

## 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. Consult your tax and/or legal advisor before contributing to Morgan Stanley GIFT. You may obtain a copy of the Donor Circular at: [www.morganstanley.com/giving](http://www.morganstanley.com/giving).

2. Complete the following:

**A. Select One (Required)**  New Donor Account  Make Change to Existing Donor Account  
 Reallocations to Branch Access (only complete Section A,C,H,I)

**B. Select Account Type (Required)**  Standard Account  NextGen Account  Morgan Stanley Employee Account

**C. Select Investment Program (Required)**  Select UMA  Portfolio Management

**D. Timing of Funding Account**  Immediately  Future Funding (Trust/Will/Estate)

### A. 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

### B. 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 grant advisor, successor(s), and/or choices in Section E are unavailable.

### C. Donor Information (Required)

#### 1. Individual Donor or Joint Donors

**Donor 1**  Check box if Donor is also the Financial Advisor

Mr.  Mrs.  Ms.

FIRST NAME

MIDDLE INITIAL

LAST NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

HOME TELEPHONE

EMAIL ADDRESS

DATE OF BIRTH (MM/DD/YYYY)

**Donor 2**  Check box if Donor is also the Financial Advisor

Mr.  Mrs.  Ms.

FIRST NAME

MIDDLE INITIAL

LAST NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

HOME TELEPHONE

EMAIL ADDRESS

DATE OF BIRTH (MM/DD/YYYY)

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.

MORGAN STANLEY GLOBAL IMPACT FUNDING TRUST, INC. ("MORGAN STANLEY GIFT")  
DONOR CONTRIBUTION AGREEMENT  
(07/2024) CGPCDOCA



CGPCDOCA

NAO

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Branch No.

Account No.

FA/PWA No.

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**2. Trust, Corporation or Other Entity**

If the Primary Donor is a Trust or Entity, please complete every field in this section and include at least one primary Grant Advisor in Section D.

TAXPAYER ID NUMBER

TRUST/INCORPORATION DATE (MM/DD/YYYY)

FULL LEGAL NAME OF TRUST/CORPORATION/BUSINESS ENTITY

STREET ADDRESS

CITY

STATE

ZIP CODE

BUSINESS TELEPHONE

TRUSTEE/AUTHORIZED SIGNOR NAME, POSITION AT FIRM

EMAIL ADDRESS (TRUSTEE)

Note: Trustees will NOT have grant-making authority or access to the website unless also named a Grant Advisor in Section D.

**D. Name Grant Advisor(s) (Optional)**

Donors are grant advisors by default, so you do not need to name yourself as grant 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.

**1. Grant Advisor (Immediate grant-making authority)**

Mr.  Mrs.  Ms.

FIRST NAME

MIDDLE INITIAL

LAST NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

HOME TELEPHONE

EMAIL ADDRESS

DATE OF BIRTH (MM/DD/YYYY)

**2. Grant Advisor (Immediate grant-making authority)**

Mr.  Mrs.  Ms.

FIRST NAME

MIDDLE INITIAL

LAST NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

HOME TELEPHONE

EMAIL ADDRESS

DATE OF BIRTH (MM/DD/YYYY)

**3. Grant Advisor (Immediate grant-making authority)**

Mr.  Mrs.  Ms.

FIRST NAME

MIDDLE INITIAL

LAST NAME

STREET ADDRESS

CITY

STATE

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EMAIL ADDRESS

DATE OF BIRTH (MM/DD/YYYY)

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**4. Grant Advisor** (Immediate grant-making authority)

Mr.  Mrs.  Ms.

\_\_\_\_\_  
FIRST NAME MIDDLE INITIAL LAST NAME

\_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP CODE

\_\_\_\_\_  
HOME TELEPHONE EMAIL ADDRESS DATE OF BIRTH (MM/DD/YYYY)

Check this box if there are additional Grant Advisors/Successors (Complete an additional copy of this page)

**E. Successors and/or Remainder Beneficiary (Required)**

*You may name individual successors to succeed the other original donor(s) after the death or incapacity of all the original donor(s). If you prefer to have a specific charity receive any remaining assets in the account after the death or incapacity of all the original donors, please complete Remainder Beneficiary.*

**Successor Option:** *Upon the death or incapacity of the original donor(s), please select one of the following options (required if more than one successor) Successors will succeed as donors of the Donor Account, and share equal responsibility over the Donor Account. If multiple successors are assigned, they must act jointly; or Successor will split the Donor Account into separate and equal accounts.*

**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**):

**Select One Only**

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

**1. Successor**

Mr.  Mrs.  Ms.

\_\_\_\_\_  
FIRST NAME MIDDLE INITIAL LAST NAME

\_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP CODE

\_\_\_\_\_  
HOME TELEPHONE EMAIL ADDRESS DATE OF BIRTH (MM/DD/YYYY)

**2. Successor**

Mr.  Mrs.  Ms.

\_\_\_\_\_  
FIRST NAME MIDDLE INITIAL LAST NAME

\_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP CODE

\_\_\_\_\_  
HOME TELEPHONE EMAIL ADDRESS DATE OF BIRTH (MM/DD/YYYY)

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

- 1. *You and/or your grant advisor(s) fail to recommend a grant for five (5) consecutive years.*
- 2. *Your successor(s) fail(s) to recommend (upon your death) a grant for five (5) consecutive years.*
- 3. *These are no successor(s) designated or all designated successors are no longer available to serve as successors.*

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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 B for guidance. Please see the Donor Circular for additional details.

**Remainder Beneficiary 1**

OFFICIAL NAME OF CHARITABLE ORGANIZATION \_\_\_\_\_ PERCENTAGE OF FUND TO DISTRIBUTE IF NOT SPLIT EQUALLY \_\_\_\_\_  
FEDERAL IDENTIFICATION NUMBER OF CHARITABLE ORGANIZATION \_\_\_\_\_ BUSINESS TELEPHONE \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**Remainder Beneficiary 2**

OFFICIAL NAME OF CHARITABLE ORGANIZATION \_\_\_\_\_ PERCENTAGE OF FUND TO DISTRIBUTE IF NOT SPLIT EQUALLY \_\_\_\_\_  
FEDERAL IDENTIFICATION NUMBER OF CHARITABLE ORGANIZATION \_\_\_\_\_ BUSINESS TELEPHONE \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**Remainder Beneficiary 3**

OFFICIAL NAME OF CHARITABLE ORGANIZATION \_\_\_\_\_ PERCENTAGE OF FUND TO DISTRIBUTE IF NOT SPLIT EQUALLY \_\_\_\_\_  
FEDERAL IDENTIFICATION NUMBER OF CHARITABLE ORGANIZATION \_\_\_\_\_ BUSINESS TELEPHONE \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**Remainder Beneficiary 4**

OFFICIAL NAME OF CHARITABLE ORGANIZATION \_\_\_\_\_ PERCENTAGE OF FUND TO DISTRIBUTE IF NOT SPLIT EQUALLY \_\_\_\_\_  
FEDERAL IDENTIFICATION NUMBER OF CHARITABLE ORGANIZATION \_\_\_\_\_ BUSINESS TELEPHONE \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Check this box if there are additional Remainder Beneficiaries (Complete an additional copy of this page)

**F. Gift Information (Required)**

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

**1. Indicate the Contribution Source (Check All That Apply)**

Donor 1     Donor 2     Trust/Corp.     Donor-Advised Fund     Other (Private Foundation)

**2. Indicate Funding Source (Check All That Apply) (at least one must be selected)**

Cash     Securities     Donation from Other Vehicle     Complex Asset

**Cash**

**Cash Held in a Morgan Stanley Account**

\$ \_\_\_\_\_  
DOLLAR AMOUNT                      ACCOUNT NUMBER                      NAME(S) ON ACCOUNT: JOINT OR OTHER

**Cash Held in a Non-Morgan Stanley Account**

\$ \_\_\_\_\_  
DOLLAR AMOUNT                      NAME OF FINANCIAL INSTITUTION

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## G. 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 MSSB Financial Advisor may provide investment management, administrative or other services to Morgan Stanley GIFT. The Donor Account shall incur certain fees and expenses for such services, which are described in 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.

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<sup>®</sup> Program, and/or Portfolio Management Program, referenced in Section G 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 grant advisors, make no grant recommendations for a period of five years, the Board of Directors may terminate your, and your grant 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 B 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 MSSB Financial Advisor may provide liaison services between you, or your grant advisors, and Morgan Stanley GIFT from time to time. Your MSSB 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 MSSB Financial Advisor from having access to the Donor Account if the MSSB Financial Advisor is no longer employed by MSSB, its affiliates or subsidiaries.

## H. Acknowledgement and Signature (Required)

By signing below, each Donor referenced in Section C 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; and
4. The Donor Account shall be charged the applicable fees and expenses as set forth in the Donor Circular.
5. If contributing securities, then (i) the Donor’s Morgan Stanley Gift is permitted under, and will not result in any violation of, federal or state securities laws and regulations; (ii) the Donor's contribution is being made in full compliance with all policies that are applicable to the Donor’s ownership and transfer of securities, including any policies adopted by the Donor’s employer or the issuer of the contributed securities; and (iii) the Donor is not in possession of any material non-public information regarding the issuer of the securities being contributed and has not provided any such information to MS GIFT. The Donor further agrees that the Donor will not provide any material non-public information to MS GIFT or make any recommendation to MS GIFT based on such information.

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

DONOR NAME

\_\_\_\_\_

\_\_\_\_\_

DONOR SIGNATURE (SIGN IN THE BOX)

DATE (MM/DD/YYYY)

DONOR NAME

\_\_\_\_\_

\_\_\_\_\_

DONOR SIGNATURE (SIGN IN THE BOX)

DATE (MM/DD/YYYY)

**I. To Be Completed by Your Morgan Stanley Financial Advisor (Required)**

**Team Contact**

FIRST NAME

LAST NAME

OFFICE STREET ADDRESS

CITY

STATE

ZIP CODE

JPN NUMBER (BRANCH NO. AND FA NO.) E.G., 123-456

TEAM EMAIL ADDRESS

TELEPHONE NUMBER

FINANCIAL ADVISOR EMAIL ADDRESS

Check here if the FA team currently has other Morgan Stanley GIFT active accounts. FA Number(s) on other account(s)

Check here if the FA team is PWM

Check here if the FA team is Morgan Stanley Graystone

**Financial Advisor(s) or Support Team Member(s)**

List any additional Advisor(s) or Team Member(s) who need access to the Donor-Advised Fund website. Listed individuals may also enter grant recommendations on the donor's behalf with direction from the Donor.

Primary Financial Advisor  Financial Advisor  Support Team Member  Has Other MS GIFT DAF Accounts

FIRST NAME

LAST NAME

EMAIL ADDRESS

Primary Financial Advisor  Financial Advisor  Support Team Member  Has Other MS GIFT DAF Accounts

FIRST NAME

LAST NAME

EMAIL ADDRESS

Primary Financial Advisor  Financial Advisor  Support Team Member  Has Other MS GIFT DAF Accounts

FIRST NAME

LAST NAME

EMAIL ADDRESS

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\_\_\_\_\_

Primary Financial Advisor  Financial Advisor  Support Team Member  Has Other MS GIFT DAF Accounts

\_\_\_\_\_  
FIRST NAME LAST NAME EMAIL ADDRESS

Primary Financial Advisor  Financial Advisor  Support Team Member  Has Other MS GIFT DAF Accounts

\_\_\_\_\_  
FIRST NAME LAST NAME EMAIL ADDRESS

Primary Financial Advisor  Financial Advisor  Support Team Member  Has Other MS GIFT DAF Accounts

\_\_\_\_\_  
FIRST NAME LAST NAME EMAIL ADDRESS

Primary Financial Advisor  Financial Advisor  Support Team Member  Has Other MS GIFT DAF Accounts

\_\_\_\_\_  
FIRST NAME LAST NAME EMAIL ADDRESS

Primary Financial Advisor  Financial Advisor  Support Team Member  Has Other MS GIFT DAF Accounts

\_\_\_\_\_  
FIRST NAME LAST NAME EMAIL ADDRESS

**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 [MSImplementation@reninc.com](mailto:MSImplementation@reninc.com).