

Global Stock Plan Services

Letter of Authorization for Stock Transfer

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.

9-Digits (no dashes)

☐ SS Number _____ ☐ Global ID Number or _____ ☐ PUID Number _____

COMPANY NAME

3-DIGIT COMPANY NUMBER (OPTIONAL)

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

NAME OF ACCOUNT HOLDER FIRST/GIVEN NAME

LAST NAME/SURNAME

NAME OF CO-ACCOUNT HOLDER FIRST/GIVEN NAME

LAST NAME/SURNAME

ACCOUNT MAILING ADDRESS

CITY

STATE/PROVINCE

ZIP/POSTAL CODE

COUNTRY (IF NOT U.S.)

HOME TELEPHONE NUMBER

WORK TELEPHONE NUMBER

E-MAIL ADDRESS

Part II—Instructions

Please transfer my/our shares, using the following information (please verify this information with your broker):

NAME OF RECEIVING FIRM

5198

4 DIGIT DTC NUMBER

ACCOUNT TITLE AND ACCOUNT NUMBER AT RECEIVING FIRM

☐ **Check here to liquidate fractional shares. Fractional shares cannot be transferred.**

NUMBER OF SHARES (WHOLE SHARES ONLY)

A check for the proceeds will be mailed to you on the third business day following the sale.

Part III—Signature(s) (for joint accounts, both parties must sign and provide 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 7–10 business days from receipt to process your request.

Instructions

Please use this form to transfer your shares to a U.S. 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
- **Legible copy of a signature ID 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

– Instructions

- Receiving firm's account information
- DTC Number—4 digits
- Number of share to be transferred

– Your signature

- Signature of Account Co-Owner, if applicable

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

Morgan Stanley
Global Stock Plan Services
P.O. Box 182616
Columbus, OH 43218-2616
Fax: +1 614-467-4471

Please Note:

If the Letter of Authorization for Stock Transfer is being submitted as part of a trade, it must be returned to Morgan Stanley prior to 4:00 pm Eastern Time on the business day following your trade date.

Section	Required	Comments
SSN, Global ID, or PUID	Yes	Enter your nine digit identification number. Please select from one of the following: <ul style="list-style-type: none">• 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 bank where you are transferring shares.
Receiving firm's name, account title and account number	Yes	Enter the name of the receiving firm, the account title as it appears on your statement and your account number.
DTC number	Yes	Please enter the 4 digit DTC number. Please consult with your financial institution for this information.
Number of Shares	Yes	Please enter the number of shares you are transferring.
Fractional Shares	Optional	If applicable, place a check mark in the box to liquidate fractional shares in your account.
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.

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(10/2014) GSPLOAST