

Morgan Stanley

Global Stock Plan Services

Letter of Authorization for Stock Transfer (US & Canada)

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)

Plan Type: Stock Purchase Restricted Stock Access Direct: 792- _____

Part I – Personal Information

NAME OF ACCOUNT HOLDER— FIRST/GIVEN NAME

LAST NAME/SURNAME

NAME OF CO-ACCOUNT HOLDER— FIRST/GIVEN NAME

LAST NAME/SURNAME

PHYSICAL MAILING ADDRESS (P.O. BOX MAY DELAY PROCESSING)

CITY

STATE/PROVINCE

ZIP/POSTAL CODE

COUNTRY

PREFERRED TELEPHONE NUMBER

ALTERNATE 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

4 DIGIT DTC NUMBER

FULL ACCOUNT TITLE AT RECEIVING FIRM

ACCOUNT NUMBER AT RECEIVING FIRM

NUMBER OF SHARES (WHOLE SHARES ONLY)

- Check here to transfer ALL shares and liquidate any remaining fractional shares. Fractional shares cannot be transferred.**
 (All available whole shares at time of transfer will be processed according to the above instructions. Fractional share proceeds will be mailed as a check to the mailing address on file.)

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.

Part III – Signature(s) (for joint accounts, both parties must sign and provide ID)

Government ID; The signature must match the signature on this form.

ACCOUNT OWNER'S SIGNATURE — NO ELECTRONIC SIGNATURES — (SIGN IN THE BOX)

DATE (MM/DD/YYYY)

ACCOUNT CO-OWNER'S SIGNATURE (IF APPLICABLE) — NO ELECTRONIC SIGNATURES — (SIGN IN THE BOX)

DATE (MM/DD/YYYY)

Important: Your form cannot be processed until we speak with you to verify. FORM EXPIRES 30 DAYS AFTER RECEIPT.

For Stock Plan Connect Account Requests:

Fax No.: +1 614-467-4471

(By Regular Mail) Morgan Stanley, Global Stock Plan Services

P.O. Box 182616, Columbus, OH 43218-2616

(By Overnight Courier) Morgan Stanley,

Global Stock Plan Services

4343 Easton Commons, Suite 300, Columbus, OH 43219

Contact Center Phone: 1-800-367-4777

For Access Direct Requests:

MSO Site Mail: Login->Select new message->

Select Self-Directed Support as recipient

By Regular Mail: Morgan Stanley, Virtual Client Solutions

PO Box 290157, Tampa, FL 33687

By Overnight Mail: Morgan Stanley, Virtual Client Solutions

12653 Telecom Drive, Suite 100, Temple Terrace, FL 33637

Contact Center Phone: 1-866-227-2737

Please allow 7 to 10 business days from receipt to process your request. Please allow 7 to 10 business days from receipt to process your request

THIS SECTION INTENTIONALLY LEFT BLANK

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

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.