

Application Requirements

To comply with our obligations under the Australian *Anti-Money Laundering and Counter-Terrorism Financing Act (2006)* and *Anti-Money Laundering and Counter-Terrorism Financing Rules (2007) (No.1)* (collectively, “AML/CTF Act and Rules”), we must collect and verify certain information about each of our clients. In some instances enhanced due diligence and additional information may be required in order to complete the account opening process and ensure our continued compliance with the AML/CTF Act and Rules.

Source of Wealth

In complying with our obligations under the AML/CTF Act and Rules we are required to collect source of wealth information for every account. In Section 10 of this application form, please provide as much detail as possible including details of businesses or past businesses and sales proceeds, investments, inheritances, trust distributions, salaries and wages.

Information Collection Statement

Morgan Stanley Wealth Management collects, holds, uses and discloses your information (including your personal information) for various purposes including providing you with financial products and services that help meet your financial needs and objectives, administering and operating those services, carrying out credit and other background checks, marketing products and services to you, exercising and defending its legal rights, complying with its legal and regulatory obligations anywhere in the world, improving, supporting and enhancing its products and services, internal training, monitoring and other legitimate business purposes.

Morgan Stanley Wealth Management may disclose your information (including your personal information) to its associated firms, vendors or other persons processing your information on its behalf (e.g. credit reporting agencies). Disclosure to these entities may involve the disclosure of your information outside Australia to countries which do not offer the same level of protection as may be enjoyed in Australia.

Morgan Stanley Wealth Management’s privacy policy (“Privacy Policy”) contains further details on its information handling practices and explains in more detail what personal information it collects, methods of collection, purposes of collection, retention, use and disclosure, when it may disclose your personal information, who it discloses your personal information to, the countries it may disclose your personal information to and how you may opt out from receiving marketing information. The Privacy Policy also explains your rights including how you may access and request correction of your personal information or complain about a breach of the Australian Privacy Principles by Morgan Stanley Wealth Management. The Privacy Policy is available at www.morganstanley.com.au/privacypolicy.

Before providing us with any information regarding an individual other than yourself in connection with this document you should ensure that he or she knows that you will be providing his or her information to us and is aware of and has access to the information contained in this Information Collection Statement regarding our collection, use, processing, disclosure and overseas disclosure of his or her information, his or her data protection rights and the possibility of monitoring or recording of his or her communications.

Individual/Joint Applications

Identification Requirements:

Each account signatory must provide an original or an original certified* true copy of identity document(s) as set out below:

- A valid photo ID issued by the government that bears your signature (e.g. drivers licence, passport); **OR**
- A valid non-photo ID issued by the government (e.g. birth certificate together with a marriage certificate if applicable, citizenship card, or pension card) accompanied by:
 - Valid ID that bears your signature; and
 - A rates notice or utility bill that shows your current residential address and is no more than three months old.

If you are not an Australian resident or you are a citizen of another country, you may be required to provide additional documentation. Please speak to your financial adviser for details.

An individual appointed as Power of Attorney or equivalent over an applicant must comply with the identification requirements set out under “Individual/Joint Applications”.

Sections to complete:

- ✓ Section 1
- ✓ Section 5 (as relevant)
- ✓ Section 6 (as relevant)
- ✓ Section 7 (as relevant)
- ✓ Section 9
- ✓ Section 10
- ✓ Section 11
- ✓ Section 12 (as relevant)
- ✓ Signature Page 17

Company Applications, Incorporated Associations and Bodies

Identification Requirements:

Each signing Director(s)/Company Secretary/Officeholder must comply with the identification requirements set out under “Individual/Joint Applications”.

Each beneficial owner that ultimately controls or owns (directly or indirectly) 25% or greater of the entity must comply with the identification requirements set out under “Individual/Joint Applications”.

If the issued capital is held for the underlying beneficial owner by a nominee shareholder, a statement which details the underlying beneficial ownership must be attached and the underlying beneficial owner must comply with the identification requirements set out under “Individual/Joint Applications”.

Sections to complete:

- ✓ Section 2
- ✓ Section 5 (as relevant)
- ✓ Section 6 (as relevant)
- ✓ Section 7 (as relevant)
- ✓ Section 9
- ✓ Section 10
- ✓ Section 11
- ✓ Section 12 (as relevant)
- ✓ Signature Page 17

Trust, Superannuation Fund, Estate or Minor Applications

Identification Requirements:

Each signing trustee or signatory must comply with the identification requirements set out under “Individual/Joint Applications”. Where the trustee is a company please also comply with the company identification requirements set out under “Company Applications, Incorporated Associations and Bodies”.

A protector, appointer or beneficiary of a trust that is exercising ultimate effective control over the trust must comply with the identification requirements set out under “Individual/Joint Applications”.

Trusts, including superannuation funds, must supply an original certified* true copy or certified extract of the Trust Deed with subsequent amendments, which identifies the name of the Trust, name of the Trustees, the country where the Trust was established and creation date, the Settlor, the beneficiaries or class of beneficiaries, and the execution page of all parties.

Estates

Estates must supply an original certified* true copy of:

- The Will (where no probate or estate value is less than \$25,000) and Small Estate Indemnity form; or
- The Grant of Probate (where estate value is greater than \$25,000); or
- If no Will, a letter of administration from the court.

Each signing executor must comply with the identification requirements set out under “Individual/Joint Applications”.

Where legal representatives have been appointed to act on behalf of the executors an authority to act document must be signed by all executors.

Where a testamentary trust is to be established and the Certified Will is acting as the trust deed, the Certified Will must be provided.

Sections to complete:

- ✓ Section 1 (non corporate trustee)
- ✓ Section 2 (corporate trustee)
- ✓ Section 3
- ✓ Section 5 (as relevant)
- ✓ Section 6 (as relevant)
- ✓ Section 7 (as relevant)
- ✓ Section 9
- ✓ Section 10
- ✓ Section 11
- ✓ Section 12 (as relevant)
- ✓ Signature Page 17

All other Applicants including Partnerships, Registered Co-ops, Unincorporated Associations or Bodies, or Government Bodies

Identification Requirements:

Each signing applicant/officeholder must comply with identification requirements set out under “Individual/Joint Applications”.

Each beneficial owner that ultimately controls or owns (directly or indirectly) 25% or greater of the entity must comply with the identification requirements set out under “Individual/Joint Applications”.

You must also provide an original certified* true copy of executed documents of formation (e.g. partnership agreement, constitution) with any subsequent amendments.

Sections to complete:

- ✓ Section 4
- ✓ Section 5 (as relevant)
- ✓ Section 6 (as relevant)
- ✓ Section 7 (as relevant)
- ✓ Section 9
- ✓ Section 10
- ✓ Section 11
- ✓ Section 12 (as relevant)
- ✓ Signature Page 17

* Certification must either be on each page or you must have the following statement on the front page of the deed: “I hereby certify that this and the following (insert page numbers) pages are a true and correct copy of the original document.” The person certifying must include their full name, date and capacity in which they are certifying the document.

The easiest way to certify your document is to either visit our office in person (where we will sight the documents free of charge), or visit an Australia Post outlet where they can be certified and posted to our office. For a full list of who can certify, visit www.morganstanley.com.au.

INTERNAL USE ONLY

ADVISER NAME

ADVISER PHONE NUMBER

ACCOUNT NAME

Application Form

INDIVIDUAL/JOINT/COMPANY/TRUSTEE/EXECUTOR

DESIGNATION E.G.: SMITH SUPERANNUATION FUND

POSTAL ADDRESS FOR ACCOUNT (THIS ADDRESS WILL BE USED FOR ALL FUTURE CORRESPONDENCE FROM MORGAN STANLEY)

SUBURB

STATE

POSTCODE

COUNTRY

REGISTRATION ADDRESS FOR ACCOUNT (FOR CORRESPONDENCE FROM SHARE REGISTRIES)

SUBURB

STATE

POSTCODE

COUNTRY

CURRENT USER NAME FOR MORGAN STANLEY WEBSITE

Is any applicant, director, authorised representative or beneficiary named in this application form an employee of Morgan Stanley? Yes No

If Yes, please provide MSID: _____

Section 1 – Individual or Joint Applicants

First Applicant

Title: Mr. Mrs. Ms. Miss Dr. Other: _____

GIVEN NAMES (DO NOT USE INITIALS)

SURNAME

CURRENT RESIDENTIAL ADDRESS (CANNOT BE A PO BOX)

 TICK IF SAME AS POSTAL ADDRESS ABOVE TICK IF SAME AS REGISTRATION ADDRESS ABOVE

SUBURB

STATE

POSTCODE

COUNTRY

DATE OF BIRTH

TFN (OR EXEMPTION IF APPLICABLE)

COUNTRY/IES OF CITIZENSHIP

COUNTRY OF BIRTH

Marital Status: Single Married Widowed De Facto Divorced

Number of Dependents: _____

OCCUPATION (FORMER, IF RETIRED)

NAME OF EMPLOYER

INDUSTRY

Are you retired Yes No

If no, what year do you expect to retire: _____

Contact

WORK PHONE

HOME PHONE

FAX

MOBILE PHONE

EMAIL ADDRESS

Have either you, an immediate family member, or a close associate, ever been entrusted with a prominent public role or function (e.g. a senior official in the executive, legislative, military, administrative or judicial branches of government, a senior executive of a government enterprise/agency, or a member of a ruling royal family)? Yes No

Second Applicant (if Applicable)

Title: Mr. Mrs. Ms. Miss Dr. Other: _____

GIVEN NAMES (DO NOT USE INITIALS)

SURNAME

CURRENT RESIDENTIAL ADDRESS (CANNOT BE A PO BOX)

TICK IF SAME AS POSTAL ADDRESS ABOVE

TICK IF SAME AS REGISTRATION ADDRESS ABOVE

SUBURB

STATE

POSTCODE

COUNTRY

DATE OF BIRTH

TFN (OR EXEMPTION IF APPLICABLE)

COUNTRY/IES OF CITIZENSHIP

COUNTRY OF BIRTH

Marital Status: Single Married Widowed De Facto Divorced Number of Dependents: _____

OCCUPATION (FORMER, IF RETIRED)

NAME OF EMPLOYER

INDUSTRY

Are you retired Yes No If no, what year do you expect to retire: _____

Contact

WORK PHONE

HOME PHONE

FAX

MOBILE PHONE

EMAIL ADDRESS

Have either you, an immediate family member, or a close associate, ever been entrusted with a prominent public role or function (e.g. a senior official in the executive, legislative, military, administrative or judicial branches of government, a senior executive of a government enterprise/agency, or a member of a ruling royal family)? Yes No

Third Applicant (if Applicable)

Title: Mr. Mrs. Ms. Miss Dr. Other: _____

GIVEN NAMES (DO NOT USE INITIALS)

SURNAME

CURRENT RESIDENTIAL ADDRESS (CANNOT BE A PO BOX)

TICK IF SAME AS POSTAL ADDRESS ABOVE

TICK IF SAME AS REGISTRATION ADDRESS ABOVE

SUBURB

STATE

POSTCODE

COUNTRY

DATE OF BIRTH

TFN (OR EXEMPTION IF APPLICABLE)

COUNTRY/IES OF CITIZENSHIP

COUNTRY OF BIRTH

Marital Status: Single Married Widowed De Facto Divorced Number of Dependents: _____

OCCUPATION (FORMER, IF RETIRED)

NAME OF EMPLOYER

INDUSTRY

Are you retired Yes No If no, what year do you expect to retire: _____

Contact

WORK PHONE

HOME PHONE

FAX

MOBILE PHONE

EMAIL ADDRESS

Have either you, an immediate family member, or a close associate, ever been entrusted with a prominent public role or function (e.g. a senior official in the executive, legislative, military, administrative or judicial branches of government, a senior executive of a government enterprise/agency, or a member of a ruling royal family)? Yes No

For additional applicants, please complete the "Additional Applicant/Signatory Form" on page 21.

Section 2 – Company Applicants, Incorporated Associations and Bodies

Type of company: Public Private

COMPANY NAME (AS REGISTERED BY GOVERNMENT BODY E.G. ASIC OR FOREIGN)

COUNTRY OF INCORPORATION

COUNTRY OF REGISTRATION

BUSINESS REGISTRATION NUMBER (ACN/ABN, ARBN OR FOREIGN)

TFN (OR EXEMPTION IF APPLICABLE)

REGISTERED OFFICE ADDRESS (CANNOT BE A PO BOX) TICK IF SAME AS POSTAL ADDRESS ABOVE TICK IF SAME AS REGISTRATION ADDRESS ABOVE

SUBURB

STATE

POSTCODE

COUNTRY

PRINCIPAL PLACE OF BUSINESS (IF FOREIGN ASIC-REGISTERED COMPANY, AGENT NAME & ADDRESS IN AUSTRALIA) TICK IF SAME AS POSTAL ADDRESS ABOVE TICK IF SAME AS REGISTRATION ADDRESS ABOVE

SUBURB

STATE

POSTCODE

COUNTRY

COMPANY BUSINESS ACTIVITY

1. Director/Officeholder Details

Title: Mr. Mrs. Ms. Miss Dr. Other: _____

GIVEN NAMES (DO NOT USE INITIALS)

SURNAME

CURRENT RESIDENTIAL ADDRESS (CANNOT BE A PO BOX) TICK IF SAME AS POSTAL ADDRESS ABOVE TICK IF SAME AS REGISTRATION ADDRESS ABOVE

SUBURB

STATE

POSTCODE

COUNTRY

OCCUPATION (FORMER, IF RETIRED)

NAME OF EMPLOYER

INDUSTRY

DATE OF BIRTH

COUNTRY/IES OF CITIZENSHIP

COUNTRY OF BIRTH

Contact

WORK PHONE

HOME PHONE

FAX

MOBILE PHONE

EMAIL ADDRESS

Have either you, an immediate family member, or a close associate, ever been entrusted with a prominent public role or function (e.g. a senior official in the executive, legislative, military, administrative or judicial branches of government, a senior executive of a government enterprise/agency, or a member of a ruling royal family)? Yes No

2. Director/Company Secretary/Officeholder Details

Title: Mr. Mrs. Ms. Miss Dr. Other: _____

GIVEN NAMES (DO NOT USE INITIALS) SURNAME

CURRENT RESIDENTIAL ADDRESS (CANNOT BE A PO BOX) TICK IF SAME AS POSTAL ADDRESS ABOVE TICK IF SAME AS REGISTRATION ADDRESS ABOVE

SUBURB STATE POSTCODE COUNTRY

OCCUPATION (FORMER, IF RETIRED) NAME OF EMPLOYER INDUSTRY

DATE OF BIRTH

COUNTRY/IES OF CITIZENSHIP COUNTRY OF BIRTH

Contact

WORK PHONE HOME PHONE FAX

MOBILE PHONE EMAIL ADDRESS

Have either you, an immediate family member, or a close associate, ever been entrusted with a prominent public role or function (e.g. a senior official in the executive, legislative, military, administrative or judicial branches of government, a senior executive of a government enterprise/agency, or a member of a ruling royal family)? Yes No

For Incorporated Associations and Bodies

Please provide the full name and date of birth for each of the officeholders below

Chairman

GIVEN NAME(S), SURNAME DATE OF BIRTH Politically Exposed Person (PEP)*

Yes No

Secretary

GIVEN NAME(S), SURNAME DATE OF BIRTH Politically Exposed Person (PEP)*

Yes No

Treasurer

GIVEN NAME(S), SURNAME DATE OF BIRTH Politically Exposed Person (PEP)*

Yes No

Additional Director Details

For all Private/Proprietary companies with greater than two directors, provide names of additional directors. If any of these directors will be a signatory on the account, please complete the "Additional Applicant/Signatory Form" on page 21.

Given Name(s), Surname Date of Birth Politically Exposed Person (PEP)*

 Yes No

 Yes No

 Yes No

 Yes No

**Have either you, an immediate family member, or a close associate, ever been entrusted with a prominent public role or function (e.g. a senior official in the executive, legislative, military, administrative or judicial branches of government, a senior executive of a government enterprise/agency, or a member of a ruling royal family)?*

Beneficial Owners

Is Director 1 a Beneficial Owner who ultimately controls or owns (directly or indirectly) 25% or greater of the entity? Yes No

Is Director 2 a Beneficial Owner who ultimately controls or owns (directly or indirectly) 25% or greater of the entity? Yes No

For Beneficial Owners (other than those that may be detailed above) who ultimately controls or owns (directly or indirectly) 25% or greater of the entity, please complete the “Beneficial Owner Form” on page 19.

If the issued capital is held for the underlying beneficial owner by a nominee shareholder, a statement which details the underlying beneficial ownership must be attached and the underlying beneficial owner must comply with the identification requirements set out under “Individual/Joint Applications”. Please complete the “Beneficial Owner Form” on page 19.

Section 3 – Superannuation Fund, Trust, Estate or Minor

(Trustee or Guardian details should be completed in Sections 1 or 2, as relevant.)

Type of Trust: Charitable Family Minor Superannuation Fund
 Estate Foreign Other _____

 FULL NAME OF TRUST OR ACCOUNT DESIGNATION (E.G.: SMITH SUPERANNUATION FUND)

 NAME OF APPLICANT(S) ACTING AS TRUSTEE

 COUNTRY ESTABLISHED

 NAME OF SETTLOR
 POLITICALLY EXPOSED PERSON (PEP)* YES NO

 TFN (OF TRUST, ENTITY OR EXEMPTION IF APPLICABLE)

 ABN

Trusts, including superannuation funds, must supply an original certified copy or certified extract of the Trust Deed with subsequent amendments, which identifies the name of the Trust, name of the Trustees, the country where the trust was established and creation date, the Settlor, the beneficiaries or class of beneficiaries, and the execution page of all parties.

A protector, appointer or beneficiary of a trust that is exercising ultimate effective control over the trust must comply with the identification requirements set out under “Individual/Joint Applications”. Please complete the “Beneficial Owner Form” on page 19.

Beneficiaries of the Trust

Given Name(s), Surname	Date of Birth	Politically Exposed Person (PEP)*
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Have either you, an immediate family member, or a close associate, ever been entrusted with a prominent public role or function (e.g. a senior official in the executive, legislative, military, administrative or judicial branches of government, a senior executive of a government enterprise/agency, or a member of a ruling royal family)?*

Section 4 – All Other Applicants

Please select one of the following:

- Partnership Registered Co-ops Unincorporated Association or Body
 Australian Government Body Foreign Government Body

FULL NAME/ACCOUNT DESIGNATION

COUNTRY ESTABLISHED

NAME OF REGULATOR

BUSINESS REGISTRATION NUMBER (IF APPLICABLE: ACN/ABN/ARBN OR FOREIGN)

TFN (OR EXEMPTION IF APPLICABLE)

REGISTERED OFFICE ADDRESS (CANNOT BE A PO BOX)

TICK IF SAME AS POSTAL ADDRESS ABOVE

TICK IF SAME AS REGISTRATION ADDRESS ABOVE

SUBURB

STATE

POSTCODE

COUNTRY

PRINCIPAL PLACE OF BUSINESS (IF DIFFERENT TO THE REGISTERED ADDRESS)

TICK IF SAME AS POSTAL ADDRESS ABOVE

TICK IF SAME AS REGISTRATION ADDRESS ABOVE

SUBURB

STATE

POSTCODE

COUNTRY

COMPANY BUSINESS ACTIVITY

For Registered Co-op or Unincorporated Body

Please provide the full name and date of birth for each of the officeholders below

Chairman

Politically Exposed Person (PEP)*

GIVEN NAME(S), SURNAME

DATE OF BIRTH

Yes No

Secretary

GIVEN NAME(S), SURNAME

DATE OF BIRTH

Yes No

Treasurer

GIVEN NAME(S), SURNAME

DATE OF BIRTH

Yes No

**Have either you, an immediate family member, or a close associate, ever been entrusted with a prominent public role or function (e.g. a senior official in the executive, legislative, military, administrative or judicial branches of government, a senior executive of a government enterprise/agency, or a member of a ruling royal family)?*

Officeholder 1/Applicant 1

Title: Mr. Mrs. Ms. Miss Dr. Other: _____

GIVEN NAMES (DO NOT USE INITIALS) SURNAME

CURRENT RESIDENTIAL ADDRESS (CANNOT BE A PO BOX) TICK IF SAME AS POSTAL ADDRESS ABOVE TICK IF SAME AS REGISTRATION ADDRESS ABOVE

SUBURB STATE POSTCODE COUNTRY

OCCUPATION (FORMER, IF RETIRED) NAME OF EMPLOYER INDUSTRY

DATE OF BIRTH

COUNTRY/IES OF CITIZENSHIP COUNTRY OF BIRTH

Contact

WORK PHONE HOME PHONE FAX

MOBILE PHONE EMAIL ADDRESS

Have either you, an immediate family member, or a close associate, ever been entrusted with a prominent public role or function (e.g. a senior official in the executive, legislative, military, administrative or judicial branches of government, a senior executive of a government enterprise/agency, or a member of a ruling royal family)? Yes No

Officeholder 2/Applicant 2

Title: Mr. Mrs. Ms. Miss Dr. Other: _____

GIVEN NAMES (DO NOT USE INITIALS) SURNAME

CURRENT RESIDENTIAL ADDRESS (CANNOT BE A PO BOX) TICK IF SAME AS POSTAL ADDRESS ABOVE TICK IF SAME AS REGISTRATION ADDRESS ABOVE

SUBURB STATE POSTCODE COUNTRY

OCCUPATION (FORMER, IF RETIRED) NAME OF EMPLOYER INDUSTRY

DATE OF BIRTH

COUNTRY/IES OF CITIZENSHIP COUNTRY OF BIRTH

Contact

WORK PHONE HOME PHONE FAX

MOBILE PHONE EMAIL ADDRESS

Have either you, an immediate family member, or a close associate, ever been entrusted with a prominent public role or function (e.g. a senior official in the executive, legislative, military, administrative or judicial branches of government, a senior executive of a government enterprise/agency, or a member of a ruling royal family)? Yes No

Section 5 – Authorised Representatives

By appointing an authorised representative, you agree Morgan Stanley Wealth Management may discuss your account with that person, and may take instructions for the purchase and sale of securities from that person.

Authorised Representative 1

Title: Mr. Mrs. Ms. Miss Dr. Other: _____

GIVEN NAMES (DO NOT USE INITIALS)

SURNAME

CURRENT RESIDENTIAL ADDRESS (CANNOT BE A PO BOX)

TICK IF SAME AS POSTAL ADDRESS ABOVE

TICK IF SAME AS REGISTRATION ADDRESS ABOVE

SUBURB

STATE

POSTCODE

COUNTRY

DATE OF BIRTH

RELATIONSHIP TO APPLICANT

COUNTRY/IES OF CITIZENSHIP

COUNTRY OF BIRTH

Contact

WORK PHONE

HOME PHONE

FAX

MOBILE PHONE

EMAIL ADDRESS

Have either you, an immediate family member, or a close associate, ever been entrusted with a prominent public role or function (e.g. a senior official in the executive, legislative, military, administrative or judicial branches of government, a senior executive of a government enterprise/agency, or a member of a ruling royal family)? Yes No

Authorised Representative 2

Title: Mr. Mrs. Ms. Miss Dr. Other: _____

GIVEN NAMES (DO NOT USE INITIALS)

SURNAME

CURRENT RESIDENTIAL ADDRESS (CANNOT BE A PO BOX)

TICK IF SAME AS POSTAL ADDRESS ABOVE

TICK IF SAME AS REGISTRATION ADDRESS ABOVE

SUBURB

STATE

POSTCODE

COUNTRY

DATE OF BIRTH

RELATIONSHIP TO APPLICANT

COUNTRY/IES OF CITIZENSHIP

COUNTRY OF BIRTH

Contact

WORK PHONE

HOME PHONE

FAX

MOBILE PHONE

EMAIL ADDRESS

Have either you, an immediate family member, or a close associate, ever been entrusted with a prominent public role or function (e.g. a senior official in the executive, legislative, military, administrative or judicial branches of government, a senior executive of a government enterprise/agency, or a member of a ruling royal family)? Yes No

Section 6 – Trade Confirmations and Website Access

If you provide an email address for an account holder on the application form, trade confirmations will be sent to you electronically. If you do not provide an email address, we will send trade confirmations to the postal address provided.

If you wish to receive both electronic and physical trade confirmations, please tick.

Additional recipients for electronic trade confirmations (i.e. Accountant).

ADDITIONAL EMAIL ADDRESS

ADDITIONAL EMAIL ADDRESS

Website Access

The Morgan Stanley website provides you with online access to portfolio holdings, market data and the latest research from our affiliates.

If you wish to opt out of this service, please tick this box.

Section 7 – Sponsorship

Select one of the following options

Transfer your CHESSE Sponsorship (HIN) from another broker

By ticking this box, you appoint Morgan Stanley Wealth Management as your agent and attorney to transfer your existing CHESSE sponsorship to Morgan Stanley Wealth Management. By doing so, you acknowledge that you have read and understood the Sponsorship Agreement contained in Morgan Stanley Wealth Management's General Terms of Business and you agree to be bound by, and comply with it.

NAME OF EXISTING BROKER

YOUR EXISTING HIN

New CHESSE sponsorship (HIN)

Tick this box if you would like Morgan Stanley Wealth Management to establish a new CHESSE sponsorship and act as your CHESSE sponsoring broker. By doing so, you acknowledge that you have read and understood the Sponsorship Agreement contained in Morgan Stanley Wealth Management's General Terms of Business and you agree to be bound by, and comply with it.

Transfer to CHESSE sponsorship from issuer sponsorship

If you would like to transfer issuer sponsorship holdings to CHESSE sponsored holdings with Morgan Stanley Wealth Management acting as your CHESSE broker, please tick the box. By doing so, you acknowledge that you have read and understood the Sponsorship Agreement contained in Morgan Stanley Wealth Management's General Terms of Business and you agree to be bound by, and comply with it.

For all sponsorship transfers, please attach a copy of your current account statement, holdings statement or a completed transmission form which details all your current holdings.

Settle with external provider

If settlement is through an external provider (DVP) please provide: _____

PID

HIN/EXTERNAL PARTY REFERENCE

Change of trustee (for existing account holders)

Please transfer all stock from:

ACCOUNT NO.

Once all stock is transferred, please cancel HIN and close account.

Electronic Receipt of Company Announcements

Please tick 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.

EMAIL ADDRESS

Section 8 – Tax File Number (TFN)

Morgan Stanley Wealth Management is able to automatically lodge your tax file number or tax file exemption details with share registries when you purchase ASX listed securities via a share trading account sponsored by Morgan Stanley Wealth Management. To arrange this service please provide TFN details within the relevant section of the application form.

In doing so you:

- provide the tax file number or exemption detailed in the relevant section to Morgan Stanley Wealth Management in connection with the sponsorship agreement with Morgan Stanley Wealth Management executed by you;
- appoint Morgan Stanley Wealth Management as your agent and authorise them to provide your TFN to all investment bodies with whom Morgan Stanley Wealth Management acts on your behalf.

Application of TFN to other investments

You request and authorise Morgan Stanley Wealth Management to apply your TFN to any investment or account which you may in future make or open with or through Morgan Stanley Wealth Management or related company to which your TFN may be lawfully applied.

This authority will apply until such time as it is revoked in writing to Morgan Stanley Wealth Management.

This authority will apply to new investments from the date the form is processed by Morgan Stanley Wealth Management.

Morgan Stanley Wealth Management will provide your TFN details to registries for existing share holdings sponsored by Morgan Stanley Wealth Management.

Section 9 – Direct Debit and Credit Authority

Linking a bank account to fund transactions, pay applicable fees and charges, and receive proceeds from sale transactions is a requirement of Morgan Stanley Wealth Management.

Your nominated bank accounts must be in the same name as your Morgan Stanley Wealth Management account. By providing these details you authorise Morgan Stanley Wealth Management to debit and credit all payments from and to your designated account/s.

To nominate a bank account in joint names to an account held individually at Morgan Stanley Wealth Management, we require the joint bank account holder to provide original certified identification documents and sign the form below. By signing below joint bank account holders acknowledge they have read Morgan Stanley Wealth Management's Privacy Policy at www.morganstanley.com.au/privacypolicy.

Details of account to be debited

ACCOUNT NAME

FINANCIAL INSTITUTION

BRANCH

BRANCH NO. (BSB)

ACCOUNT NO.

SIGNATURE OF JOINT BANK ACCOUNT HOLDER (WHERE MORGAN STANLEY WEALTH MANAGEMENT ACCOUNT IS NOT IN JOINT NAMES)

Please complete the below section if you would like to nominate a different bank account for direct credits. If you do not nominate a different account below, the above account will be used for all direct debits and credits.

Alternate bank account for credits

ACCOUNT NAME

FINANCIAL INSTITUTION

BRANCH

BRANCH NO. (BSB)

ACCOUNT NO.

SIGNATURE OF JOINT BANK ACCOUNT HOLDER (WHERE MORGAN STANLEY WEALTH MANAGEMENT ACCOUNT IS NOT IN JOINT NAMES)

Direct Credit of dividend and interest payments

(applicable if Morgan Stanley Wealth Management will act as your CHESS sponsoring broker)

- Please tick the box if you wish to authorise Morgan Stanley Wealth Management to lodge your Direct Credit bank account details with the 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 11 – Account Profile

Your financial adviser is required to take into account personal information when preparing recommendations for you. By supplying the following information your financial adviser will be able to give you personal financial product recommendations that are appropriate to your investment objectives, financial situation and particular needs. If you do not provide this information, any advice provided to you will be general advice. *We recommend that you provide this information.*

Please ensure your financial adviser is kept informed of any material changes to the information you have supplied.

Reason(s) for seeking advice

- | | | |
|---|--|---|
| <input type="checkbox"/> ASX Securities investment advice | <input type="checkbox"/> Build wealth | <input type="checkbox"/> Fund retirement |
| <input type="checkbox"/> Diversify investments | <input type="checkbox"/> Charitable giving | <input type="checkbox"/> Comprehensive financial plan |
| <input type="checkbox"/> Superannuation strategies | <input type="checkbox"/> Estate planning | <input type="checkbox"/> Retirement planning |
| <input type="checkbox"/> Ensure adequate insurance cover | <input type="checkbox"/> Financing solutions | <input type="checkbox"/> Other _____ |

Asset classes you are willing to invest in

- Cash Fixed Income Property Securities Domestic Shares International Shares Alternatives

Investment time horizon (select one)

- 1-3 years 3-5 years 5-7 years 7-10 years 10+ years

Income requirement (select one)

To what extent do you currently rely on income from your investments for living expenses?

- Not at all Partially Substantially Entirely

When do you expect you will rely, either entirely or substantially, on your investment income for living expenses?

- Never Currently Reliant Year _____

Investment objectives and risk tolerance (select one)

Select one of the following combinations to specify your risk tolerance and primary investment objective.

Refer to the definitions below for guidance.

Risk Tolerance	Primary Investment Objective	
Low (Conservative)	Conservation of capital	<input type="checkbox"/>
Low (Conservative)	Income	<input type="checkbox"/>
Low (Conservative)	Income and long-term capital growth	<input type="checkbox"/>
Moderate	Income	<input type="checkbox"/>
Moderate	Income and long-term capital growth	<input type="checkbox"/>
High (Aggressive)	Income and long-term capital growth	<input type="checkbox"/>
High (Aggressive)	Short-term trading / Speculative capital gain	<input type="checkbox"/>

Risk Tolerance

Low (Conservative): You are more concerned with preserving capital than maximising gains and can tolerate infrequent, very moderate negative returns through a market cycle.

Moderate: You understand that pursuing higher returns means that you may have to tolerate periods of negative returns through difficult phases in a market cycle.

High (Aggressive): Your main objective is maximising capital gains and you can tolerate a sustained period of negative returns through difficult phases of a financial market cycle.

Investment Objective

Conservation of capital: You seek to minimise the probability of loss of capital over time by investing in relatively liquid instruments with limited price fluctuations. Typically, the portfolio will consist of investments including cash and fixed income (no equities).

Income: You wish to invest in investments which provide current income in the form of interest or dividends. These investments may be subject to market price fluctuations.

Income and long-term capital growth: You seek to achieve growth of capital over time; associated income generation may also be important. You may experience fluctuations in returns with the possibility of negative returns through difficult phases of a market cycle.

Short-term trading / Speculative capital gain: You seek to achieve a high rate of capital growth. Income is not a consideration. You may experience fluctuations in returns and an increased possibility of negative returns through difficult phases of a market cycle.

Knowledge and experience

Knowledge and experience in asset classes and products are key considerations in determining which investments we consider suitable for you. Refer to the definitions below for guidance.

	None	Minimal	Moderate	Extensive
Equities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fixed Income (Hybrids, Bonds)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managed Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exchange Traded Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Derivatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
International Securities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

None: You have no experience whatsoever regarding this type of investment and therefore have a limited appreciation of the risks and possible losses that could be attributable to trading this product type.

Minimal: You have a very basic understanding and level of experience regarding this type of investment such that the product’s risks are unlikely to be fully appreciated. You have less than two years of experience in trading these products.

Moderate: You have a good understanding and level of experience regarding this type of investment. You understand the product’s key economic features and have a good appreciation for the risks involved in trading this product. You have more than two years of experience in trading these products.

Extensive: You are very experienced and can be considered knowledgeable in trading this product type. You are fully aware of the risks and rewards associated with trading this product. You have more than five years of experience in trading these products.

Investment interests

- Blue Chip
- Industrials
- Resources
- Gold
- Property Securities
- Hybrids
- New Listings
- Franked Dividends
- Small Cap.
- International Shares
- Options
- Warrants
- Fixed Income
- Managed Funds
- Managed Investments
- Margin Lending

Existing investments

- Cash
- Managed Funds
- Fixed Income
- Options/Warrants
- Property Securities
- Superannuation
- Domestic Shares
- Property
- International Shares
- Other _____

Please note any other relevant circumstances we should take into consideration when providing you with advice

- You may choose not to complete this account profile. In this event, please tick this box to acknowledge that you have decided not to provide information about your current financial situation and investment objectives and you understand that we are unable to provide you with personal advice. You will only receive general or factual information that is provided as general advice and may not be appropriate to your needs.

Section 12 – Personal Data

You agree that all information (including personal information) relating to you, your accounts, investments or transactions and/or your relationship with Morgan Stanley Wealth Management may be collected, held, used and disclosed for such purposes and to such persons (whether in or outside your jurisdiction of domicile or ordinary residence) in accordance with Clause 20 of the General Terms of Business and the Privacy Policy which is available at www.morganstanley.com.au/privacypolicy.

Direct Marketing

As part of our service to you, we may use personal information we have collected about you to identify a product or service that may benefit you. We may contact you from time to time to tell you about new or existing products and services. We may also disclose your personal information to our associated firms to enable them or us to tell you about a product or service.

Opt-out from use of your personal data in direct marketing

You should tick this box if you do not want us (or our associated firms) to contact you in respect of any financial products or services offered by us or by our associated firms that may be of particular interest to you.

Note – If you do not want us or our associated firms to contact you in respect of any financial products or services that we believe may be of particular interest to you, we may need to limit the range of products and services we or our associated firms offer to you.

The above represents your present choice whether or not to receive direct marketing contact or information. This replaces any choice communicated by you to us prior to this application. If at any time you wish to change your choices for direct marketing, you may send us your written request to the office where your Morgan Stanley financial adviser works.

Overseas Disclosure

You acknowledge and agree that in accordance with Clause 20 of the General Terms of Business, we may disclose your information (including your personal information) to our associated firms, vendors or other persons processing your information on our behalf (e.g. credit reporting agencies). Disclosure to these entities may involve the disclosure of your information outside Australia to countries which do not offer the same level of protection as may be enjoyed in Australia.

The above represents your present consent to the overseas disclosure of your personal information. If at any time you wish to withdraw your consent, you may send us your written request to the office where your Morgan Stanley financial adviser works. However, please note that without such consent, we or our associated firms may need to limit the range of products and services we offer to you or we may not be able to continue our relationship with you.

Section 13 – Signature and Agreement

Execute the Application Form after you have read and understood the terms below.

By signing this Application Form, you agree, represent and warrant to Morgan Stanley Wealth Management that:

- All the information you have given in this Application Form is true and complete.
- You have read and understood Morgan Stanley Wealth Management's Financial Services Guide, General Terms of Business and Best Execution Policy Disclosure Statement, and agree to be bound by the General Terms of Business (as amended from time to time). The General Terms of Business form the basis of the agreement between you and Morgan Stanley Wealth Management.
- You have read and understood the Information Collection Statement on page 2 of this booklet including the Privacy Policy referenced in that statement and available at www.morganstanley.com.au/privacy-policy. You consent to the collection, use and disclosure of your information (including personal information) for such purposes and to such persons as set out in the Information Collection Statement and the Privacy Policy.
- You instruct Morgan Stanley Wealth Management to act as your CHESS sponsoring broker. By doing so you acknowledge that you have read and understood the Sponsorship Agreement contained in the General Terms of Business. You agree to be bound by and comply with the Sponsorship Agreement (as amended from time to time).
- You authorise Morgan Stanley Wealth Management to lodge direct credit bank account details for you 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.

- Directors Guarantee for company accounts: In consideration of Morgan Stanley Wealth Management opening the account at the request of the company named in Section 2 of the Application Form as the Company Applicant (“the Client”), you the undersigned hereby irrevocably guarantee to Morgan Stanley Wealth Management the payment to Morgan Stanley Wealth Management of each and all the sums of money, interest, damages, claims, fees and expenses which the Client either alone or jointly may become liable to pay to Morgan Stanley Wealth Management and the due and punctual performance and observance by the Client of each of the terms, conditions and obligations contained in each and every agreement or arrangement whatsoever including, but not limited to the terms identified above. This guarantee is a continuing guarantee and shall remain in force so long as any obligation of the Client to Morgan Stanley Wealth Management remains outstanding.
- You acknowledge that you will receive confirmation of your trading activities electronically.
- You acknowledge that communications that we send to you by way of email or other electronic means will not be encrypted.
- You acknowledge that Morgan Stanley Wealth Management is entitled to cancel or reverse a transaction or order without notice, where an Approved Market Operator, the ASX Group or ASIC has recommended or required cancellation for market integrity reasons, or where the market was operating under an error, or where cancellation or reversal is permitted under the Rules.
- You understand that disclosure of your/the applicant’s TFN is not compulsory, but if you do not provide your/the applicant’s TFN or exemption, then you may be subject to tax at the highest marginal rate plus Medicare Levy.
- You are not aware and have no reason to suspect that the monies used to fund your investment have been or will be derived from or related to any money laundering, terrorism financing or other illegal activities, whether prohibited under Australian law, international law or convention or by agreement or the proceeds of your investment will be used to finance any illegal activities.
- You understand it is your responsibility to be fully informed about any investment you consider for inclusion in your portfolio at all times.

Your signature must match the signature on your provided Primary ID.

For Individuals/Individual Trustees

SIGNATURE
NAME (PLEASE PRINT)
DATE

SIGNATURE
NAME (PLEASE PRINT)
DATE

SIGNATURE
NAME (PLEASE PRINT)
DATE

For Companies/Directors/Officeholders

If you are signing as a director of a company applicant, you are also signing below in your personal capacity as a guarantor. Please refer to “Directors Guarantee for company accounts” above.

DIRECTOR/OFFICE HOLDER SIGNATURE
NAME OF DIRECTOR/OFFICE HOLDER (PLEASE PRINT)
DATE

DIRECTOR/SECRETARY/OFFICE HOLDER SIGNATURE
NAME OF DIRECTOR/SECRETARY/OFFICE HOLDER (PLEASE PRINT)
DATE

Additional Beneficial Owner

Please complete for all beneficial owners, trustees, partners or members who ultimately control or own (directly or indirectly) 25% or greater of the issued capital, unit holding or distribution rights.

If the issued capital is held for the underlying beneficial owner by a nominee shareholder, a statement which details the underlying beneficial ownership must be attached and the underlying beneficial owner must comply with the identification requirements set out under "Individual/Joint Applications".

Beneficial Owner 1

Title: Mr. Mrs. Ms. Miss Dr. Other: _____

GIVEN NAMES (DO NOT USE INITIALS) SURNAME

CURRENT RESIDENTIAL ADDRESS (CANNOT BE A PO BOX)

SUBURB STATE POSTCODE COUNTRY

OCCUPATION (FORMER, IF RETIRED) NAME OF EMPLOYER INDUSTRY

DATE OF BIRTH

COUNTRY/IES OF CITIZENSHIP COUNTRY OF BIRTH

Contact

WORK PHONE HOME PHONE FAX

MOBILE PHONE EMAIL ADDRESS

Have either you, an immediate family member, or a close associate, ever been entrusted with a prominent public role or function (e.g. a senior official in the executive, legislative, military, administrative or judicial branches of government, a senior executive of a government enterprise/agency, or a member of a ruling royal family)? Yes No

Beneficial Owner 2

Title: Mr. Mrs. Ms. Miss Dr. Other: _____

GIVEN NAMES (DO NOT USE INITIALS) SURNAME

CURRENT RESIDENTIAL ADDRESS (CANNOT BE A PO BOX)

SUBURB STATE POSTCODE COUNTRY

OCCUPATION (FORMER, IF RETIRED) NAME OF EMPLOYER INDUSTRY

DATE OF BIRTH

COUNTRY/IES OF CITIZENSHIP COUNTRY OF BIRTH

Contact

WORK PHONE HOME PHONE FAX

MOBILE PHONE EMAIL ADDRESS

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Beneficial Owner 3

Title: Mr. Mrs. Ms. Miss Dr. Other: _____

GIVEN NAMES (DO NOT USE INITIALS) SURNAME

CURRENT RESIDENTIAL ADDRESS (CANNOT BE A PO BOX)

SUBURB STATE POSTCODE COUNTRY

OCCUPATION (FORMER, IF RETIRED) NAME OF EMPLOYER INDUSTRY

DATE OF BIRTH

COUNTRY/IES OF CITIZENSHIP COUNTRY OF BIRTH

Contact

WORK PHONE HOME PHONE FAX

MOBILE PHONE EMAIL ADDRESS

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Beneficial Owner 4

Title: Mr. Mrs. Ms. Miss Dr. Other: _____

GIVEN NAMES (DO NOT USE INITIALS) SURNAME

CURRENT RESIDENTIAL ADDRESS (CANNOT BE A PO BOX)

SUBURB STATE POSTCODE COUNTRY

OCCUPATION (FORMER, IF RETIRED) NAME OF EMPLOYER INDUSTRY

DATE OF BIRTH

COUNTRY/IES OF CITIZENSHIP COUNTRY OF BIRTH

Contact

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MOBILE PHONE EMAIL ADDRESS

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Additional Applicant/Signatory Form

Section 1 – Account Details

ACCOUNT NAME

FINANCIAL ADVISER

Section 2 – Additional Applicant/Signatory

Title: Mr. Mrs. Ms. Miss Dr. Other: _____

GIVEN NAMES (DO NOT USE INITIALS)

SURNAME

CURRENT RESIDENTIAL ADDRESS (CANNOT BE A PO BOX)

SUBURB

STATE

POSTCODE

COUNTRY

DATE OF BIRTH

TFN (OR EXEMPTION IF APPLICABLE)

COUNTRY/IES OF CITIZENSHIP

COUNTRY OF BIRTH

OCCUPATION (FORMER, IF RETIRED)

NAME OF EMPLOYER

INDUSTRY

Contact

WORK PHONE

HOME PHONE

FAX

MOBILE PHONE

EMAIL ADDRESS

UNLESS OTHERWISE INSTRUCTED, ELECTRONIC TRADE CONFIRMATIONS WILL BE SENT TO THE EMAIL ADDRESS NOTED ABOVE

Have either you, an immediate family member, or a close associate, ever been entrusted with a prominent public role or function (e.g. a senior official in the executive, legislative, military, administrative or judicial branches of government, a senior executive of a government enterprise/agency, or a member of a ruling royal family)? Yes No

Is any applicant, authorised representative or beneficiary named in this application form an employee of Morgan Stanley? Yes No If Yes, please provide MSID: _____

Your signature must match the signature on your provided Primary ID.

By signing below, you acknowledge that you have read, understood and agree to the representations, warranties and agreements contain in Section 13 of this form.

SIGNATURE OF ADDITIONAL APPLICANT/SIGNATORY

DATE

Additional Applicant/Signatory Form

Section 1 – Account Details

ACCOUNT NAME

FINANCIAL ADVISER

Section 2 – Additional Applicant/Signatory

Title: Mr. Mrs. Ms. Miss Dr. Other: _____

GIVEN NAMES (DO NOT USE INITIALS)

SURNAME

CURRENT RESIDENTIAL ADDRESS (CANNOT BE A PO BOX)

SUBURB

STATE

POSTCODE

COUNTRY

DATE OF BIRTH

TFN (OR EXEMPTION IF APPLICABLE)

COUNTRY/IES OF CITIZENSHIP

COUNTRY OF BIRTH

OCCUPATION (FORMER, IF RETIRED)

NAME OF EMPLOYER

INDUSTRY

Contact

WORK PHONE

HOME PHONE

FAX

MOBILE PHONE

EMAIL ADDRESS

UNLESS OTHERWISE INSTRUCTED, ELECTRONIC TRADE CONFIRMATIONS WILL BE SENT TO THE EMAIL ADDRESS NOTED ABOVE

Have either you, an immediate family member, or a close associate, ever been entrusted with a prominent public role or function (e.g. a senior official in the executive, legislative, military, administrative or judicial branches of government, a senior executive of a government enterprise/agency, or a member of a ruling royal family)? Yes No

Is any applicant, authorised representative or beneficiary named in this application form an employee of Morgan Stanley? Yes No If Yes, please provide MSID: _____

Your signature must match the signature on your provided Primary ID.

By signing below, you acknowledge that you have read, understood and agree to the representations, warranties and agreements contain in Section 13 of this form.

SIGNATURE OF ADDITIONAL APPLICANT/SIGNATORY

DATE

Morgan Stanley Wealth Management

Morgan Stanley Wealth Management Australia Pty Ltd
ABN 19 009 145 555

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