

For Internal Use Only

Branch No.

Account No.

Financial Advisor No.

Morgan Stanley

# Authorization to Journal Securities or Funds

BRANCH NAME

DATE

**As described below, please journal securities and/or funds:**

From:

ACCOUNT NAME

ACCOUNT NUMBER

To:

ACCOUNT NAME

ACCOUNT NUMBER

**Instructions:**

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> Cash       | <input type="checkbox"/> All or   |
| <input type="checkbox"/> Securities | <input type="checkbox"/> All <i>including residuals for a period of six months</i> or |
| <input type="checkbox"/> Debits*    | <input type="checkbox"/> All or   |

\$

\$

**\*Requires the signature of all parties of the receiving account**

- |  |                                    |
|--|------------------------------------|
| <input type="checkbox"/> Other         | <input type="checkbox"/> All or    |
| <input type="checkbox"/> Dividends     | <input type="checkbox"/> Monthly   |
| <input type="checkbox"/> Interest      | <input type="checkbox"/> Quarterly |
| <input type="checkbox"/> Capital Gains | <input type="checkbox"/> Other     |

\$

Are these Instructions to be established as a standing authorization? ☐ Yes ☐ No

Standing Instructions will remain on file with Morgan Stanley Smith Barney LLC ("MSSB") until cancelled. If Standing Instructions are for less than 12 months, please provide an expiration date: \_\_\_\_\_

For IRA Contributions Only (Cash Journal Only): Contribution Year: ☐ Current ☐ Prior (By Annual IRS Deadline)

Tax Types: ☐ Deductible ☐ Non-Deductible

**I have reviewed the above information, including the information pre-filled by MSSB and confirm that it is correct. If the journal is to a third party I understand that by signing below I am consenting to the change in ownership of assets. I agree that MSSB may rely upon the information in making the journal and agree that any errors in that information, including misidentification of beneficiaries, incorrect or inconsistent account names and numbers, and misspellings are my responsibility. I agree that MSSB is not responsible for any delay, failure to execute or misexecution of my request due to circumstances beyond MSSB's reasonable control, including without limitation any inaccuracy of the information provided above and/or the interruption, delay in transmission, or failure in the means of transmission, whether caused by strikes, power failures or equipment malfunctions.**

CLIENT'S SIGNATURE

DATE

CLIENT'S SIGNATURE

DATE

CLIENT'S SIGNATURE

DATE

BRANCH MANAGER'S SIGNATURE

DATE

AUTHORIZATION TO JOURNAL SECURITIES OR FUNDS  
CASAJSF N1012 (10/2012)



For Internal Use Only

Branch No. Account No. Financial Advisor No.

Authorization to Journal Securities or Funds Addendum

From:

ACCOUNT NAME

ACCOUNT NUMBER

To:

ACCOUNT NAME

ACCOUNT NUMBER

Security Symbol, Name or Cusip	Number of Shares	Security Symbol, Name or Cusip	Number of Shares

**This form must be accompanied by the Authorization to Journal Securities or Funds Form.**

**I (We) further confirm that the instructions agreed upon in the accompanying form stand for the securities listed above. You may attach multiple copies of this form in the event more space is needed.**

CLIENT'S SIGNATURE

DATE

CLIENT'S SIGNATURE

DATE

CLIENT'S SIGNATURE

DATE

BRANCH MANAGER'S SIGNATURE

DATE