

## Existing Client Confirmation of Request to Maintain Account and Receive Continuous Advice and Service

I, the undersigned account holder(s), or, in the case of an entity, the duly authorized representative(s) on behalf of the entity (hereafter "I," "me," "my," or "Account Holder") hereby, represent and warrant to Morgan Stanley Smith Barney LLC ("Morgan Stanley") that I am requesting to maintain my existing account(s) with Morgan Stanley. I have determined that there may be investment opportunities that are not available to me in my home jurisdiction. Thus, I am not likely to be able to participate in these opportunities unless (i) I am informed of them by Morgan Stanley in the context of my brokerage or nondiscretionary advisory relationship, or (ii) I elect to enroll in a program where I grant discretion to Morgan Stanley or a third-party manager through Morgan Stanley, as the case may be.

Subject to policies and procedures applicable to my relationship with Morgan Stanley, I confirm that I am requesting that Morgan Stanley take a proactive role, contacting me periodically, at its own initiative, whenever it considers it necessary to do so, including, but not limited to:

- (a) Making available to me research material and analysis, general recommendations, analysis of market trends and opportunities, trading ideas and investment opportunities in furtherance of my investment objectives, performance of products and similar information.
- (b) Providing an analysis of my portfolio and its performance. Following up on the transactions for which I have given Morgan Stanley instructions.
- (c) Providing me with professional guidance on financial products; helping me to determine whether any investment advice or recommendations given to me by investment advisers or third parties is suitable for me.
- (d) Making personal recommendations to me to buy, sell, subscribe, exchange, keep or hedge specific financial instruments and products, and exercise or not exercise the rights that a financial instrument confers on me.
- (e) Making me aware of securities-based lending, cash management and deposit taking products, services and programs that may be available to me.

I understand that notwithstanding my request, certain services described above may not be available to me depending on the nature of my relationship with Morgan Stanley.

I further agree to promptly notify Morgan Stanley in writing if at any time any of the foregoing is no longer true and accurate.

**Please complete, sign and return this certification and acknowledgment to the branch office servicing your account.**

### INDIVIDUAL OR JOINT ACCOUNTS:

_____ PRINT NAME OF ACCOUNT HOLDER	_____ SIGNATURE OF ACCOUNT HOLDER	_____ DATE (MM/DD/YYYY)
_____ PRINT NAME OF ACCOUNT HOLDER	_____ SIGNATURE OF ACCOUNT HOLDER	_____ DATE (MM/DD/YYYY)
_____ PRINT NAME OF ACCOUNT HOLDER	_____ SIGNATURE OF ACCOUNT HOLDER	_____ DATE (MM/DD/YYYY)

### ANY ACCOUNT OTHER THAN AN INDIVIDUAL OR JOINT ACCOUNT:

_____ NAME OF ENTITY		
_____ PRINT NAME OF DULY AUTHORIZED REPRESENTATIVE	_____ SIGNATURE OF DULY AUTHORIZED REPRESENTATIVE	_____ DATE (MM/DD/YYYY)
_____ PRINT NAME OF DULY AUTHORIZED REPRESENTATIVE	_____ SIGNATURE OF DULY AUTHORIZED REPRESENTATIVE	_____ DATE (MM/DD/YYYY)
_____ PRINT NAME OF DULY AUTHORIZED REPRESENTATIVE	_____ SIGNATURE OF DULY AUTHORIZED REPRESENTATIVE	_____ DATE (MM/DD/YYYY)

