WEALTH MANAGEMENT

Adviser Services Account Opening Documentation

Quick Reference Guide

With the recent changes and uplift to our Know Your Client (KYC) regulatory requirements we now need to collect more information from your clients. Our updated Account Opening Form is designed to help you with this.

Downloading the Form

As our Account Opening Form is updated regularly we recommend you visit the below web address to ensure that you are working from the latest version:

www.morganstanley.com/resources > Documents for Advisers and other Intermediaries > Account Opening Form

Please note that this dynamic form is required to be downloaded and opened within Adobe Acrobat as it will not work directly within a web browser.

How to Complete the Form

The first page is for Planner Use Only - this is where we obtain YOUR information and dictates where the accounts are coded on our system. It is important that the details provided here match back to those of which we already have on file for you

PLANNER USE ONLY			
A N ADVISER			
PLANNER NAME			
123 OFFICE ROAD			
PLANNER SREET ADDRESS (CANNOT BE A PO BOX)			
SYDNEY	NSW	2000	AUSTRALIA
SUBURB	STATE	POST CODE	COUNTRY
SAMPLE WEALTH PLANNING GROUP			M5000
DEALER GROUP NAME			MORGAN STANLEY PLANNER CODE
02 1234 5678	A@SAMPLEW	/EALTH.COM.AU	
PHONE NUMBER	EMAIL ADDRESS		
123456	0000000		
AFSL	AUTHORISED REPP	RESENTATIVE NUMBER	

Choose the Account Structure

Here you will select from an Individual or Joint Application, or a Trust, Company or Other Entity Application. The fields required for completion are dependent on the choice you make here:



Although you can switch between the two account types at this initial stage, it is important to note that if you are required to change your account type *once you have already started pre-completing the document,* that you close it down and re-open a fresh copy for the new account type.

This guide will show you an example of a Corporate Trustee for a Superannuation Fund.

Section 1 - Applicant

Enter the account details and choose the Account Type from the dropdown selection:

Account Opening Application Form			
Sample Pty Ltd ATF Sample Superannuation Fund			
ACCOUNT FULL LEGAL NAME			
1236 Home Street			
POSTAL ADDRESS FOR ACCOUNT (THIS ADDRESS WILLBE USED	FOR ALL FUTURE CORRESPONDEN	ICE FROM MORGAN STANLEY)	
SYDNEY	NSW	2000	AUSTRALIA
SUBURB	STATE	POSTCODE	COUNTRY
Select Select Superannuation Fund, Trust or Estate - Individual Tr		•	
Superannuation Fund, Trust or Estate - Corporate Tr Company, Co-op, Association and Body	rustee of Executor		

Enter the amount of individuals who will be signing this application and hit the "Click to Continue" button when it turns green. Clicking this button will generate the appropriate fields for the applicant/s in Section 3:



Section 2 & 3 – Trust & Trustee Details

Complete all appropriate fields:

Section 2 - Superannuation Fun	d, Trust or Estate		
Please select from the following Cha	iritable 📃 Family 🖌 SM	ISF Testamentary Trust	Estate Foreign Other
Sample Superannuation Fund FULL NAME OF TRUST (EG SMITH SUPERANUATION FU	match the registr	corporation should ation date with ASIC.	Check this box to replicate address details that were
Australia	14/04/1976	123 457 789	entered in Section 1
COUNTRY ESTABLISHED	DATE ESTABLISHED (DD/MM	(YY) ABN	(OR) FOREIGN EQUIVALENT
1236 Home Street			CHECK IF SAME AS POSTAL ADDRESS IN SECTION 1
PRINCIPAL BUSINESS ADDRESS			
SYDNEY	NSW	2000	AUSTRALIA
SUBURB	STATE	POSTCODE	COUNTRY

Complete all appropriate fields:

Section 3 - Company (inc	cluding Corporate Trustee), Co-c	p, Association a	and Body	
Please select from the following	g 🗾 Public Company 🖌 Private Compan	y Incorporated	Association	Registered Co-op
	Unincorporated Association or Body	Australian Gov	ernment Body	Foreign Government Body
Sample Pty Ltd			Australia	
FULL LEGAL NAME			COUNTRY OF INCO	RPORATION
21/3/1976	Australia	123 123 1234		
DATE OF INCORPORATION (DD/MM/YY)	COUNTRY OF REGISTRATION	BUSINESS REGISTRAT	TION NUMBER (ACN/ABN	(OR) FOREIGN EQUIVALENT
Australia				
COUNTRY OF ISSUE	NAME OF REGULATOR (IF BL	ISINESS RELATED E.G CHA	RITY)	
1236 Home Street				CHECK IF SAME AS POSTAL ADDRESS IN SECTION 1
REGISTERED OFFICE ADDRESS				
SYDNEY	NSW	2000	AUSTRALIA	
SUBURB	STATE	POSTCODE	COUNTRY	
1236 Home Street				CHECK IF SAME AS POSTAL ADDRESS IN SECTION 1
PRINCIPAL PLACE OF BUSINESS ADDRESS	(IF FOREIGN ASIC-REGISTERED COMPANY, AGENT NAM	E & ADDRESS IN AUSTRAL	(AI	
STUNET	of the business – e.g	2000	AUSTRALIA	
SUBURB	Vehicle ST TE	POSTCODE	COUNTRY	
Corporate Trustee				
BUSINESS ACTIVITY				

Is the entity an Operating Entity? (i.e. has actual business operations rather than the passive role of ho	lding investment or acting as trustee)	Unsure		Yes	1	No
Does the entity operate under a name different to the Full Legal Nam	ne noted above?	Unsure		Yes	✓	No
Can the company issue bearer share certificates or warrants?	Answers to these questions are required for	Unsure		Yes	√	No
Does the company follow ASIC Replaceable Rules?	AML purposes. Should you have any questions, please consult your Financial Adviser	Unsure	1	Yes		No

Section 4 – Personal Information

Depending on how many applicants you entered back in Section 1, you will see a corresponding amount of fields for each person in this section - please fully complete the details for ALL individuals. Note that if FIRST and LAST name fields are left blank, it will not generate signature boxes at the completion of the form. Ensure they are entered.

						etails	natory De	int Sig	er / Accou	fficehold	or / C	4 - Dire	Section
					Details 1	tory	unt Signa	/ Acco	iceholder /	tor / Offi	/ Dire	ial Owne	Benefici
Trustee	eholder Trust	Officeholder		Director	int 🖌	e Acco	tory / Operat	Signa	ributor 🖌	Asset Contr	oly) 🖌	:k all that a _f	Role (chec
Executor	Owner Execu	Beneficial Owner	Ber	utive 🗸	Level Exec	(Protector	iter	Appoin	Beneficiary	\checkmark		
	ure that you check the CO that apply to this i	Enoure enourge	ct)		as the defa	ninated	l can be nom	ndividua	t (only one ir			this individ	
			IE	Smith SURNAM					USE INITIALS)	mes ME/S (DO NOT	John Ja Given N	•	Mr TITLE
IF SAME AS POSTAL	CHECK IF SAME A ADDRESS IN SEC												1236 Home
									X)	OT BE A PO BO	ESS (CAN	SIDENTIAL ADD	CURRENT RES
		STRALIA	AUST	,	2000			NSW					SYDNEY
		JNTRY	COUNT	(POSTCODE			STATE					SUBURB
024	13/10/2024	13			lia	Austi			DL1234	•		ence	Drivers Lice
EXPIRY (DD/MM/YY)	DATE OF EXPIRY (DA			Y OF ISSUE	COUN		UMBER	DOCUMENT NU	IENT TYPE	TY DOCU	IT ISSUED IDEN	SOVERNMEN
				tralia	Au					tralia	Au		21/2/1962
			RTH	NTRY OF BIR	COL				TIZENSHIP	NTRY/IES OF CIT	COL	TH (DD/MM/YY)	DATE OF BIRT
ы	information MUST		RTH	NTRY OF BIR	COL		-	-	NZENSHIP	NTRY/IES OF CIT	COL	TH (DD/MM/YY)	DATE OF BIRT

If you are unsure of a response to a question, and where given the option, you can check the "UNSURE" box. Doing this will open up <u>all</u> fields for so the client is free to complete themselves. When the document is printed, the "UNSURE" box will NOT display on the printed document, leaving only the "YES" or "NO option for the client.

ARE YOU RETIRED? 🗸 UNSURE	YES NO		
YEAR LIKELY TO RETIRE	OCCUPATION (T= NOTE FORMER OCCUPATION IF RETI	RED)	NAME OF EMPLOYER (P NOTE FORMER NAME IF RETIRED)
	R TITLE / POSITION IF RETIRED)		RMER INDUSTRY IF RETIRED)

Choosing either "YES" or "NO" will narrow down the required fields of entry:

ARE YOU RETIRED? UNSURE YES NO	
NAME OF FORMER EMPLOYER	FORMER OCCUPATION
TITLE / POSITION	INDUSTRY
ARE YOU RETIRED? UNSURE YES NO	
YEAR LIKELY TO RETIRE NAME OF CURRENT EMPLOYER	CURRENT OCCUPATION
TITLE / POSITION	INDUSTRY

The email address is mandatory here for the purposes of contract note delivery:

CONTACT DETAILS (REQUI	RED FOR INDIVIUALS WHO WILL OPERATE THE	ACCOUNT)	
		0402 522 522	
WORK PHONE	HOME PHONE	MOBILE PHONE	
jjsmith@email.com			
EMAIL ADDRESS			

If there are any additional Individual or Legal Entity beneficiaries, they can be entered here (again, the "UNSURE" option will open up all fields if selected):

Individual Trust Beneficiaries				
Do you wish to name any INDIVIDUAL Tru	st Beneficiaries?			Unsure Yes 🗸 No
INDIVIDUAL NAMED TRUST BENFICIAR	(1			
John James Junior	Smith			13/10/2012
GIVEN NAME/S (DO NOT USE INITIALS)	SURNAME			DATE OF BIRTH (DD/MM/YY)
Australia	Australia		Australia	
COUNTRY OF RESIDENCE	COUNTRY/IES OF CITIZENSHIP		COUNTRY OF BIRT	H
Legal Entity Trust Beneficiaries Do you wish to name any LEGAL ENTITY	Frust Benficiaries?	Where you see the ADD / RE able to generate additional entries. These buttons will N printed docur	I fields for multiple IOT be visible on the	ADD REMOVE
LEGAL ENTITY NAMED TRUST BENFICIA	RY 1			
FULL LEGAL NAME				
COUNTRY OF FORMATION				DATE OF FORMATION (DD/MM/YY)
				CHECK IF SAME AS POSTAL ADDRESS IN SECTION 1
PRINCIPLE BUSINESS ADDRESS				
SUBURB	STATE	POSTCODE	COUNTRY	
				ADD REMOVE
Beneficial Owners				
Is Director 1 a Beneficial Owner who ultim	nately controls or owns (dired	tly or indirectly) 25% or gr	eater of the enti	ity? Unsure Yes No
Is Director 2 a Beneficial Owner who ultin				
			reater of the ent	Unsure Yes No
Is the issued capital held for the under				
Will there be ADDITIONAL Beneficial Own	ners/Directors/Key Controlle	rs/Asset Contributors name	ed on the accoun	nt? Unsure Yes 🗸 No

Any additional Beneficial Owners (down to 35% of the issued capital) who will NOT be operating the account can be named here by choosing "YES" and the required fields for completion will appear

Section 5 & 6 – Corporate Affiliations and Tax File Number

Checking "NO" for any question within Section 5 will remove the fields for that particular question as they will then be deemed not applicable. The "Unsure" option applies here also, and the icons will allow you to add or remove as needed:

Section 5 - Corporate Relationship	os / Affiliations					
Affiliated Person/s Is any individual named in this Adviser Service Insider of a listed company or a related compa		ation Form an Affiliate/	Unsure 🗸	Yes		No
					►	•
GIVEN NAME/S (DO NOT USE INITIALS)	SURNAME					
ORGANISATION	ROLE		ASX CODE			
Is any individual named in this Adviser Services Account Opening Documentation Application Form an employee of Morgan Stanley or a spouse or dependent of an employee?				Yes	√	No
Is any individual named in this Adviser Service employee of a Financial Services Firm/Broker		ation Form an	Unsure	Yes	√	No
Politically Exposed Person/s Is any individual affiliated with this account; either themselves, or an immediate family member, or a close associate of a person entrusted with a prominent public role or function (e.g. a senior official in the executive, Unsure Yes legislative, military, administrative or judicial branches of government, a senior executive of a government enterprise/agency, or a member of a ruling royal family)?						No
						•
GIVEN NAME/S (DO NOT USE INITIALS)	SURNAME	POLITICAL / PUBLIC ROLE				

Complete Tax File Number or Exemption and ABN if applicable:

TFN and Other Tax Details					
TFN OF ENTITY	(OR) REASON FOR TFN EXEMPTION				
ABN (IF ACCOUNT HOLDER IS A COMPANY/ENTITY INVESTING WITH MORGAN STANLEY FOR BUSINESS PURPOSES)					

Section 7 – Banking

Banking details, in the same name as the Entity, are **mandatory** unless you plan to settle DvP*. You are able to nominate an alternative account for Credits, however it again must be in the same name as the Entity:

Details of Account to be Debited	
Sample Pty Ltd ATF Sample Superannuation Fund	
ACCOUNT FULL LEGAL NAME	
ANZ Bank	Sydney
FINANCIAL INSTITUTION	BRANCH
111-111	222-222
BRANCH NUMBER (BSB)	ACCOUNT NUMBER
If you wish to utilise the above account for both direct debit AND credit If you wish to nominate an alternative account for credits, please choos	

Section 8 - Sponsorship

The following options are available for Sponsorship:

No CHESS Sponsorship Required

Establish a new CHESS Sponsorship agreement with Morgan Stanley Wealth Management

Check this box if you are applying for a newly established CHESS sponsorship with Morgan Stanley Wealth Management

Establish a new CHESS Sponsorship agreement with Morgan Stanley Wealth Management and transfer your Issuer sponsorship holdings

Check this box if you are applying for a newly established CHESS sponsorship with Morgan Stanley Wealth Management, and you would like to transfer your Issuer sponsorship holdings to register them as sponsored holdings.

Note:

- You will need to provide a copy of your current holding statement/completed transmission form containing details of the securities you wish to transfer.
- Security transfers will only be accepted if the securities are registered in the same name as the person(s)/legal entity named as the applicant in this Adviser/Services Account Opening Documentation Application Form.

Existing Morgan Stanley account holders only - Change of Trustee

Check this box if this Adviser Services Account Opening Documentation Application Form is required due to a change of trustee associated with an existing Morgan Stanley account and the person(s)/legal entity acting as the new trustee agrees to be sponsored by Morgan Stanley Wealth Management. You agree for all existing sponsored holdings to be transferred to the newly established HIN.

Note:

- The person(s)/legal entity acting as the new trustee will enter a new Sponsorship Agreement with Morgan Stanley Wealth Management.
- Any prior sponsorship arrangement between us and the outgoing trustee (previous account holder) will be terminated on completion of the transfer of all sponsored holdings in the previous account and cancellation of the HIN. On transfer, all holdings will be sponsored in accordance with the new CHESS Sponsorship Agreement.

Transfer your CHESS sponsorship from another Broker

Check this box if you would like Morgan Stanley Wealth Management to transfer your HIN (and all existing broker sponsored holdings) from another broker.

Note:

- You will need to provide a copy of your current holding statement (or your current account statement/completed transmission form) for the HIN containing securities you wish to transfer.
- Security transfers will only be accepted if the securities are registered in the same name as the person(s)/legal entity named as the applicant in this Adviser Services Account Opening Documentation Application Form.
- You will not be able to trade until we receive your HIN from the other broker.
- You should ensure you have no open orders or unsettled trades for the holdings you wish to transfer.

Settle with External Provider (DvP)

Choosing to establish a new CHESS Sponsorship agreement will require you to confirm the exact registration details for the HIN. Initially, the information you have entered in Section 1 will be displayed.

Establish a new CHESS Sponsorship ag Check this box if you are applying for a r				anagement		
CHESS REGISTRATION AND SHARE REGIST You are appointing Morgan Stanley Wealth M Would you like to use the details provided in	Nanagement as your CHE			Unsure	Yes	No
Sample Pty Ltd ATF Sample Superannuation	on Fund					
CHESS REGISTRATION NAME						
1236 Home Street						
CHESS REGISTRATION ADDRESS						
SYDNEY	NSW	2000	AUSTRALIA			
SUBURB	STATE	POSTCODE	COUNTRY			

If you would like to make any minor changes to this registration, please choose "NO" and update:

 Establish a new CHESS Sponsorship Check this box if you are applying for 	•			nagement			
check this box if you are applying for	a newly established eness	sponsorship with worg	an stancy weater wa	hagement			
CHESS REGISTRATION AND SHARE REG	ISTRY DETAILS						
You are appointing Morgan Stanley Wealt	h Management as your CH	ESS sponsoring broker.					
	о ,						
Would you like to use the details provided	in Section T as your CHESS	Registration?		Unsure	Yes	\checkmark	No
PLEASE ENTER CHESS REGISTRATION NAME							
PLEASE ENTER CHESS REGISTRATION ADDRESS							
PLEASE ENTER SUBURB	PLEASE ENTER STATE	PLEASE ENTER POSTCODE	PLEASE ENTER COUNTRY				

*If your account will be settling DvP with an external provider, you will see the following alert and you can then enter the provider details:

Note: • You will need to provide a form) for the HIN contain • Security transfers will onl the applicant in this Advis • You will not be able to tra • You should ensure you ha	7	ОК
✓ Settle with External Provider (DvP)		
Sample Wrap Services	123456	123456
NAME OF PLATFORM / PROVIDER	PARTICIPANT ID (PID)	HIN / EXTERNAL PARTY REFERENCE / ACCOUNT NUMBER

Section 7 (Banking) will now be stripped of the banking fields and the WRAP provider will be detailed in its place:



Sample Wrap Services External Platform selected for settlement in Section 8 - Direct Debit & Credit not required

If you choose to receive electronic receipt of company announcements, any email addresses entered for applicants will be selectable from the dropdown:

ELECTRONIC RECEI	PT OF CON	IPANY ANN	OUNCEMENTS

Please check the box if you wish Morgan Stanley Wealth Management to lodge an applicant's email address with the share registries for the electronic receipt of company announcements in respect of your current and future share holdings sponsored by Morgan Stanley Wealth Management.

Choose from holder email addresses:

DIRECT CREDIT OF DIVIDEND AND INT

Please check the box if you wish to authorise Morgan Stanley Wealth Management to lodge your Direct Credit bank account details completed in section 8 of this Account Opening Documentation Application Form with share registries for the payment of dividends, interest and other payments in respect of your existing and future share holdings sponsored by Morgan Stanley Wealth Management.

▼

Section 9 – Levels of Advice

Select the appropriate levels and advice required on the account – *if you only require execution only the Account Profile will be removed* – *if you required personal advice the profile is required to be completed*

Section 9 - Levels of Advice

Reason(s) for opening account

To facilitate investment transactions on an execution only basis and receive general advice such as research reports.

By ticking this box you have elected not to provide information about your current financial situation and investment objectives and you understand that Morgan Stanley Wealth Management is unable to provide you with personal advice. You will only receive general or factual information that is provided as general advice, which is prepared without taking into account your objectives, financial situation or needs. You will need to separately consider the appropriateness of the advice, having regard to your personal circumstances, before acting on the information given to you.

To facilitate investment transactions and receive personal advice.

You will need to complete the Account Profile below so that Morgan Stanley Stanley Wealth Management will be able to give you personal financial product recommendations after taking into account your investment objectives, financial situation and particular needs. If you do not provide this information, any advice provided to you will be general advice.

You need to update us if there are any material changes to the details provided. If information becomes incomplete or inaccurate at any time, then any personal advice given to you may be based on incomplete information and you will separately need to consider the appropriateness of the advice before acting on the advice.

Section 10 – Financial Information

This section is mandatory and is related to the entity that you are opening the account for.

Section 10 - Financial Information			
Please provide the following financial information, which will be to you. Amounts should be inclusive of assets held outside of Mo		ecision to open your	account and in rendering services
WHAT IS YOUR PRIMARY SOURCE OF INCOME?			
✓ Business Earnings Salary Investments Retire	ement Assets/Pension	Other	
ANNUAL INCOME (BEFORE TAX)			
\$0 - \$50,000 \$50,000 - \$100,000 🗸 \$100,000 -	- \$200,000 \$200,0	000 - \$500,000	\$500,000 - \$1,000,000
> \$1,000,000			
	Asset Value	Borrowings agai	inst Asset
Superannuation Investments	\$1,500,000.00		
Investments outside superannuation	\$2,300,000.00		
Other assets (including primary residence)	\$350,000.00		
Estimated amount of funds to be invested at Morgan Stanley	\$1,500,000.00		
Do you use or intend to use borrowings to fund future investment	ts in this account?	No	T

Section 11 – Source of Wealth

This section is mandatory and should disclose the origin of wealth provided in section 10. The field is fillable and will expand if more information is provided.

Section 11 - Source of Wealth

Please describe the source of wealth for the account. The source of wealth should disclose the origin of wealth as provided above.

Provide as much detail as possible such as: details and types of businesses or past businesses and sale proceeds, investments, inheritance details, trust distributions, salary and wages, employment or previous employment – include names, dates and amounts.

Section 12 – Sharemarket Trade Form

If there is a trade required immediately after the account is open and current – provide all trade details here. Use the ADD and REMOVE icons to add more rows or remove any existing rows no longer needed:

Is there a s	sharemarket trade	e required?			Unsure 🗸 Yes
Buy or Sell	Trade in DOLLARS ✓ Trade in UNITS	Security Name	ASX Code	HIN / SRN	If not at Market, At Market Price Limit
✓ BUY SELL	150	BHP Limited	BHP.AX	i012456789	VES NO
Buy or Sell	V Trade in DOLLARS Trade in UNITS	Security Name	ASX Code	HIN / SRN	If not at Market, At Market Price Limit
BUY	25,000	Telstra Limited	TLS.AX	i012456789	✓ YES NO

Section 13 – Authorisation to Planner(s)

This section mandatory as it allows the client to nominate you as an authorised order placer on the account

Section 13 - Authorisation to Planner(s)

The authorisation set out in this section allows Morgan Stanley Wealth Management to accept instructions from your Planner(s) in connection with your account, including in order to execute instructions to place an order, enter into or arrange a transaction, or allocate a market transaction in relation to your account.

Authorisation

By signing this Application Form, each person(s)/legal entity named as the applicant ("you") in this Adviser Services Adviser Services Account Opening Documentation Application Form expressly authorises the Planner to:

(a) act as your agent or representative in connection with your account, including to submit the completed and signed Adviser Services Account Opening Documentation to us or other information we require from you from time to time.
(b) submit your instructions in connection with your account to us, including amongst other things, to place an order on a market operated by the ASX, Chi-X or any other market operator as required by the order, enter into or arrange a transaction,

You further agree that:

or allocate a market transaction.

(c) Morgan Stanley Wealth Management may rely on any document or communication which we reasonably believe to be an instruction provided in accordance with this authorisation without further enquiry.

(d) this authorisation will remain in place until you notify Morgan Stanley Wealth Management otherwise in writing and Morgan Stanley Wealth Management confirms receipt of such notice.

Tick the box to accept the authorisation set out in this Section 13.

Section 14 & 15 – Declarations, Terms & Conditions

The client should read and agree to these.

Section 16 – Signatures

Client names will be visible within the signature boxes. The client/s are required to sign, date and check the appropriate capacity boxes

Section 16 - Signatures

Signing instructions

COMPANY

Execute in accordance with section 127 of the Corporations Act 2001 (Cth). A director must sign jointly with either another director or the company secretary. For proprietary companies that have a sole director who is also the sole company secretary, that director should sign.

TRUST

Trustee(s) (individual and corporate) signing on behalf of the trust confirm the trustee(s) is/are acting in accordance with requisite powers and authority under the trust deed.

OTHER ENTITIES

Two authorised signatories must sign, unless a signatory has express authority by deed to sign on behalf of other signatories.

SIGNATURE	SIGNATURE
John James Smith	Jane Judy Smith
NAME	NAME
DATE	DATE
Trustee Sole Director / Secretary	Trustee Sole Director / Secretary
✓ Director Authorised Signatory	✓ Director Authorised Signatory
Executor	Executor

You (the Planner) are required to sign the grey area agreeing to the terms provided.

PLANNER USE ONLY

Planner Declarations

The Planner, whose details appear on page 1 of this Adviser Services Account Opening Application Form, by signing below declares and accepts the following:

- a. the Planner is a representative of the Dealer Group as stated on page 1 of this form.
- b. the Planner is expressly authorised and appointed by the person(s)/legal entity named as the applicant in this form as agent to give information (including by submitting this Adviser Services Account Opening Documentation Application Form) and instructions to Morgan Stanley Wealth Management, and must verify the accuracy and authenticity of all instructions before submitting them to Morgan Stanley Wealth Management.
- c. the Planner will inform Morgan Stanley Wealth Management if it is aware, or becomes aware of, any information provided in respect of the account becoming inaccurate or incomplete.