

# Worksheet for Web and Voice-Response System Enrollment

(Do not send or mail this form to ADP.)



Enrolling in your Plan is easy. Just follow the instructions below. Please use this worksheet as a guide to enrolling on the Web and Voice-Response System. If you choose **not** to enroll at this time, sign the form on the reverse side and return to your **Plan Administrator**.

## Step I. Contribution Rate - How much do you want to save?

I will elect to contribute \_\_\_\_\_% (Enter whole percents). Deductions are subject to maximum deferral and contribution amounts.

- Yes, I want to elect Save Smart<sup>SM</sup> to automatically increase my before-tax contribution percent each year. (**Note: All 3 blanks below must be completed for a valid election.**) Increase my contribution rate by an additional \_\_\_\_\_ (enter one of the following options: 1, 2, or 3) percentage points each year on the first business day of \_\_\_\_\_ (enter month number, i.e., 01=January, 02=February, etc.) until my contribution rate reaches \_\_\_\_\_% (enter your desired maximum contribution rate, not to exceed the plan maximum of 50%).

## Step II. Investment Allocation - How do you want your money invested?

A. Percent must be expressed as a whole number (for example: 0%, 3%, 25%, 72%). Total must equal 100%.

RM	Morgan Stanley Liquid Asset Fund	_____%	W8	Van Kampen Growth and Income Fund - Class A	_____%
AW	Evergreen Core Bond Fund - Class A	_____%	DA	Morgan Stanley American Opportunities Fund - Class A	_____%
X1	AllianceBernstein Bond Fund, Inc. Corporate Bond Portfolio - Class A	_____%	DY	Morgan Stanley Growth Fund - Class A	_____%
R7	Morgan Stanley U.S. Government Securities Trust - Class A	_____%	DH	Morgan Stanley Developing Growth Securities Trust - Class A	_____%
W3	Van Kampen Equity and Income Fund - Class A	_____%	RK	Morgan Stanley International Fund - Class A	_____%
B1	AIM Basic Balanced Fund - Class A	_____%	RX	Morgan Stanley Special Value Fund - Class A	_____%
V5	Van Kampen Comstock Fund - Class A	_____%	O4	Oppenheimer International Growth Fund - Class A	_____%
RQ	Morgan Stanley S&P 500 Index Fund - Class A	_____%	V1	Van Kampen Aggressive Growth Fund - Class A	_____%

TOTAL 100%

- B.  Yes, I want to elect automatic Account Rebalancing to automatically reallocate my entire account balance on the last business day in June and December to match my most recent investment allocation designation.

## Step III. How to Enroll

- ↳ Please have your Social Security Number and Personal Identification Number (PIN) ready.



Log on to the Participant Web site (WEB) at [www.morganstanley.com/myretirement](http://www.morganstanley.com/myretirement) (if available)

OR



Call the Voice-Response System (VRS) at 1-800-mykplan (1-800-695-7526)

- ↳ Enrolling with no prior account balance:

To enroll for the first time, please use a "one-time" Personal Identification Number (PIN), which consists of the last four digits of your Social Security Number. A system-generated PIN is needed to perform any subsequent transactions. The PIN will be mailed to you within two business days, once you've successfully completed these steps. Once you receive the PIN, you have the option to customize it.

- ↳ Enrolling with an existing account balance:

Use your current four-digit PIN to enroll in the Plan if you have an existing account balance in your company's Plan due to a rollover/employer non-elective contribution. Choose the percentage of pay you wish to contribute by selecting a contribution rate and your desired investment allocation.

Once you have accessed your account through either the WEB or VRS, you will need to enter the information mentioned in Steps I and II of this form. A confirmation number will be issued and a confirmation letter will be sent to you within two business days.

Upon completion of the enrollment process, your beneficiary form should be returned to your Plan Administrator. It is important to keep this information up to date in the event of life changes.

***Congratulations ... you are now a Plan Participant!***

You should review the fund prospectuses before deciding on your investment choices. The prospectuses provide complete information about the funds, including fees and expenses. To obtain prospectuses, visit the Participant Web site (if available) or see your Plan Administrator.



Social Security #:  -  - Employee Name:   
Last, First, MiddleCurrent Marital Status:  Single  Married  Divorced  Legally separated or abandoned  
(must provide court order to Plan Administrator)**DO NOT SEND THIS FORM TO ADP**

## I. Beneficiary Instructions

The Beneficiary Designation Form is used to designate the recipient of your account balance upon your death. This form must be completed by all employees when completing the Enrollment Form or Rollover Form (if not previously enrolled).

**Section II.** A primary beneficiary must and a secondary beneficiary may be designated. If you are married, your spouse must be the sole primary beneficiary, unless your spouse approves otherwise and signs the waiver below. If the primary beneficiary(s) predeceases you, the secondary beneficiary(s) will receive the account balance. You must attach an additional beneficiary form(s), if you elect to designate more than two primary and/or more than two secondary beneficiaries. Please ensure all primary beneficiaries' benefit percentages total 100%. Also, ensure all secondary beneficiaries' benefit percentages total 100%. Please note that a Joint Primary Beneficiary can be the same person named as the secondary beneficiary. Sign and date the form upon completion.

**Section III.** If you are legally married and have chosen a primary beneficiary other than your spouse, Section III must be completed and notarized.

## II. Beneficiary Designation

### Primary Beneficiary

SSN#:  -  - SSN#:  -  - Name:   
Last, First, MiddleName:   
Last, First, MiddleAddress:   
Street Apt. # / PO Box #Address:   
Street Apt. # / PO Box #  
City, State, Zip  
City, State, ZipRelationship: Relationship: Birth Date:   %  
Month Day YearBirth Date:   %  
Month Day Year

### Secondary Beneficiary

SSN#:  -  - SSN#:  -  - Name:   
Last, First, MiddleName:   
Last, First, MiddleAddress:   
Street Apt. # / PO Box #Address:   
Street Apt. # / PO Box #  
City, State, Zip  
City, State, ZipRelationship: Relationship: Birth Date:   %  
Month Day YearBirth Date:   %  
Month Day Year

If none of my designated beneficiaries are living at the time of my death, or I have not designated a beneficiary, then any distribution of my plan accounts shall be payable to a default beneficiary or beneficiaries in accordance with the terms of the plan.

Signature of Employee/Participant

Date

## III. Spousal Consent (Do not complete if your spouse is the sole beneficiary)

I hereby consent to the above designation by my spouse of a beneficiary other than me under the Plan and I understand that my spouse's election is not valid unless I consent to it, and that my consent is irrevocable unless my spouse revokes the election. I have read the instructions above and understand that by consenting to the above designation, either (i) no benefit from the Plan will be payable to me upon my spouse's death or (ii) only a partial benefit from the Plan will be payable to me upon my spouse's death if a Joint Primary Beneficiary Designation was elected above.

Signature of Spouse

Date

### Acknowledgment of Witness:

I hereby acknowledge that \_\_\_\_\_, to me known personally, appeared before me on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ and subscribed his/her name above and acknowledged to me that he/she did so as his free and voluntary act and deed for the uses and purposes set forth in this beneficiary designation form.

Notary Public for the State/Commonwealth of: \_\_\_\_\_

My commission expires: \_\_\_\_\_ County of: \_\_\_\_\_

Affix Seal Here





