UTMA/UGMA Expense Distribution Request Form

I, _		, as Custodian of U7	MA/UGMA acco	ount number
	for the	benefit of	("]	ount number Minor") request the following
dis	tribution:			
D1.	ann ahaalt amar			
	ease check one:			
	Check	T C D + F		
	Wire Transfer (attach Wire			
	Transfer to Morgan Stanle	y Smith Barney Acc	ount Number:	·
Do	ollar Amount: \$	<u>. </u>		
Pa	yee Name and Address:			
•			1 01	1 4 (10)(1
	ertify that the distribution of		1 1	*
				a reimbursement of expenses
pre	eviously incurred for the ex	clusive use and bene	ent of the Minor.	
La	oraa on my ovyn bahalf and	on hahalf of the mi	nor to hold Morg	an Stanley Smith Barney and
	_		_	tructions. In addition, I agree
	1 2 1	5	_	, ,
	indemnify Morgan Stanley	-	any and an naon	ity for distributing these
ass	ets including from any claim	in by the inition.		
Th	is indemnity will he hindin	o on my successors	and assions and v	vill inure to the benefit of the
	ccessors and assigns of Mo		_	viii mare to the benefit of the
Suc	20055015 und u5515115 01 1410	igan stamey sintin	samey.	
	1' 0'			
Cu	stodian Signature		Date	

Morgan Stanley Smith Barney LLC. Member SIPC.

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