Global Stock Plan Services Letter of Authorization for Stock Transfer (Delivery to Non-US Financial Institutions Only)

|  |  |
| --- | --- |
| **Please enter the plan type** *(i.e., stock purchase/restricted stock):* |  |

**Please Enter All Required Information in English**

This form may be completed online and then printed, signed and submitted to Morgan Stanley. The information you enter online will not be saved. You may also print the document and then enter the information manually.

**You MUST complete this section.**

Enter **ONE** of the following (no dashes)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| US Social Security Number | |  |  | Global ID Number |  | |  | Personal Unique ID Number | |  |
| Company Name |  | | | |  | 3-Digit Company Number (Optional) | | |  | |

**Part I—Personal Information (Exactly as it appears on your Account Statement)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  | | |  |  |
| ACCOUNT OWNER |  | FIRST NAME/GIVEN NAME | | |  | LAST NAME/SURNAME |
|  |  |  | | |  |  |
| ACCOUNT CO-OWNER |  | FIRST NAME/GIVEN NAME | | |  | LAST NAME/SURNAME |
|  | | | | | | |
| ACCOUNT MAILING ADDRESS |  |  | | |  |  |
|  |  |  |  |  |  |  |
| CITY |  | STATE/PROVINCE |  | ZIP/POSTAL CODE |  | COUNTRY (IF NOT U.S.) |
|  | | |  |  | | |
| BEST CONTACT NUMBER(S) SHOULD ADDITIONAL INFORMATION BE REQUIRED | | |  | EMAIL ADDRESS | | |

**Part II—Instructions**

**Please transfer my/our shares, using the following information** *(please verify this information below with your non-US financial  
institution. Any incomplete forms will not be processed):*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | |  |  | | |
| NAME OF RECEIVING NON-US FINANCIAL INSTITUTION | | | |  | NAME OF CONTACT AT RECEIVING NON-US FINANCIAL INSTITUTION | | |
|  |  |  | | | |  |  |
| TELEPHONE NUMBER OF CONTACT |  | FAX NUMBER OF CONTACT | | | |  | EMAIL ADDRESS OF CONTACT |
|  | | | |  |  | | |
| FULL NAME OF ACCOUNT OWNER AT RECEIVING NON-US FINANCIAL INSTITUTION | | | |  | ACCOUNT NUMBER AT RECEIVING NON-US FINANCIAL INSTITUTION | | |
|  |  | | **Check here to liquidate fractional shares. Fractional shares cannot be transferred.** | | | | |
| NUMBER OF SHARES (WHOLE SHARES ONLY) |  | | *A check for the proceeds of fractional shares, if any, will be mailed to the address of record on the third business day following the sale.* | | | | |

**Part III—Signature(s) (for joint accounts, both owners must sign and provide a copy of a government issued photo ID)**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| ACCOUNT OWNER’S SIGNATURE |  | DATE |
|  |  |  |
| ACCOUNT CO-OWNER’S SIGNATURE (IF APPLICABLE) |  | DATE |

|  |  |
| --- | --- |
| **IF YOU WOULD LIKE US TO TRANSFER SHARES TO A THIRD PARTY OR TO AN ACCOUNT WITH A DIFFERENT NAME THAN YOUR MORGAN STANLEY ACCOUNT (SUCH AS A TRANSFER TO A TRUST OR A CHARITABLE DONATION), YOU MUST INCLUDE AN ENLARGED COPY OF THE PRINTED AND SIGNATURE SIDE OF A GOVERNMENT ISSUED PHOTO IDENTIFICATION DOCUMENT.** | Please mail or fax documents to: **Morgan Stanley Global Stock Plan Services  P.O. Box 182616 Columbus, OH 43218-2616  Fax No.: +1 614-467-4471** Please allow 10–15 business days from receipt to  process your request. |

**Instructions**

**Please use this form to transfer your shares to a non-US financial institution.** This form may be completed online and then printed, but the information will not be saved. If printing the form and then completing, please type or print legibly using block letters. **Example:** A, B, C, 1, 2, 3.

|  |
| --- |
| You will need the following information to process this request:   * **Completed Form**   + Designate the plan type   + Personal information (Exactly as it appears on your Account Statement)   + Name of Account Co-Owner, if applicable   + Instructions   + Receiving non-US financial institution’s name and account information   + Name of specific contact responsible for International Stock Transfers at non-US financial institution   + Contact’s telephone number and email address at non-US financial institution   + Number of whole shares to be transferred   + Your signature     - Signature of Account Co-Owner, if applicable   + **Morgan Stanley will contact the receiving non-US financial institution for the following items**     - US Custodian Bank Name     - DTC Number     - Receiving non-US financial institution’s account number with US Custodian Bank     - Trade Date and settlement date   + Liquidation indication (if desired) of any fractional shares |
| * **Legible copy of a signed government issued photo identification document which shows printed name and signature. If you are faxing this document, please make sure the copy is not too dark as it will not transmit clearly. Documents which are not legible will not be accepted. You may want to make a larger and lighter copy of the identification, and return it with the Letter of Authorization.** |
| * + Acceptable documents   + Driver’s license   + Passport   + Other government issued identification card or document   + Unacceptable documents   + Company ID card   + Credit cards   + Social Security card |

**Completed form and copy of signature verification can be either mailed or faxed to Morgan Stanley.**

|  |  |  |
| --- | --- | --- |
| **Section** | **Required** | **Comments** |
| SSN, Global ID, or PUID | Yes | Enter your nine digit identification number. Please select from one of the following:   * Social Security Number (SSN) * Global ID * Personal User Identification (PUID) |
| Company Name | Yes |  |
| Company Number | Optional |  |
| **I — Personal Information** | Yes | Please enter your name, and account mailing address as it appears on your  Morgan Stanley account statement.  If this is a joint account, please enter the name of the account co-owner. |
| **II — Instructions** | Yes | Name and address of the non-US financial institution where you are transferring shares. |
| Receiving firm’s name, and account number | Yes | Enter the name of the receiving non-US financial institution, the account title as it appears on your statement and your account number. |
| Contact at Receiving Firm/ Contact Info | Yes | Please provide the name, telephone number and e-mail of a contact person within the receiving non-US financial institution’s International Stock Transfer department. |
| Number of Shares | Yes | Please enter the number of shares you are transferring. |
| US Custodian Bank information | Optional | Morgan Stanley will contact your receiving non-US financial institution for this information. |
| Trade Date/Settlement Date | Optional | Morgan Stanley will contact your receiving non-US financial institution for this information. |
| **IV — Signature** |  |  |
| Account Owner | Yes |  |
| Account Co-Owner | Yes | Signature of account co-owner is necessary if you are transferring your shares **from** a  joint account. |

© 2014 Morgan Stanley Smith Barney LLC. Member SIPC.