

**For Internal Use Only**

Branch No.      Account No.      FA No.

## CLIENT PROFILE QUESTIONNAIRE FOR TRUST AND ESTATE ACCOUNTS

### Section 1: Party Identification and Basic Account Information

Note to Financial Advisor / Client Service Associate: Please enter this information on the Account Basics and Contact Profile screens in WebNAS. Please refer to Section 6 for additional data for entry on the Account Basics screen.

<b>PARTY 1 (Beneficial Owner)</b>					
<b>Primary Party – Trust or Estate Decedent Name / Reporting Tax Identification Number For This Account</b>					
1. TRUST NAME _____					<input type="checkbox"/> SSN <input type="checkbox"/> Tax ID/EIN
<small>(Or for Estate Accounts enter name of the Estate Decedent below)</small>					
PREFIX	FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX	<input type="checkbox"/> SSN <input type="checkbox"/> Tax ID/EIN
<b>ADDITIONAL PARTIES (Fiduciaries)</b>					
<b>Name of Trustees, Executors, or Other Fiduciaries / Non-Reporting Tax Identification Numbers</b>					
2. _____					<input type="checkbox"/> SSN <input type="checkbox"/> Tax ID/EIN
PREFIX	FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX	
3. _____					<input type="checkbox"/> SSN <input type="checkbox"/> Tax ID/EIN
PREFIX	FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX	
<b>Profile information will be collected for all parties starting on page 2.</b>					
COUNTRY OF RESIDENCE <i>(Country where the trust/estate assets are sited)</i> : _____					
<b>ACCOUNT BASICS</b> <i>(Complete for Trust Accounts only)</i>					
____ / ____ / ____	# OF GRANTORS: _____	Under...	<input type="checkbox"/> Agreement	<input type="checkbox"/> Court Order	<input type="checkbox"/> Will
DATE OF TRUST	# OF SUCCESSOR TRUSTEES: _____	<input type="checkbox"/> Court Order	<input type="checkbox"/> Declaration	DATE OF LATEST AMENDMENT	
<b>Grantor/Decedent Information</b>					
PREFIX	FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX	<input type="checkbox"/> SSN <input type="checkbox"/> Tax ID/EIN
TOTAL NET WORTH	STREET ADDRESS	CITY/STATE/ZIP/COUNTRY		____ / ____ / ____	DATE OF BIRTH
<b>ACCOUNT BASICS</b> <i>(Complete for Estate Accounts only)</i>					
Decedent's Social Security Number: _____					____ / ____ / ____
<i>(if different than Tax Reporting ID of the Estate).</i>					Date of Death
<b>CONTACT INFORMATION FOR THIS TRUST/ESTATE ACCOUNT</b>					
<i>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.</i>					
PRIMARY PARTY LEGAL ADDRESS		CITY	STATE	ZIP	COUNTRY
<b>Is this also the mailing address of the Trust or Estate?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					
If your <b>mailing address</b> is not the same as your legal address then please provide your <b>mailing address</b> below:					
STREET ADDRESS		CITY	STATE	ZIP	COUNTRY
<b>PRIMARY MAILING ADDRESS FOR THIS ACCOUNT:</b>					
<i>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.</i>					
<input type="checkbox"/> Same as Trust/Estate Mailing Address					
<input type="checkbox"/> Different from Trust/Estate Mailing Address (please provide below)					
STREET ADDRESS		CITY	STATE	ZIP	COUNTRY
<b>Telephone Information</b>			<b>Email Information</b>		
(Please provide at least one Home or Business telephone number)			<input type="checkbox"/> Enroll in eDelivery? (Specify which email address is for eDelivery) ↓		
BUSINESS	FAX	WORK	<input type="checkbox"/>		
HOME	MOBILE	HOME	<input type="checkbox"/>		
<b>ACCOUNT LINKING:</b> <input type="checkbox"/> Add to existing Account Link Group _____ <input type="checkbox"/> Create New Account Link Group					

## Section 2: Trust | Estate Party Profile

**Instructions:** The questions below apply to the Trust or Estate Decedent identified in **Section 1** as the Primary Party on the account. Fiduciary profile information will be captured in Section 3.

Note to Financial Advisor | Client Service Associate: Enter this information on the Trust/Estate Basic and Financial Profile screens.

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

### Trust Basic Profile

*Complete for Trust Accounts Only*

Country of Probate/Incorporation?  United States  Non-U.S. (please specify) \_\_\_\_\_

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").*

### Estate Decedent Basic Profile

*Complete for Estate Accounts Only*

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

Security Questions: \_\_\_\_\_  
MOTHER'S MAIDEN NAME \_\_\_\_\_

Party's Taxpayer Status:  
 U.S. Citizen  
 U.S. Permanent Resident Alien

Gender:  Male  Female

Number of Dependents: \_\_\_\_\_

FIRST SCHOOL ATTENDED \_\_\_\_\_  
or \_\_\_\_\_  
CITY OF BIRTH \_\_\_\_\_

CITIZEN OF \_\_\_\_\_  
 Non-Resident Alien  
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>.

### Trust or Estate Decedent Financial Profile

**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)

\* Annual Compensation not required for Trust

#### 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):

*Not required for Trusts*

EQUITIES

FIXED-INCOME

OPTIONS

COMMODITIES

**Source of Wealth:**  Compensation  Business Ownership  Inheritance/Gift  Securities Investment

Real Estate  Private Investment  Other, please specify \_\_\_\_\_

### Section 3: Fiduciary Party Profile

**Instructions:** The questions below apply to the Trustees, Executors, or other fiduciaries identified in Section 1 as the Additional Parties on the account. Please enter this information on the Trustee/Fiduciary Basic, Employment, and Financial Profile screens for each party.

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

#### Trustee/Fiduciary Contact Profile

LEGAL ADDRESS CITY STATE ZIP COUNTRY

Is a 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

#### Trustee/Fiduciary Basic Profile

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

Security Questions:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
MOTHER'S MAIDEN NAME

Gender:  Male  Female

Number of Dependents: \_\_\_\_\_

\_\_\_\_\_  
FIRST SCHOOL ATTENDED

or

PEP\*/Relative or Associate:  Yes  No

\_\_\_\_\_  
CITY OF BIRTH

Is Trustee the Beneficiary on the account?\*  Yes  No

\*Not required for Trustee on Charitable Remainder Trust or Remainder Person on Life Tenant Trust Account

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

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

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/sr1letters/2001/sr1013.htm>.

#### Trustee Person I Administrator

Party's Taxpayer Status:

U.S. Citizen

U.S. Permanent Resident Alien

CITIZEN OF

Non-Resident Alien

#### Trustee Entity

Country of Probate/Incorporation:

United States

Non-U.S. (please specify)

#### Trustee I Fiduciary Employment Profile

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

**Trustee/Fiduciary Financial Profile**

**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)

\* Annual Compensation not required for Trust

**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 3 ON PAGE 1—IF APPLICABLE.**

**Trustee/Fiduciary Contact Profile**

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

**Trustee/Fiduciary Basic Profile**

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

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
DATE OF BIRTH

Gender:  Male  Female

Number of Dependents: \_\_\_\_\_

PEP\*/Relative or Associate:  Yes  No

Is Trustee the Beneficiary on the account? \*  Yes  No

\*Not required for Trustee on Charitable Remainder Trust or Remainder Person on Life Tenant Trust Account

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

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

Country of Issuance: \_\_\_\_\_

Security Questions:

\_\_\_\_\_  
MOTHER'S MAIDEN NAME

\_\_\_\_\_  
FIRST SCHOOL ATTENDED  
or

\_\_\_\_\_  
CITY OF BIRTH

**Trustee Person I Administrator**

Party's Taxpayer Status:

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

\_\_\_\_\_  
CITIZEN OF

Non-Resident Alien

**Trustee Entity**

Country of Probate/Incorporation:

United States  
 Non-U.S.(please specify)  
\_\_\_\_\_

\*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/sr1letters/2001/sr0103.htm>.

**Trustee I Fiduciary Employment Profile**

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

**Trustee/Fiduciary Financial Profile**

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: \_\_\_\_\_

**Section 4: Power of Attorney**

**Instructions:** If there are no discretionary parties to this account please proceed to Section 5: Investment Suitability.

**Power of Attorney of 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 Authorized delegate's mailing address as an Interested Party below:

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

**Section 5: 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)

\_\_\_\_\_ Income \_\_\_\_\_ Aggressive Income  
\_\_\_\_\_ Capital Appreciation \_\_\_\_\_ Speculation

**Risk Tolerance:** (Choose One)

- 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 6: Additional Account Information and Preferences**

**Instructions:** The following information applies to a single account opening.

**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**

Living Trust

**AML CLIENT TYPE =**  Revocable\*  Irrevocable\*\*  Grantor Retained

**AML BUSINESS TYPE =**  Revocable Living Trust (\*Revocable Only)

Rabbi Trust (\*Revocable Only)

Irrevocable Living Trust (\*\*Irrevocable Only)

Coogan Trust (\*\*Irrevocable Only)

Note: AML Business Type will be supplied by the system for Grantor Retained Living Trusts.

International Trust

Comerica Trust

**AML CLIENT TYPE** will be supplied by the system for International and Comerica Trusts.

**AML BUSINESS TYPE =**  Revocable  Irrevocable  Grantor Retained

Charitable Remainder Trust

Irrevocable Life Insurance Trust  
 Testamentary Trust  
*Note: AML Client Type and AML Business Type will be supplied by the system for Charitable Remainder, Irrevocable Life Insurance and Testamentary Trusts.*

Probate Estate  
**AML CLIENT TYPE =**  Probate Estate  Small Estate

Life Tenant  
 Usufructuor (Louisiana)  
*Note: AML Client Type and AML Business Type will be supplied by the system for Life Tenant and Usufructuor accounts.*

**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

**Is this a Government Entity Account?**  Yes  No

**Government Type:**  U.S Government  Non U.S Government

**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) \_\_\_\_\_

**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 Baing 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/ACHIAFT

**Source of Funds:** (check all that apply)

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

Institution Transferred from \_\_\_\_\_ Name of Third Party: \_\_\_\_\_  
 Account Transferred rom \_\_\_\_\_ Country of Transmitting Institution: \_\_\_\_\_  
 Own Account  Third Party Account →→→ Reason for Third Party Transation \_\_\_\_\_

**SERVICES AND FEATURES**

**Anticipated Trading**

Margin  Commodity Futures  Options  Managed / Advisory

If Options selected. please answer the following questions. Client financial profile must meet 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 (\$5million minimum initial investment; \$2 million minimum balance)  
 Active Assets Institutional Money Trust (\$5million 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 information 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.**

**BANKING SERVICES**

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

# OF CHECKS	CHECK STARTING #	LAST NAME
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**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

**Delivery Method:**  First Class     Expedite

**Additional Options:**  Carbon less Checks\*     Dual Signature  
\*Additional Charge

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
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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