

For Internal Use Only		
Branch No.	Account No.	FA No.
_____	_____	_____

CLIENT PROFILE QUESTIONNAIRE FOR INDIVIDUAL, JOINT, GUARDIAN AND CUSTODIAL ACCOUNTS

Section 1: Party Identification and Basic Account Information

Note to Financial Advisor / Client Service Associate: Enter this information on the Account Basics and Contact Profile screens in WebNAS. Refer to Section 5 for additional data for entry on the Account Basics screen.

PARTY 1 (Beneficial Owner) *Note: if this is an UGMA/UTMA or Guardianship account the MINOR or WARD is the owner who is Party 1.*
Primary Party Name / Reporting Tax Identification Number For This Account

1. _____
 PREFIX FIRST NAME MIDDLE NAME LAST NAME SUFFIX SSN Tax ID/EIN

ADDITIONAL PARTIES (Co-Owners) *Note: if this is an UGMA/UTMA or Guardianship account, the CUSTODIAN or GUARDIAN or RESPONSIBLE PARTY is Party 2.*
Name of Co-Owners / Non-Reporting Tax Identification Numbers


2. _____
 PREFIX FIRST NAME MIDDLE NAME LAST NAME SUFFIX SSN Tax ID/EIN

3. _____
 PREFIX FIRST NAME MIDDLE NAME LAST NAME SUFFIX SSN Tax ID/EIN

4. _____
 PREFIX FIRST NAME MIDDLE NAME LAST NAME SUFFIX SSN Tax ID/EIN


5. _____
 PREFIX FIRST NAME MIDDLE NAME LAST NAME SUFFIX SSN Tax ID/EIN

If this is a Joint Tenancy in Common, please identify the percentage of ownership for each party listed above (total must add up to 100%).
 Party 1 _____ Party 2 _____ Party 3 _____ Party 4 _____ Party 5 _____

 **Profile information will be collected for all parties starting on page 2.**

COUNTRY OF RESIDENCE (*Country where the owner of these assets resides*): _____


CONTACT INFORMATION FOR THIS OWNER

 *This is the legal address of the owner. A legal address cannot be a PO Box and a valid, physical address must be entered. A PO Box may be entered as the mailing address.*

PRIMARY PARTY LEGAL ADDRESS CITY STATE ZIP COUNTRY
 Is this also your mailing address? Yes No
 If your **mailing address** is not the same as your legal address then please provide your **mailing address** below:

STREET ADDRESS CITY STATE ZIP COUNTRY

PRIMARY MAILING ADDRESS FOR THIS ACCOUNT:

 *Unless otherwise specified, this will be the address to which statements, confirms, tax documents, and most general correspondence will be mailed. Please consider enrolling this account for Electronic Delivery of account documents and correspondence – see designation below.*

Same as Mailing Address of Primary Owner/Party
 If the mailing address **for the account** is not the same as the mailing address of the primary owner/party then please provide below:

STREET ADDRESS CITY STATE ZIP COUNTRY

Telephone Information (Please provide at least one Home or Business telephone number) **Email Information** Enroll in eDelivery? (Specify which email address is for eDelivery) ↓

BUSINESS _____ FAX _____ WORK _____

HOME _____ MOBILE _____ HOME _____

ACCOUNT LINKING: Add to existing Account Link Group _____ Create New Account Link Group

For Internal Use Only

Branch No. Account No. FA No.

Section 2: Party Profile

Instructions: The questions below apply to owners/parties identified in **Section 1**.

Note to Financial Advisor / Client Service Associate: Enter this information on the Financial, and Employment Profile screens for each owner.



THE FOLLOWING INFORMATION MATCHES THE INDIVIDUAL IDENTIFIED AS PARTY 1 ON PAGE 1.

Owner Basic Profile (Owner #1)

Birth Date: ___ / ___ / _____

Security Questions: _____

Party's Taxpayer Status:

Marital Status: Single Married Divorced
 Widowed Domestic Partner / Civil Union

MOTHER'S MAIDEN NAME _____

U.S. Citizen
 U.S. Permanent Resident Alien

Gender: Male Female

FIRST SCHOOL ATTENDED
or _____

CITIZEN OF
 Non-Resident Alien

Number of Dependents: _____

CITY OF BIRTH _____

CITIZEN OF _____

PEP*/Relative or Associate: Yes No

Share all profile information with all account owners in the Account Link Group and mail Thank You Letters and Profile Confirmations to the Primary/Plating Address? Yes No

Choosing not to share your profile data with your co-owners may result in your receiving multiple communications from Morgan Stanley Smith Barney LLC ("Morgan Stanley").

The following identification information is only required if party is a Non-Resident Alien:

Document Type: Driver's License Passport

Identification #: _____

Country of Issuance: _____

Issuance Date: ___ / ___ / _____

Expiration Date: ___ / ___ / _____

Owner Employment Profile (Owner #1)

Employment Status: Employed Not Employed Retired Self-employed Student

NATURE OF BUSINESS _____

EMPLOYER NAME _____

OCCUPATION _____

STREET ADDRESS _____

EMPLOYED/RETIRED SINCE _____

CITY STATE ZIP _____

TITLE _____

COUNTRY _____

Professional Affiliations

Are you or anyone upon whom you are financially dependent a senior officer of a public corporation, an insider, or responsible for buying or selling securities for that institution? Yes No

Are you or a member of your household affiliated with or employed by a broker dealer? Yes No

If yes, complete the following:

Institutional Role:

- Buying and Selling Authority
- Insider of a Public Corp – Officer/Director
- Insider of a Public Corp – Other Affiliation
- Insider of a Public Corp – 10% Stockholder

If this account is for a Morgan Stanley employee or immediate family member (who does not work for another broker dealer), the answer to this question should be NO. If the answer to this question is YES, you will need written authorization from your company to open this account (407 letter).

INSIDER FIRM _____

BROKER DEALER NAME _____

Morgan Stanley Employee Status: Employee Employee Related Not an Employee

* A "Politically Exposed Person" is a current or former senior official in the executive, legislative, administrative, military or judicial branch of a foreign government (whether elected or not), or a senior official of a major foreign political party, a senior executive of a foreign government-owned corporation or a corporation, business or other entity formed by, or for the benefit of, such a figure. The term "politically exposed person" includes a current or former senior foreign political figure's "immediate family," which includes, but is not limited to, parents, siblings, children and in-laws; "close associate," which means a person who is widely and publicly known to maintain an unusually close relationship with a senior foreign political figure, including a person in a position to conduct substantial domestic and international financial transactions on behalf of such figure. For a fuller discussion of the preceding terms and definitions, see <http://www.federalreserve.gov/boarddocs/srletters/2001/sr0103.htm>.

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Branch No. Account No. FA No.

Owner Financial Profile (Owner #1)

Client's Primary Source of Income: Compensation Investments Retirement Assets other, if other _____

Federal Tax Bracket: 0% 10% 15% 25% 28% 33% 35% 39.6%

ANNUAL COMPENSATION
(from all sources of employment)

TOTAL ANNUAL INCOME
(from all sources, including compensation,
pension payouts, investment income, etc.)

LIQUID NET WORTH
(assets readily convertible to cash;
excluding Retirement account assets)

TOTAL NET WORTH
(assets minus liabilities, excluding residence)

Other Investments

Enter the value of your investments in each of the following. If you do not have investments in a category enter "None" or you may enter "Refuse to Disclose" if you are not willing to disclose the amount of your investments in a certain category.

EQUITY INVESTMENTS

FIXED INCOME INVESTMENTS

CASH AND EQUIVALENTS

ALTERNATIVE INVESTMENTS*

* Alternative Investments include: REITS, commodities, inflation-linked bonds, managed futures, hedge funds, private equity and private real estate.

Investing Experience (Year Since):

EQUITIES

FIXED-INCOME

OPTIONS

COMMODITIES

Source of Wealth: Compensation Business Ownership Inheritance / Gift Securities Investment
 Real Estate Private Investment Other, please specify _____

! THE FOLLOWING INFORMATION MATCHES THE INDIVIDUAL IDENTIFIED AS PARTY 2 ON PAGE 1.

Owner Financial Profile (Owner #2)

This is the legal address of the owner. A legal address cannot be a PO Box and a valid, physical address must be entered. A PO Box may be entered as the mailing address.

LEGAL ADDRESS CITY STATE ZIP COUNTRY

! Is this also your mailing address? Yes No

If your **mailing address** is not the same as your legal address then please provide your **mailing address** below:

STREET ADDRESS CITY STATE ZIP COUNTRY

Telephone Information

(Please provide at least one Home or Business telephone number)

Email Information

Enroll in eDelivery?
(Specify which email address is for eDelivery) ↓

BUSINESS FAX WORK

HOME MOBILE HOME

Owner Basic Profile (Owner #2)

Birth Date: ___ / ___ / _____

Security Questions:

Party's Taxpayer Status:

Marital Status: Single Married Divorced
 Widowed Domestic Partner / Civil Union

MOTHER'S MAIDEN NAME

U.S. Citizen
 U.S. Permanent Resident Alien

Gender: Male Female

FIRST SCHOOL ATTENDED
or

CITIZEN OF
 Non-Resident Alien

Number of Dependents: _____

CITY OF BIRTH

CITIZEN OF

PEP*/Relative or Associate: Yes No

Share all profile information with all account owners in the Account Link Group and mail Thank You Letters and Profile Confirmations to the Primary/Plating Address? Yes No

Choosing not to share your profile data with your co-owners may result in your receiving multiple communications from Morgan Stanley.

The following identification information is only required if party is a Non-Resident Alien:

Document Type: Driver's License Passport

Identification #: _____

Country of Issuance: _____

Issuance Date: ___ / ___ / _____

Expiration Date: ___ / ___ / _____

* A "Politically Exposed Person" is a current or former senior official in the executive, legislative, administrative, military or judicial branch of a foreign government (whether elected or not), or a senior official of a major foreign political party, a senior executive of a foreign government-owned corporation or a corporation, business or other entity formed by, or for the benefit of, such a figure. The term "politically exposed person" includes a current or former senior foreign political figure's "immediate family," which includes, but is not limited to, parents, siblings, children and in-laws; "close associate," which means a person who is widely and publicly known to maintain an unusually close relationship with a senior foreign political figure, including a person in a position to conduct substantial domestic and international financial transactions on behalf of such figure. For a fuller discussion of the preceding terms and definitions, see <http://www.federalreserve.gov/boarddocs/srletters/2001/sr0103.htm>.

For Internal Use Only

Branch No. Account No. FA No.

Owner Employment Profile (Owner #2)

Employment Status: Employed Not Employed Retired Self-employed Student

NATURE OF BUSINESS	EMPLOYER NAME
OCCUPATION	STREET ADDRESS
EMPLOYED/RETIRED SINCE	CITY STATE ZIP
TITLE	COUNTRY

Professional Affiliations

Are you or anyone upon whom you are financially dependent a senior officer of a public corporation, an insider, or responsible for buying or selling securities for that institution? Yes No

Are you or a member of your household affiliated with or employed by a broker dealer? Yes No

If yes, complete the following:

Institutional Role:

- Buying and Selling Authority
- Insider of a Public Corp – Officer/Director
- Insider of a Public Corp – Other Affiliation
- Insider of a Public Corp – 10% Stockholder

If this account is for a Morgan Stanley employee or immediate family member (who does not work for another broker dealer), the answer to this question should be NO. If the answer to this question is YES, you will need written authorization from your company to open this account (407 letter).

INSIDER FIRM	BROKER DEALER NAME
Morgan Stanley Employee Status: <input type="checkbox"/> Employee <input type="checkbox"/> Employee Related <input type="checkbox"/> Not an Employee	

Owner Financial Profile (Owner #2)

Client's Primary Source of Income: Compensation Investments Retirement Assets other, if other _____

Federal Tax Bracket: 0% 10% 15% 25% 28% 33% 35% 39.6%

ANNUAL COMPENSATION	TOTAL ANNUAL INCOME	LIQUID NET WORTH	TOTAL NET WORTH
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Other Investments

Enter the value of your investments in each of the following. If you do not have investments in a category enter "None" or you may enter "Refuse to Disclose" if you are not willing to disclose the amount of your investments in a certain category.


EQUITY INVESTMENTS	FIXED INCOME INVESTMENTS	CASH AND EQUIVALENTS	ALTERNATIVE INVESTMENTS*
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* Alternative Investments include: REITS, commodities, inflation-linked bonds, managed futures, hedge funds, private equity and private real estate.

Investing Experience (Year Since):

EQUITIES	FIXED-INCOME	OPTIONS	COMMODITIES
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Source of Wealth: Compensation Business Ownership Inheritance / Gift Securities Investment
 Real Estate Private Investment Other, please specify _____

 **If there are more than two co-owners for this account, please obtain a Multi-Profile Supplement form from Forms Gallery to record the profile information for the additional owners.**

For Internal Use Only

Branch No. Account No. FA No.

Section 3: Power of Attorney

Instructions: If there are no discretionary parties to this account please proceed to Section 4: Investment Suitability.

Power of Attorney/Agent Information

Please provide a signed Power of Attorney (POA) to your Financial Advisor. Your Agent will not have authority until the signed POA is received and accepted by Morgan Stanley.

Is this Authorized Agent? Full Limited Please provide the Agent's mailing address as an Interested Party below:

FIRST NAME MIDDLE NAME LAST NAME STREET ADDRESS CITY STATE ZIP COUNTRY

Section 4: Investment Suitability

Note to Financial Advisor / Client Service Associate: Enter this information on the Account Level Investment Suitability screen.

ACCOUNT LEVEL INVESTMENT SUITABILITY

Please provide the below information as per the following roles:

- If "Current Income" is the Primary Financial Need, then Investment Time Horizon must be "Immediate" and Primary Investment Objective must be either a) "Income," b) "Aggressive Income" or c) "Speculation" if "Aggressive Income" is the Second Investment Objective.
■ If "Retirement" is the Primary Financial Need, then Primary Investment Objective cannot be "Speculation"
■ If "Wealth Accumulation/Investment" is the Primary Financial Need, then Primary Investment Objective must be "Capital Appreciation" or "Speculation"

Investment Objectives: (rank all that apply by ranking from (1) most important to (4) least important)

Risk Tolerance: (Choose One)

Income Aggressive Income
Capital Appreciation Speculation

- Conservative
Moderate
Aggressive

Primary Financial Need: (What is the primary purpose for investing in this account?)

- Wealth Accumulation/Investment Retirement Major Purchase/Expense
Educational Planning Current Income Health care/Long Term Care
Estate/Legacy Planning Charitable

Investment Time Horizon: (In approximately how many years will you begin withdrawing funds from this account for your primary purposes of investing?)

- Immediate 2-5 Years 11-20 Years
Less Than 2 Years 6-10 Years Over 20 Years

Liquidity Needs: (Once you begin withdrawing funds from this account (for your primary purpose of investing) over how long a period do you anticipate the withdrawals to continue?)

- Lump Sum 2-5 Years 11-20 Years
Less Than 2 Years 6-10 Years Over 20 Years

Section 5: Additional Account Information and Preferences

ACCOUNT CLASSIFICATION

This section identifies Account Type, AML Client Type and AML Business Type and is entered on the WebNAS Step 1: Account Basics screen.

ACCOUNT TYPE: Note: AML Client Type and AML Business Type will be supplied by the system for Individual and Joint accounts.

- Individual Community Property Joint Tenants with Rights of Survivorship
Custodian Joint Tenants in Common Joint Tenants by the Entirety

Guardianship Note: AML Client Type will be supplied by the system for Guardianship accounts

AML BUSINESS TYPE = Committee Conservatorship Guardianship

Does the party opening the Account or any authorized user on the Account own or operate, or is the party associated with, an Internet Gambling or Waging business or service? Yes No

LEAD TRACKING/SOURCE

This section identifies the source of the account relationship and is entered on the WebNAS Step 1: Account Basics screen.

Lead Tracking/Source: (if source of account is designated by an asterisk please provide further details identifying the specific source)

- Advertisement / Media* Mail In
Affiliate Introduction Money Manager / Investment Advisor
Cold Call Referred By*
Existing Client Seminar
Family Relation* Unsolicited Call-in
Inherit from FA* Unsolicited Walk-in
Internal Introduction Walk-in

Other* (please specify)

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Branch No. Account No. FA No.

INITIAL TRANSACTION

This section identifies the initial account opening transaction type and details and is entered on the WebNAS Step 1: Account Basics screen.

Type of Funds Being Deposited: (check all that apply)

- Check
- Cash Equivalents
- Account Transfer from Other Institution (ACATS)
- Internal Transfer from Account _____
- Third Party Check from _____
- Qualified Plan Rollover from _____
- Wire/ACH/AFT
 - Institution Transferred from _____
 - Account Transferred from _____

Source of Funds: (check all that apply)

- Gift
- Income/Employment Compensation
- Income from Operations of an Entity
- Sale of Business Property
- Inheritance _____
- Insurance Payout
- Pension/Retirement Savings
- Social Security Benefits
- Other (specify below)

Own Account Third Party Account →→→ Reason for Third Party Transitions _____

Name of Third Party: _____
Country of Transmitting Institution: _____

SERVICES AND FEATURES

Anticipated Trading

- Margin
- Commodity Futures
- Options
- Managed / Advisory

If Options selected, please select answer the following questions. Please verify that financial information meets the requirements for the trading level selected.

Anticipated Trading Level:

- Level A – Sell Cov Calls and Buy Protective Puts
- Level P – Purchasing Options and Selling Covered Calls
- Level B – Spreads, Purchase Options, Sell Cov Call
- Level C – Sell Cov / Uncov Options, Spreads Purch

Options Disclosure

Equity Buy Since (YYYY): _____
Equity Sell Since (YYYY): _____
Index Buy Since (YYYY): _____
Index Sell Since (YYYY): _____

Options Disclosure Date: ____/____/____

Equity Suitable? Yes No **Equity Risk Aware?** Yes No
Index Suitable? Yes No **Index Risk Aware?** Yes No

ACCOUNT PREFERENCES

Sweep Investments:

The Bank Deposit Program will be your default sweep investment unless you choose another sweep investment or are otherwise ineligible to participate in the Bank Deposit Program.

- Bank Deposit Program
- Active Assets Tax-Free Trust (\$250,000 minimum house hold assets balance)
- Active Assets California Tax-Free Trust (\$250,000 minimum house hold assets balance)
- Active Assets New York Tax-Free Trust (\$250,000 minimum house hold assets balance)
- Active Assets Institutional Government Securities Trust (\$5 million minimum initial investment; \$2 million minimum balance)
- Active Assets Institutional Money Trust (\$5 million minimum initial investment; \$2 million minimum balance)
- Active Assets Money Trust (available only if you are not a U.S. Person and not eligible for the Bank Deposit Program)
- SICAV U.S. Dollar Liquidity Fund Offshore Money Market Fund (available only if you are not a U.S. Person)

Dividend Instructions:

- Hold – Leave dividends, interest in current account
- All Income – Principal is held in account-send dividends and interest to client
- All Income and Principal – send dividends, interest, and principal to client

Send Dividends

- Daily
- Monthly

Instructions:

Enroll in Hard Copy Municipal Official Statement? Yes No

SVP Instructions:

- First-In-First-Out
- Lowest Cost
- Highest Cost
- Last-In-First-Out

Corporate Services Lead #: _____

Transfer on Death

Statement Preferences

Format: Standard Large Font Braille
Unrealized Gain/Loss Display: Yes No
Realized Gain/Loss Display: Monthly YTD
Activity Display: Chronological Category
Nickname: _____

Signature Page Printing: Print in Branch Include with Welcome Letter / Thank You Letter

Issuer Disclosure

The issuers of securities that are held for you in street name at the Clearing Broker may request the release of your name, address and securities position. This formation will be released unless you check here: Do Not Disclose

! If you are opening more than one account and the Investment Suitability profile or other Account Information/Preferences do not match, please obtain a Multiple Account Supplement form from Forms Gallery.

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Branch No.

Account No.

FA No.

BANKING SERVICES

AAA Check Writing Privileges (not available for Foreign Account Address)

OF CHECKS CHECK STARTING # LAST NAME

Check Style:

- Wallet with Cover (free) Desk small 3 per page End Stub with Cover Commercial large 3 per page End Stub with Cover
- Wallet Duplicate with Cover Desk small 3 per page Register with Cover Commercial large 3 per page Register with Cover

Additional Options:

- Carbon less Checks* Dual Signature
- *Additional Charge*

Delivery Method: First Class Expedite

The following will be printed on your checks:

NAME	STREET ADDRESS	CITY	STATE	ZIP
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Add temporary mailing address for checks? Yes No

NAME	STREET ADDRESS	CITY	STATE	ZIP
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Note, this address will only be used for this mailing of checks.

Debit Cards

Number of Cards: 1 2

Debit Card Imprint Number 1

PREFIX	FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX
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LINE 1	PASSWORD	SOCIAL SECURITY/TAX ID	<input type="checkbox"/> SSN <input type="checkbox"/> Tax ID
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Delivery Method: First Class Expedite Account Holder: Primary Additional

Debit Card Imprint Number 2

PREFIX	FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX
--------	------------	-------------	-----------	--------

LINE 1	PASSWORD	SOCIAL SECURITY/TAX ID	<input type="checkbox"/> SSN <input type="checkbox"/> Tax ID
--------	----------	------------------------	--

Delivery Method: First Class Expedite Account Holder: Primary Additional