provided. Note that your account will not be fully operational until we have your original application and all other material we believe necessary.</li> </ul> | <p><b>CLIENT SERVICES</b></p> <p><b>Distributors</b><br/>           EMAIL <a href="mailto:DCS@uk.dstsystems.com">DCS@uk.dstsystems.com</a><br/>           PHONE 0370 707 0073; press 1 for dealing, 2 for enquiries/tech support<br/>           FAX 0330 123 3755<br/>           ESCALATIONS <a href="mailto:cslux@morganstanley.com">cslux@morganstanley.com</a></p> <p><b>Institutional Clients</b><br/>           EMAIL <a href="mailto:MorganStanleyICS@uk.dstsystems.com">MorganStanleyICS@uk.dstsystems.com</a><br/>           PHONE 0330 123 3709<br/>           FAX 0330 123 3756<br/>           ESCALATIONS <a href="mailto:cslux@morganstanley.com">cslux@morganstanley.com</a></p> |
|--|---|

### 1. Account Holder Name and Address

|             |
|-------------|
| Entity Name |
|-------------|

**REGISTERED ADDRESS** *Cannot be a post box or "in care of" address.*

|                 |         |
|-----------------|---------|
| Address         |         |
| City / Postcode | Country |

**MAILING ADDRESS**  Same as registered address *Default if no other information indicated below.*

|                 |         |
|-----------------|---------|
| Address         |         |
| City / Postcode | Country |

**MAIN CONTACT PERSON** *To add more contact persons, attach comparable information for each.*

|           |   |
|-----------|---|
| Full Name | Position  |
| Email     | Phone ▶ <i>With local and international codes</i> |

### 2. Entity Type and Registration *To ensure the fastest possible processing, provide copies of a passport, driver's licence, utility bill or bank statements for each individual for whom information is requested.*

**RELEVANT JURISDICTIONS** *Provide requested information, then complete the applicable entity section or contact us (above) if type is not shown.*

|  |   |
|--|---|
| Country/jurisdiction where domiciled/regulated | Country/jurisdiction of operation, if different |
|--|---|

Accountholder  is  is not an embassy, consulate, money service business, casino/gambling operation (physical or online), offshore banking licensee, correspondent relationship, SPV or shell company *If yes, provide type below.*

|      |
|------|
| Type |
|------|

**FINANCIAL INTERMEDIARY/CUSTODIAN** Entities investing or holding assets solely for benefit of one or more entities or individuals.

Distributor  Other:   
 Custodian  
 Platform

Regulated Provide regulator and reference below.  Unregulated but with regulated parent Provide regulator, reference and parent below.

|           |                  |                |
|-----------|------------------|----------------|
| Regulator | Reference number | Parent company |
|-----------|------------------|----------------|

Publicly traded company:    Other:

The intermediary/custodian:

- Is investing for undisclosed clients through an omnibus/custody account
- Is investing as nominee on behalf of a third party

The intermediary/custodian:

- Has provided investment advice for a UK investor that qualifies as "advised" business under UK FCA RDR (COBS 6.1B) A dealer code will be assigned.
- Has NOT provided such investment advice and (and is therefore eligible to receive a commission)

► **Identify in Section 3 or attach**

- if investing on behalf of a third party, the beneficial owner(s)
- if not a public company, any individuals who directly or indirectly hold 25% or more of the company's share capital or voting rights, or who otherwise have ultimate control over the company (such as directors)
- any individual signing this form who is not otherwise identified

► **Attach**

- completed Wolfsberg questionnaire
- proof of regulation
- certificate of incorporation or equivalent
- articles of incorporation/association or equivalent
- if unregulated but with regulated parent, a comfort letter detailing applicable AML controls and the relationship with the parent company
- authorised signatory list

**PUBLICLY TRADED COMPANY** Includes majority-owned or consolidated subsidiaries of such a company.

|                             |               |          |
|-----------------------------|---------------|----------|
| Exchange where listed       | Ticker symbol | Industry |
| Main products or activities |               |          |

► **Identify in Section 3 or attach**

- individuals with ultimate entity control (such as directors or executive committee members)

► **Attach**

- certificate of incorporation, articles of association or equivalent
- authorised signatory list

**NON-GOVERNMENT PENSION SCHEME** Corporate trustees of these schemes must also enter their own information in "Private Company" below.

Occupational pension scheme Provide sponsor below.  Personal pension scheme  SSAS  Other Provide type below.

|  |                |
|--|----------------|
| Plan sponsor (linked employer/company) | Type of scheme |
|--|----------------|

Tick all that apply:

Scheme is regulated  Scheme is unregulated  Scheme is funded by employer contributions or employee wage deductions  Scheme prohibits assignment of a member's interest  Scheme has a PSTR number

|             |
|-------------|
| PSTR number |
|-------------|

► **Identify in Section 3 or attach**

- individuals with ultimate entity control (such as corporate or individual trustees)
- employer/company directors
- beneficiaries (plan participants)
- administrator

► **Attach**

- the trustee(s), either individual or corporate, in whose name the account will be registered
- authorised signatory list, if different from the names of registration
- for regulated schemes, proof of HMRC or pensions regulator approval for scheme (such as HMRC approval letter, scheme submission receipt or scheme certificate)
- for unregulated schemes, the trust agreement
- for corporate trustees that are subsidiaries, a corporate organization chart

**PRIVATE COMPANY** Includes majority-owned or consolidated subsidiaries of such a company, LLCs, incorporated non-profits, and corporate trustees of non-government pension schemes.

|          |  |
|----------|--|
| Industry | Main products or activities <input type="checkbox"/> Sole trader |
|----------|--|

► **Identify in Section 3 or attach**

- individuals with ultimate entity control (such as directors or executive committee members) or any ultimate parent company or beneficial owner(s)

► **Attach**

- completed Wolfsberg questionnaire
- certificate of incorporation, articles of association or equivalent
- authorised signatory list

**PARTNERSHIP**

► **Identify in Section 3 or attach**

- partners (general and limited partner(s) and details of controlling parties)

► **Attach**

- partnership agreement
- the individual(s) in whose name the account will be registered

**TRUST**

Will trust

Other

Discretionary trust

Type of trust

► **Identify in Section 3 or attach**

- individuals with ultimate entity control (such as trustees or protectors), or persons with POA (Power of Attorney), if applicable
- settlors and beneficiaries
- for any corporate trustee, any individuals who directly or indirectly hold 25% or more of that trustee's share capital or voting rights, or who otherwise have ultimate control over the trustee

► **Attach**

- extract of trust deed or other constitutional document
- any subsequent deeds of appointment/retirement of trustees
- the trustee(s), either individual or corporate, in whose name the account will be registered
- authorised signatory list, if different from the names of registration
- for corporate trustees that are subsidiaries, a corporate organization chart

**CHARITY**

Unregistered

Registered

Charity registration number

Unincorporated

Incorporated

Commercial registration number

► **Identify in Section 3 or attach**

- trustees
- individual or group beneficiaries, such as board of directors or C-Level executive)
- any individual or company responsible for 10% or more of charity's donation revenue

► **Attach**

- constitutional document
- the individual(s) in whose name the account will be registered

**SOCIAL/RELIGIOUS GROUP**

Church or other place of worship Provide denomination below.

Parochial church council Provide denomination below.

Denomination

Club/society/association Provide purpose below.

Purpose

► **Identify in Section 3 or attach**

- individuals with ultimate entity control (such as directors, committee members or board of trustees)
- any individual or company responsible for 10% or more of charity's donation revenue

► **Attach**

- constitutional document
- the individual(s) in whose name the account will be registered

## GOVERNMENT/EDUCATIONAL ENTITY

Government department  
 Sovereign wealth fund

Local authority  
 Local authority pension scheme

Independent school/college/  
university

Other

Type of entity

Function/purpose of entity

### ► Identify in Section 3 or attach

- the most senior person in the organization, identified as such
- individuals with ultimate entity control (such as directors or executive committee members)
- any individual signing this form who is not otherwise identified

### ► Attach

- authorised signatory list
- government charter or other evidence that entity is state-owned

## 3. Beneficial Owners/Controllers

Be sure to provide all details requested for each individual. To ensure the fastest possible processing, provide copies of a passport, driver's licence, utility bill or bank statements for each individual for whom information is requested.

### INDIVIDUALS WITH MANAGEMENT CONTROL C-level executives, directors, or other senior management of the entity (non-trusts only).

|   |                             |            |                            |
|---|-----------------------------|------------|----------------------------|
| Full Name <input type="checkbox"/> Politically exposed person | Government-issued ID number | Type of ID | Date of Birth (DD/MM/YYYY) |
| Registered Address  |                             | Role       |                            |

|   |                             |            |                            |
|---|-----------------------------|------------|----------------------------|
| Full Name <input type="checkbox"/> Politically exposed person | Government-issued ID number | Type of ID | Date of Birth (DD/MM/YYYY) |
| Registered Address  |                             | Role       |                            |

|   |                             |            |                            |
|---|-----------------------------|------------|----------------------------|
| Full Name <input type="checkbox"/> Politically exposed person | Government-issued ID number | Type of ID | Date of Birth (DD/MM/YYYY) |
| Registered Address  |                             | Role       |                            |

### INDIVIDUALS WITH OWNERSHIP CONTROL Ultimate beneficial owners (UBOs) with a 25% or more interest in the entity (non-trusts only).

|   |                             |   |                            |
|---|-----------------------------|---|----------------------------|
| Full Name <input type="checkbox"/> Politically exposed person | Government-issued ID number | Type of ID  | Date of Birth (DD/MM/YYYY) |
| Registered Address  | Ownership %                 | Tax ID Number <input type="checkbox"/> Not applicable |                            |

|   |                             |   |                            |
|---|-----------------------------|---|----------------------------|
| Full Name <input type="checkbox"/> Politically exposed person | Government-issued ID number | Type of ID  | Date of Birth (DD/MM/YYYY) |
| Registered Address  | Ownership %                 | Tax ID Number <input type="checkbox"/> Not applicable |                            |

|   |                             |   |                            |
|---|-----------------------------|---|----------------------------|
| Full Name <input type="checkbox"/> Politically exposed person | Government-issued ID number | Type of ID  | Date of Birth (DD/MM/YYYY) |
| Registered Address  | Ownership %                 | Tax ID Number <input type="checkbox"/> Not applicable |                            |

### PARTIES TO A TRUST Complete ONLY if the entity is a trust. Be sure to include trustee(s), settlor(s) and beneficiary(ies), as well as any protector(s) and controller(s).

|   |                                   |            |                            |
|---|-----------------------------------|------------|----------------------------|
| Full Name <input type="checkbox"/> Politically exposed person | Government-issued ID number       | Type of ID | Date of Birth (DD/MM/YYYY) |
| Registered Address  | Role ► Trustee, beneficiary, etc. |            |                            |

|   |                                   |            |                            |
|---|-----------------------------------|------------|----------------------------|
| Full Name <input type="checkbox"/> Politically exposed person | Government-issued ID number       | Type of ID | Date of Birth (DD/MM/YYYY) |
| Registered Address  | Role ► Trustee, beneficiary, etc. |            |                            |

|   |                             |  |                            |
|---|-----------------------------|--|----------------------------|
| Full Name <input type="checkbox"/> Politically exposed person | Government-issued ID number | Type of ID                               | Date of Birth (DD/MM/YYYY) |
| Registered Address  |                             | Role ▶ <i>Trustee, beneficiary, etc.</i> |                            |

## 4. Source, Purpose and Nature of Investment

### MAIN SOURCE(S) OF FUNDS BEING INVESTED *Tick all that apply.*

Investments                       Business activities:                        Other:   
 Sale of assets/property  
 Inheritance  
 Pension contributions  
 Savings from earned income

Source Countries

### MAIN SOURCE(S) OF WEALTH *Tick all that apply.*

Investments                       Business activities:                        Other:   
 Real property ownership  
 Inheritance  
 Savings from earned income

Source Countries

### PURPOSE OF ACCOUNT/INVESTMENT *Provide purpose such as retirement savings, growing money, supporting others*

Purpose

### EXPECTED FREQUENCY OF TRADING

Single transaction                       Weekly                       Quarterly                       Annually  
 Daily                       Monthly                       Semi-annually                       Ad hoc

### EXPECTED TOTAL INVESTMENT *For investments in other currency, indicate equivalent in EUR.*

### EXPECTED AMOUNT PER TRANSACTION

Financial institutions acting on behalf of a third party:  
 Less than EUR 1 million                       More than EUR 1 million

Individual investors investing on their own behalf:  
 Less than EUR 10,000                       EUR 10,000 to 50,000                       More than EUR 50,000

Banks/financial institutions, corporations, public sector organisations, investment funds, pension vehicles, foundations/charities/NGOs, or trusts/legal arrangements investing on their own behalf:  
 Less than EUR 10 million                       EUR 10 to 50 million                       More than EUR 50 million

Other investors investing on their own behalf:  
 Less than EUR 1 million                       EUR 1 to 10 million                       More than EUR 10 million

## 5. Tax Status *Provide information below for account holder, with respect to its main country of tax residency. Provide comparable information for beneficial owner(s) and for any additional countries of tax residency of account holder as attachments.*

### TAX RESIDENCY *The beneficial owner is is not a US tax resident.*

|                               |   |
|-------------------------------|---|
| Main Country of Tax Residency | Tax ID Number <input type="checkbox"/> Not applicable |
|-------------------------------|---|

## CRS (COMMON REPORTING STANDARD) CLASSIFICATION

### Financial or Investment Entity

- Reporting Financial Institution
- Non-Reporting Financial Institution *Includes pension schemes as well as central banks and international financial institutions*
- Professionally managed Investment Entity not based in a CRS jurisdiction *Attach CRS details for each Controlling Person*

### Active Non-Financial Entity

- Corporation regularly traded on an established securities market or an affiliate of such a corporation
- Governmental Entity
- International Organisation

### Passive Non-Financial Entity

- Passive Non-Financial Entity *Attach CRS details for each Controlling Person*

**FATCA CLASSIFICATION** *As an alternative to completing this section, attach a completed W8-BEN.*

### Financial Institution

- Exempt Beneficial Owner
- UK Financial Institution or Partner Jurisdiction Financial Institution
- Participating Foreign Financial Institution in a non-IGA jurisdiction
- Other type of Deemed Compliant Foreign Financial Institution

- Financial Institution resident in USA or its territories
- Non-Participating Foreign Financial Institution in a non-IGA jurisdiction

### Non-Financial Institution

- Active Non-Financial Foreign Entity
- Passive Non-Financial Foreign Entity *Attach FATCA details for each Controlling Person*

## 6. Account Communications and Trading Authorisations

**TELEPHONE TRADING** *Available only for individuals already authorised to place orders on this account (such as an account holder, their authorised employees, and individuals with Power of Attorney).*

|      |   |
|------|---|
| Name | Phone ▶ <i>With local and international codes</i> |
| Name | Phone ▶ <i>With local and international codes</i> |
| Name | Phone ▶ <i>With local and international codes</i> |
| Name | Phone ▶ <i>With local and international codes</i> |

### COMMUNICATIONS TO ACCOUNT HOLDER

- Send all communications by post to the address of record *Default.*
- Request reporting and correspondence via email *Institutional Investors only; to request, contact [MorganStanleyICS@uk.dstsystems.com](mailto:MorganStanleyICS@uk.dstsystems.com)*
- Request reporting and correspondence via DOLR *Distributors only; to request, contact [DOLReporting@uk.dstsystems.com](mailto:DOLReporting@uk.dstsystems.com)*

## 7. Bank Account and Dividend Handling *We do not make any payments to unrelated third-party accounts.*

**BANK ACCOUNT FOR SUBSCRIPTIONS AND REDEMPTIONS** *Required if payment by electronic transfer has been agreed.*

|   |                  |                            |
|---|------------------|----------------------------|
| Account Owner's Name ▶ <i>Must be same as, or for the benefit of, the name in section 1</i> |                  | Bank Account Number / IBAN |
| Bank Name   | Bank Address     |                            |
| Bank City / Postcode  | Bank Country     |                            |
| SWIFT Code  | BIC or Sort Code |                            |

### HANDLING OF REDEMPTIONS

- Make all redemptions at shareholder level
- Make all redemptions at client-level ID *Confirmation of this option and its agreement language will be sent by email. All shareholders present and future will be included in this option; any existing shareholder-level agreements will be replaced by this agreement.*

Client ID

**HANDLING OF DIVIDENDS** *To request that dividends be handled differently for different funds, attach instructions.*

- Reinvest all dividends in additional shares of the same sub-fund and type *Default.*
- Pay all dividends to the bank account indicated above
- Pay all dividends to a different bank account of (or for the benefit of) the account owner *Attach account information as above. If requesting wire transfer, provide wire information.*

## 8. Account Holder Signature(s) and Date

By signing below, you make this contract legally binding, and you also state, instruct, acknowledge and/or agree as follows:

- you have received and read the relevant prospectus(es) and Key Investor Information Document(s), and you understand and accept the terms and conditions of this investment as described in those documents and in this form, including the costs, risks and requirements
- your account will not be opened unless and until we receive all materials we consider necessary and are satisfied that they are complete, correct, and authentic
- these investments are not and will not be registered for sale in the United States
- with respect to all laws and regulations, and all relevant terms in the prospectus, you are not a U.S. Person, nor will this account be held for the benefit of, or on behalf of, such a person
- you have read the Data Protection Notification that appears in Appendix 5 of the prospectus and at [morganstanley.com/im](http://morganstanley.com/im)
- we are required by law to provide your account data to tax, supervisory, or other authorities, which may result in your data being transferred to a country with a weaker data protection regime than the European Economic Area
- we record telephone conversations, and we are not liable for fraudulent telephone orders that we reasonably believe to be authentic
- all requests for transactions in sub-fund shares will be processed based on when the request is accepted for processing, as described in the prospectus, and not according to any other information or event
- email is not a secure communications means and any electronic communications between you and us could be read by others
- commissions may only be paid in accordance with local regulation, and any initial commission fee on a retail class is paid to the distributor, sales agent or (in exceptional cases) to the sub-fund
- all of the information in this form is truthful, correct and complete
- the individual(s) signing this application are authorised to do so, and are at least 18 years old
- if you are investing through an intermediary, the intermediary is not an agent of Morgan Stanley Funds (UK) or Morgan Stanley Investment Management (ACD) Limited
- all legal matters concerning this account, and any transactions in it, will be resolved according to UK law
- you are eligible to invest in any shares in which you are requesting investment, as described in the prospectus
- you are aware that any false representation in these matters could lead to penalties or other adverse actions against you
- you indemnify us against all costs, losses and claims arising from the good faith acceptance of any instructions made under this agreement that may prove incorrect or fraudulent; we agree to provide individual forms of renunciation or settlement in relation to specific transactions as we may consider appropriate
- we may accept trading instructions from any individual designated on this form, or via subsequent amendment, as having trading authority relative to shares or units of any open-end investment company available through the account (s) opened via this form
- we may release the proceeds of any and all redemption orders directly to the settlement bank account (without the need for the account holder to send any further instruction such as a renunciation form)
- this agreement, and all authorisations granted within it, including any authorisation made in Section 6 to receive information on Morgan Stanley products and services will continue in force unless and until amended or withdrawn by notice of either party in writing and delivered by post to the registered address of the other party
- you agree to notify us immediately of any changes in the information provided in this application, including all attachments

|                   |
|-------------------|
| Name              |
| Position          |
| Date (DD/MM/YYYY) |
| Signature<br>X    |

|                   |
|-------------------|
| Name              |
| Position          |
| Date (DD/MM/YYYY) |
| Signature<br>X    |

### Review the completed form and attachments. Inaccurate or incomplete information will delay an application.

For this application and for any supporting documentation we tell you is necessary, you must submit originals or certified copies in English. All translations or copies must be certified as being a true translation or copy by an embassy, consulate, solicitor, licensed lawyer or a notary (empowered public authority), or by a bank regulated in a jurisdiction that has implemented AML / CTF regulations that are equivalent, under UK law, to UK standards. The certification must show the official stamp of the authority, the date, and the name, signature and, if possible, position of the representative. Our requirements may differ depending on the status and location of the corporate entity.

**MAIL APPLICATION AND ATTACHMENTS TO:** Morgan Stanley Investment Management, PO Box 9025, Chelmsford, Essex CM99 2WE

**QUESTIONS?** See Distributor or Institutional Client contact details, as appropriate, on page 1