## Morgan Stanley

## **Dividend Reinvestment Plan**

Broadridge Corporate Issuer Solutions P.O. Box 1342 Brentwood, NY 11717-0718

Dear Shareholder,

Thank you for reaching out to Broadridge Corporate Issuer Solutions. Enclosed is the form that can be used to make changes to the dividend reinvestment or purchase instructions on an existing account. However, we highly recommend utilizing our online services for a faster and more secure experience.

For expedited processing and enhanced security, please visit our Shareholder Portal at shareholder.broadridge.com/ms.

#### Why Use Our Online Services?

#### · Convenience:

Online submissions can be completed from anywhere with internet access, eliminating the need to visit a post office or other physical location. Additionally, our online platform offers 24/7 availability, allowing users to make changes at their convenience outside regular business hours.

### · Enhanced Security:

Ensure your information is securely transmitted and processed. Our secure online platform provides better protection against loss or unauthorized access compared to physical mail, through email encryption, and other security measures.

## · Accessibility:

Our online platform is fully ADA compliant. Additional external software and features such as language translation, screen readers, and other accessibility tools can be implemented by users with various needs.

## Things to Remember if Mailing the Form:

- Consult your Plan document for additional information about the Plan, including purchase dates, minimum and maximum investment amounts, and any fees associated with the Plan.
- Make sure the form has all required signatures. For joint tenant registrations, both shareholders must sign. If signing on behalf of the shareholder, include your title (e.g., POA, Custodian, Executor) and the appropriate supporting documentation.
- As an added security measure, Broadridge may apply a hold period to the initial association of banking information as well as changes made to existing direct deposit and/or direct debit instructions.
- · Retain copies of all documents for your records.

#### **Alternate Submission Options:**

If you prefer not to use our expedited online services and choose to mail your form, please send it to the following address:

Regular Mail Overnight Mail

Broadridge Corporate Issuer Solutions P.O. Box 1342 Brentwood, NY 11717-0718

<u>OR</u>

Broadridge Corporate Issuer Solutions Attn: BCIS IWS 51 Mercedes Way Edgewood, NY 11717-8368

If you have any questions regarding your shareholder account, please contact us at:

Telephone Numbers: (800) 622-2393 or (720) 414-6858

E-mail: msshareholder@broadridge.com

Sincerely,

Shareholder Communications Broadridge Corporate Issuer Solutions

## **Dividend Reinvestment Plan**

Signature

Date

# Morgan Stanley

| SECTION I - EXISTING SHAREHOLDERS - PLEASE PRINT  |   |
|---|---|
| You may also utilize our Shareholder Portal at shareholder.broadridge.com/ms to update any of your existing account's information.  |   |
| 1. Company Name Morgan Stanley  |   |
| (Please see Plan documents for enrollment eligibility requirements.)  |   |
| 2. Account Number 2943 - 3. Last Four of Owner's Social Security Number or Tax Identification Number  |   |
| 4. Account Registration   |   |
| 5. Account AddressStreet  | City State Zip Code   |
|   | E-mail Address  |
| This section is to be completed only if you already maintain an account with Broadridge. Please proceed to Section II to manage existing Account Elections.   |   |
| SECTION II - DIVIDEND ELECTIONS - PLEASE PRINT  |   |
| You may choose to reinvest all or a portion of the cash dividends paid on   | Morgan Stanley (Insert Company Name)                            |
| Please check one box below to indicate your reinvestment election. (If you do not check a box, you will be deemed to have selected the "Fully Reinvest" option.)  |   |
| Reinvest the dividends on ALL shares.   |   |
| I would like a portion of my dividends reinvested. Please remit to me the dividends on shares. I understand that the dividends on my remaining shares, as well as all future shares that I acquire, will be reinvested. (number)  |   |
| All cash – Do not reinvest my dividends – Receive check. Your dividend check will be automatically mailed to your address of record.  |   |
| All cash – Do not reinvest my dividends – Direct deposit my dividends. I/We hereby authorize Broadridge Corporate Issuer Solutions to have my/our dividends deposited automatically in my/our checking/savings account pursuant to the terms of the applicable plan. (See Section IV.)  |   |
| SECTION III - AUTHORIZATION FOR ONE TIME OR RECURRING INVESTMENTS - OPTIONAL  |   |
| I/We hereby authorize Broadridge Corporate Issuer Solutions to make a <b>one time</b> voluntary contribution in the amount indicated to invest in shares of Morgan Stanley_pursuant to the terms of the issuer's applicable Plan. The check made payable to Broadridge for \$   |   |
| I/We hereby authorize Broadridge Corporate Issuer Solutions to make a <b>one time</b> automatic withdrawal from my/our checking/savings account in the amount indicated below to invest in shares of <u>Morgan Stanley</u> pursuant to the terms of the issuer's applicable Plan.  One Time Investment Amount \$ (Please see Plan documents for min/max. draft amount.) |   |
| I/We hereby authorize Broadridge Corporate Issuer Solutions to <b>start</b> making recurring automatic withdrawals from my/our checking/savings account in the amount indicated below to invest in shares of Morgan Stanley pursuant to the terms of  |   |
| the issuer's applicable Plan.   |   |
| Automatic Investment Amount \$ (Please see Plan documents for min./max. draft amount.)  |   |
| Frequency: Monthly Quarterly Semi-Annual (Please see Plan documents for permitted frequencies.)  I/We hereby authorize Broadridge Corporate Issuer Solutions to <b>change</b> the automatic recurring investment amount from my/our   |   |
| checking/savings account to \$  I/We hereby authorize Broadridge Corporate Issuer Solutions to <b>terminate</b> existing instructions authorizing recurring automatic withdrawals from  |   |
| my/our checking/savings account.  |   |
| SECTION IV - BANKING INFORMATION FOR ONE TIME OR RECURRING INVESTMEN  | TS AND/OR DIRECT DEPOSIT AUTHORIZATION - INCLUDE A VOIDED CHECK |
| Select One: Type of Account:  | John Doe 1234   |
| Checking Savings  | 123 Main Street Anytown, USA                                    |
| Name(s) on Bank Account:  | John Doe 1234 1234 1234 1234 1234 1234 1234 1234                |
|   | Any Bank USA TOO Dollars  |
|   | For 199999999 99999999999 1000                                  |
| To be completed by your financial organization only if a voided check cannot be supplied or your account is with a credit union or savings & loan. Name of  |   |
| Financial Organization Bank   |   |
| Routing Number Bar  |   |
|   |   |
| Account Number  |   |
| Authorized Signature of Financial Organization Date   |   |
| SECTION V - SIGNATURE(S)  |   |
| SIGNATURE(S) - The signatures below indicate that I/we have read the company's respective Plan document and agree to its terms. By signing below, I/  |   |
| we agree to the indicated account election changes referenced above. The signature of all registered holders is required.   |   |
|   |   |

Signature