

Morgan Stanley Global Impact Funding Trust, Inc. ("Morgan Stanley GIFT") Donor Contribution Agreement

Instructions

Please return this completed, signed agreement to your Financial Advisor/Private Wealth Advisor ("Financial Advisor"). Before completing this document, please:

1. Read the Morgan Stanley GIFT Donor Circular and Disclosure Statement ("Donor Circular"). The Donor Circular includes important information on your **irrevocable, nonrefundable** contribution and features of the program. You may obtain a copy of the Donor Circular at: www.morganstanley.com/giving.
2. Consult your tax and/or legal advisor before contributing to Morgan Stanley GIFT.

A. Donor Information:

☐ New Donor Account ☐ NextGen Account ☐ Make Change to Existing Donor Account

1. Individual Donor or Joint Donors

Primary Donor (receives account statement)

FIRST NAME MIDDLE INITIAL LAST NAME ☐ Mr. ☐ Mrs. ☐ Ms.

STREET ADDRESS CITY STATE ZIP CODE

HOME TELEPHONE BUSINESS TELEPHONE SOCIAL SECURITY NUMBER DATE OF BIRTH (MM/DD/YYYY)

EMAIL ADDRESS

Instructions for online access will be sent to you via email. No unsolicited emails will be sent to you. Please refer to the Privacy Policy Statement in the Donor Circular.

Secondary Donor

FIRST NAME MIDDLE INITIAL LAST NAME ☐ Mr. ☐ Mrs. ☐ Ms.

STREET ADDRESS CITY STATE ZIP CODE

HOME TELEPHONE BUSINESS TELEPHONE SOCIAL SECURITY NUMBER DATE OF BIRTH (MM/DD/YYYY)

EMAIL ADDRESS

MORGAN STANLEY GLOBAL IMPACT FUNDING TRUST, INC. ("MORGAN STANLEY GIFT")
DONOR CONTRIBUTION AGREEMENT
(07/2018) CGPCDOCA



For Internal Use Only

Branch No.

Account No.

FA/PWA No.

2. Trust, Corporation or Other Entity

TAXPAYER ID NUMBER

TRUST/INCORPORATION DATE

TRUST NAME

FULL LEGAL NAME OF CORPORATION/BUSINESS ENTITY

STREET ADDRESS

CITY

STATE

ZIP CODE

BUSINESS TELEPHONE

TRUSTEE/AUTHORIZED SIGNOR NAME, POSITION AT FIRM

EMAIL ADDRESS

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B. Personalize the Donor Account (required)

You may name the Donor Account after your family or any other name that you choose. When each grant is approved, you may elect to have the accompanying letter to your recommended charity contain the Donor Account name. The Donor Account name may not exceed 45 characters.

ACCOUNT NAME

C. Name Advisor(s) (optional)

*Donors are advisors by default, so you do not need to name yourself as advisor(s) in this section. You may name individuals to whom you want to grant the authority to decide which charitable organization(s) to make grants to and to enter grant recommendations for the Donor Account. Advisors may **not** name additional advisors and will **not** succeed you unless they are also named in Section D as successor donors. If you do not wish to name an advisor, please skip to Section D. Do not name your Financial Advisor (see section K).*

Advisor 1

☐ Mr. ☐ Mrs. ☐ Ms.

FIRST NAME MIDDLE INITIAL LAST NAME

SOCIAL SECURITY NUMBER DATE OF BIRTH (MM/DD/YYYY)

STREET ADDRESS CITY STATE ZIP CODE

HOME TELEPHONE BUSINESS TELEPHONE EMAIL ADDRESS

Advisor 2

☐ Mr. ☐ Mrs. ☐ Ms.

FIRST NAME MIDDLE INITIAL LAST NAME

SOCIAL SECURITY NUMBER DATE OF BIRTH (MM/DD/YYYY)

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D. Name Successor(s) to Donors (optional)

You may name individual successors to succeed you in advising on grantmaking for the Donor Account after the death or incapacity of all of the original donors. If you prefer to have a specific charity receive any remaining assets in your account after the death or incapacity of all of the original donors, please skip to Section E.

Special Instructions: Upon the death or incapacity of the original donor(s), please select one of the following options: **(Required if more than one successor)**

- 1 ☐ Successors 1 and 2 will succeed as donors of the Donor Account, share equal responsibility over the Donor Account, and may act jointly or separately.
- 2 ☐ Successors 1 and 2 will split the Donor Account into two (2) separate and equal accounts.

Successor 1

☐ Mr. ☐ Mrs. ☐ Ms.

FIRST NAME MIDDLE INITIAL LAST NAME

SOCIAL SECURITY NUMBER DATE OF BIRTH (MM/DD/YYYY)

STREET ADDRESS CITY STATE ZIP CODE

HOME TELEPHONE BUSINESS TELEPHONE

EMAIL ADDRESS

Successor 2

☐ Mr. ☐ Mrs. ☐ Ms.

FIRST NAME MIDDLE INITIAL LAST NAME

SOCIAL SECURITY NUMBER DATE OF BIRTH (MM/DD/YYYY)

STREET ADDRESS CITY STATE ZIP CODE

HOME TELEPHONE BUSINESS TELEPHONE

EMAIL ADDRESS

E. Name Default Charitable Organization to Receive Grants (optional)

Please name qualified charitable organization(s) to receive grants. These organizations will only receive grants automatically if:

1. You and/or your advisor(s) fail to recommend a grant for five (5) consecutive years.
2. Your successor(s) fails to recommend (upon your death) a grant for five (5) consecutive years.
3. There are no successor(s) designated or all designated successors do not serve.

If more than one charity is listed and determined to be qualified, the remaining account balance will be equally divided between or among the qualified listed organizations. If you do not have specific charities to name (or if none of the organizations listed are qualified), Morgan Stanley GIFT will refer to Section F for guidance. Please see the Donor Circular for additional details.

OFFICIAL NAME OF CHARITABLE ORGANIZATION 1

FEDERAL IDENTIFICATION NUMBER OF CHARITABLE ORGANIZATION 1

BUSINESS TELEPHONE

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STREET ADDRESS

CITY

STATE

ZIP CODE

OFFICIAL NAME OF CHARITABLE ORGANIZATION 2

FEDERAL IDENTIFICATION NUMBER OF CHARITABLE ORGANIZATION 2

BUSINESS TELEPHONE

STREET ADDRESS

CITY

STATE

ZIP CODE

OFFICIAL NAME OF CHARITABLE ORGANIZATION 3

FEDERAL IDENTIFICATION NUMBER OF CHARITABLE ORGANIZATION 3

BUSINESS TELEPHONE

STREET ADDRESS

CITY

STATE

ZIP CODE

F. Name Charitable Area(s) of Interest (optional)

Please name an area of charitable interest and/or a geographical area of interest (e.g., forest preservation in Northern California) where grants may be made. This will provide guidance to Morgan Stanley GIFT in case you, your advisor(s), successor(s), and/or choices in Section E are unavailable.

G. Gift Information (required)

Please review the Donor Circular for information on assets that Morgan Stanley GIFT may accept.

☐ **1. Cash Held in a Morgan Stanley Account**

\$

DOLLAR AMOUNT

☐ JOURNAL funds from Morgan Stanley

ACCOUNT NUMBER:

☐ **2. Cash Held in a Non-Morgan Stanley Account**

\$

DOLLAR AMOUNT

NAME OF FINANCIAL INSTITUTION

☐ **3. Securities Held in a Morgan Stanley Account****Name of Security 1**

CUSIP (REQUIRED)

TICKER (REQUIRED)

NUMBER OF SHARES/BONDS/MUTUAL FUNDS

MORGAN STANLEY ACCOUNT NUMBER

APPROXIMATE VALUE

Name of Security 2

CUSIP (REQUIRED)

TICKER (REQUIRED)

NUMBER OF SHARES/BONDS/MUTUAL FUNDS

MORGAN STANLEY ACCOUNT NUMBER

APPROXIMATE VALUE

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☐ **4. Securities Held in a Non-Morgan Stanley Account****Name of Security 1**

CUSIP (REQUIRED)

TICKER (REQUIRED)

NUMBER OF SHARES/BONDS/MUTUAL FUNDS

ACCOUNT NUMBER

APPROXIMATE VALUE

FINANCIAL SERVICES COMPANY NAME

Name of Security 2

CUSIP (REQUIRED)

TICKER (REQUIRED)

NUMBER OF SHARES/BONDS/MUTUAL FUNDS

ACCOUNT NUMBER

APPROXIMATE VALUE

FINANCIAL SERVICES COMPANY NAME

☐ **5. Donation from Another Charitable Vehicle**

Please complete this section if you are interested in making an IMMEDIATE transfer. Please contact Morgan Stanley GIFT if you wish to make a FUTURE contribution from a charitable vehicle.

NAME OF CHARITABLE VEHICLE

DESCRIPTION

DOLLAR AMOUNT

H. Investment Recommendation

Please provide your recommendation for how the proceeds of the contribution should be invested. If you recommend using both the Select UMA Program and the Portfolio Management Program, please indicate below the total assets to be invested in each program. Additional information about each program and a description of the investment pools may be found in the Donor Circular.

☐ **Select UMA® Program and Money Market Fund**

The Select UMA Program is a unified managed account program in which Morgan Stanley acts as an investment adviser. The Donor Account assets may be invested in a combination of mutual funds, exchange-traded funds and separately managed accounts managed by a third-party or affiliated portfolio manager. The Money Market Fund is invested in a mutual fund. The minimum initial contribution is \$25,000.

Amount to be invested: \$ _____

Please recommend an asset allocation for the Donor Account below.

_____ % Aggressive

_____ % Growth

_____ % Balanced

_____ % Conservative

_____ % Investing with Impact Aggressive

_____ % Investing with Impact Balanced

_____ % ETF Equities

_____ % ETF Fixed Income

_____ % Money Market Fund—Morgan Stanley Active Assets Institutional Government Money Market

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Please note:

- The percentage(s) above must add up to 100%.
- If you do not recommend an asset allocation, Morgan Stanley GIFT will invest your contribution as follows: 100% in the Investing with Impact Balanced Pool.
- The above referenced investment pools target a long-term asset allocation. The actual asset allocation may vary at any time.

☐ **Portfolio Management Program**

In the Portfolio Management Program, a Financial Advisor manages the Donor Account assets on a fully discretionary basis in accordance with the Portfolio Management Program Guidelines. The minimum initial contribution is \$250,000.

1) *Amount to be invested:* \$ _____

2) *Please indicate below the name of the Financial Advisor that you have selected to manage the Donor Account. The Financial Advisor must meet certain program certification requirements in order to manage the Donor Account assets.*

Financial Advisor Name _____

Branch Location _____

3) By signing below, you understand that for Donor Account assets in the Portfolio Management Program:

- The Financial Advisor referenced above will be responsible for managing the Donor Account assets on a discretionary basis in accordance with the applicable Portfolio Management Investment Guidelines;
- Morgan Stanley and the Financial Advisor may receive higher compensation for the discretionary investment services that the Financial Advisor provides under the Portfolio Management Program than for the compensation received if the Donor Account was opened in other investment advisory programs offered by Morgan Stanley. Therefore, Morgan Stanley and the Financial Advisor may have a financial incentive to recommend the Portfolio Management Program instead of other investment advisory programs; and
- It is your understanding that Morgan Stanley will compensate the Financial Advisor in the amount of _____ basis points based upon the assets under management in the Donor Account.

I. Terms Governing Your Morgan Stanley GIFT Donor Account and Certain Related Disclosures

Morgan Stanley GIFT is an organization described in Section 501 (c) (3), of the Internal Revenue Code of 1986, as amended, and a donor advised fund. The assets of Morgan Stanley GIFT donor account ("Donor Account") will be distributed for charitable purposes, and shall be administered pursuant to the governing instruments of Morgan Stanley GIFT, as they may be amended from time to time. Various divisions of Morgan Stanley Smith Barney LLC ("MSSB") or your Financial Advisor may provide investment management, administrative or other services to Morgan Stanley GIFT. However, such services to Morgan Stanley GIFT will not result in any additional fees or expenses charged to the Donor Account. For a complete list of the fees incurred by the Donor Account, please refer to the Donor Circular.

All of the contributions you make to the Donor Account are irrevocable and nonrefundable. Once accepted, all contributions and all related future earnings, including any income generated in the Donor Account and appreciation thereon, are no longer your assets; they are the property of Morgan Stanley GIFT. Therefore a donor cannot claim any dividend, interest or capital gains generated from the Donor Account as an additional tax deduction.

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While we believe that Morgan Stanley GIFT provides a valuable philanthropic opportunity, contributions to Morgan Stanley GIFT are not appropriate for everyone. Morgan Stanley GIFT investments in the Consulting Group Select UMA® Program, Portfolio Management Program, and/or Money Market Fund referenced in Section H could sustain a loss which would lead to there being less money to grant than you originally contributed. As well, market conditions may affect any actual contributed amount. Please refer to the Donor Circular for more complete information on Morgan Stanley GIFT, including a description of risks, fees and expenses.

Although you may make recommendations herein regarding the Donor Account, the Board of Directors of Morgan Stanley GIFT is the final authority to determine the amount and recipient of any grant and is not required to follow your grant recommendations. If you, or your advisors, make no grant recommendations for a period of five years, the Board of Directors may terminate your, and your advisor's, right to make grant recommendations for the Donor Account in the future. In such event, the Board of Directors will use the qualified charities you listed in Section E above or the charitable area(s) of interest or geographical area(s) you listed in Section F as guidance. No grants may be made to private foundations, to satisfy a preexisting pledge, for any private benefit or to support any political campaign activities.

Your Financial Advisor may provide liaison services between you, or your advisors, and Morgan Stanley GIFT from time to time. Your Financial Advisor also has the authority to enter grant recommendations for the Donor Account on your behalf upon your direction. However, Morgan Stanley GIFT reserves the right to disallow any Financial Advisor from having access to the Donor Account if the Financial Advisor is no longer employed by Morgan Stanley Smith Barney LLC, its affiliates or subsidiaries.

J. Acknowledgement and Signature (required)

By signing below, each Donor referenced in Section A above, jointly and severally represents, acknowledges and agrees that:

1. Morgan Stanley GIFT is authorized to establish a Donor Account pursuant to the instructions provided herein;
2. You have received and reviewed a copy of the Donor Circular and the Privacy Policy Statement;
3. The terms and conditions set forth in the Donor Circular, in this Donor Contribution Agreement, and any and all other forms and agreements that may be provided to you related to Morgan Stanley GIFT, shall govern the Donor Account and you agree to be legally bound by such terms;
4. If you have selected, in Section H above, to invest the Donor Account assets in the Portfolio Management Program, you understand and acknowledge the related terms of such investment, which are referenced in Section H (3) above; and
5. The Donor Account shall be charged the applicable fees and expenses as set forth in the Donor Circular.

Please note: the signatures of all donors listed on the Donor Account are required.

DONOR NAME

DONOR SIGNATURE

DATE

DONOR NAME

DONOR SIGNATURE

DATE

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K. To Be Completed by Your Morgan Stanley Financial Advisor (required)

FINANCIAL ADVISOR NAME(S)

FINANCIAL ADVISOR ID NUMBER (BRANCH NO. AND FA NO.) e.g., 123456

OR

TEAM ID NUMBER

IF THE TEAM ID NUMBER IS A JPN, PLEASE LIST ALL FINANCIAL ADVISORS

IDENTIFY ALL SUPPORT TEAM MEMBERS TO THE FINANCIAL ADVISOR

FINANCIAL ADVISOR MAILING ADDRESS

CITY

STATE

ZIP CODE

FINANCIAL ADVISOR TELEPHONE

FINANCIAL ADVISOR FAX NUMBER

FINANCIAL ADVISOR EMAIL ADDRESS

FINANCIAL ADVISOR SIGNATURE 1

DATE

FINANCIAL ADVISOR SIGNATURE 2

DATE

☐ Check here if the FA team currently has other Morgan Stanley GIFT active accounts. FA Number(s) on other account(s)**FOR FINANCIAL ADVISOR/PRIVATE WEALTH ADVISOR USE ONLY**

Once this form is completed, please email it to the Morgan Stanley Global Impact Funding Trust, Inc. at support@msdonoradvisedfund.com.
Please alert the desk if securities are thinly traded by calling 855-865-GIFT.

Morgan Stanley Smith Barney LLC (Member SIPC), its affiliates, Financial Advisors and Private Wealth Advisors do not provide tax or legal advice. Clients should consult their tax advisor for matters involving taxation and tax planning, and their attorney for matters involving trust and estate planning and other legal matters.

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