

Morgan Stanley Fair Fund
PO Box 9349
Dublin, OH 43017-4249



1 (855) 907-3235
www.MSFairFund.com

Must be
Postmarked
No Later Than
December 12, 2020



PROOF OF CLAIM FORM

TO BE ELIGIBLE TO SHARE IN THE PROCEEDS OF THE FAIR FUND, YOU MUST SUBMIT YOUR COMPLETED AND SIGNED PROOF OF CLAIM FORM TO THE FUND PLAN ADMINISTRATOR BY FIRST CLASS MAIL, POSTMARKED, OR IF NOT SENT BY U.S. MAIL, RECEIVED BY **DECEMBER 12, 2020**, TO THE ADDRESS SET FORTH AT THE TOP OF THIS PAGE.

IF YOU FAIL TO SUBMIT A TIMELY, PROPERLY ADDRESSED AND COMPLETED PROOF OF CLAIM FORM, YOUR CLAIM MAY BE REJECTED AND YOU MAY BE PRECLUDED FROM RECEIVING ANY PROCEEDS FROM THE FAIR FUND.

SUBMIT YOUR CLAIM ONLY TO THE FUND PLAN ADMINISTRATOR AT THE ADDRESS SET FORTH ABOVE.

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Important - This form should be completed IN CAPITAL LETTERS using BLACK or DARK BLUE ballpoint/fountain pen. Characters and marks used should be similar in the style to the following:

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 1 2 3 4 5 6 7 0



PART I - INVESTOR IDENTIFICATION

Claimant or Representative Contact Information:

The Fund Plan Administrator will use this information for all communications relevant to this Claim (including the check, if eligible for payment). If this information changes, you MUST notify the Fund Plan Administrator in writing at the address above.

Claimant Name(s) (as you would like the name(s) to appear on the check, if eligible for payment):

Grid for Claimant Name(s)

Street Address:

Grid for Street Address

City:

Grid for City

State: Zip Code: Country (if Other than U.S.):

Grid for State, Zip Code, and Country

Claimant Social Security Number/Taxpayer ID Number:

Grid for Social Security Number/Taxpayer ID Number

Account Number:

Grid for Account Number

Name of the Person you would like the Fund Plan Administrator to Contact Regarding This Claim (if different from the Claimant Name(s) listed above:):

Grid for Name of Contact Person

Daytime Telephone Number:

Grid for Daytime Telephone Number

Evening Telephone Number:

Grid for Evening Telephone Number

Email Address (Email address is not required, but if you provide it you authorize the Fund Plan Administrator to use it in providing you with information relevant to this claim.)

Grid for Email Address

NOTICE REGARDING ELECTRONIC FILES: Claimants with large numbers of transactions may request to, or may be requested to, submit information regarding their transactions in electronic files. To obtain the mandatory electronic filing requirements and file layout, you may visit the Morgan Stanley Fair Fund website at www.msfairfund.com or you may e-mail the Fund Plan Administrator at eclaim@epiqglobal.com. Any file not in accordance with the required electronic filing format will be subject to rejection. No electronic files will be considered to have been properly submitted unless the Fund Plan Administrator issues an email after processing your file with your claim numbers and respective account information. Do not assume that your file has been received or processed until you receive this email. If you do not receive an email within 10 days of your submission, you should contact the electronic filing department at eclaim@epiqglobal.com to inquire about your file and confirm it was received and acceptable.



PART II - INSTRUCTIONS FOR FILING PROOF OF CLAIM FORM

Your claim will be considered only upon compliance with all of the following conditions:

1. You must accurately complete all portions of this Proof of Claim Form.

NOTE: The Proof of Claim Form contains purchase schedules for the Eligible Certificates In the Matter of Morgan Stanley and Co. LLC; Morgan Stanley ABS Capital I Inc.; and Morgan Stanley Mortgage Capital Holdings LLC Administrative Proceeding File No. 3-15982. The term “Eligible Certificates” shall mean certificates in the NC4 and HE7 Trusts purchased during the Eligible Purchase Periods. You must carefully complete these schedules. Do not omit any potentially relevant information regarding your purchases of the certificates in the NC4 and HE7 Trusts. This information is necessary to determine your share of any distributions. If you cannot list all transactions in the spaces provided in the Proof of Claim Form, or if you believe that you must or should supply additional information with respect to any transaction, attach additional sheets to the Proof of Claim Form supplying the required information. You must be properly identified on each additional sheet of paper. The date of purchase is the “trade” or “contract” date, and not the “settlement” or “payment” date. The purchase price is the price paid excluding commissions or other expenses.

2. You must sign the Proof of Claim Form.

NOTE: If the Certificates were or are owned jointly, all joint owners must sign the Proof of Claim Form. Executors, administrators, guardians, conservators and trustees may complete and sign the Proof of Claim Form on behalf of persons or entities represented by them, but they must identify such persons or entities and provide proof of their authority (for example, currently effective letters testamentary or letters of administration) to complete and execute the Proof of Claim Form. Any Proof of Claim Form submitted by legal representatives of a claimant must be executed by all such representatives.

Separate Proof of Claim Forms should be submitted for each separate legal entity (for example, a claim form by joint owners should not include separate purchase transactions of just one of the joint owners, an individual should not combine his or her IRA purchase transactions with purchase transactions made solely in the individual’s name). Conversely, a single Proof of Claim Form should be submitted on behalf of one legal entity including all purchase transactions made by that entity no matter how many separate accounts that entity has (for example, a corporation with multiple brokerage accounts should include all purchases of Eligible Certificates during the Eligible Purchase Periods on one Proof of Claim Form, no matter how many accounts the purchases were made in).

3. You must attach to the Proof of Claim Form legible copies of broker confirmation slips, monthly brokerage statements or other satisfactory proof confirming your purchases of all Eligible Certificates. **IF ANY SUCH DOCUMENTS ARE NOT IN YOUR POSSESSION, PLEASE OBTAIN A COPY OR EQUIVALENT DOCUMENTS FROM YOUR BROKER BECAUSE THESE DOCUMENTS ARE NECESSARY TO PROVE AND PROCESS YOUR CLAIM.**

4. You must submit the completed and signed Proof of Claim Form and supporting documents by first-class mail, postage prepaid, postmarked or, if not sent by U.S. mail, received no later than December 12, 2020 to:

**Morgan Stanley Fair Fund
PO Box 9349
Dublin, OH 43017-4249
questions@msfairfund.com**

IF YOU FAIL TO SUBMIT A COMPLETE CLAIM POSTMARKED (OR IF NOT SENT BY U.S. MAIL, RECEIVED) BY DECEMBER 12, 2020 YOUR CLAIM IS SUBJECT TO REJECTION OR YOUR PAYMENT MAY BE DELAYED. So that you will have a record of the date of your mailing and its receipt by the Fund Plan Administrator, you are advised to use certified mail, return receipt requested. Please keep a copy of all documents that you send to the Fund Plan Administrator.



PART IV - RELEASE AND CERTIFICATION

The undersigned represents and certifies UNDER PENALTY OF PERJURY that:

- 1. I am (we are) not:
a) Any director or officer, or former director or officer, of Morgan Stanley or any of its past or present Affiliates who served in such capacity during the Eligible Purchase Periods...
b) Any employee of Morgan Stanley or of any of its past or present Affiliates who has been terminated for cause in connection with the violations alleged in the Commission's Complaint...
c) Any defendant in any action brought by the Commission or any class action lawsuit related to the conduct described in the Commission's Complaint...
d) Any person who, as of the Filing Deadline, has been the subject of criminal charges related to the violations alleged in the Commission's Complaint...
e) Any person who assigned their right to obtain a recovery in the Commission's action against Morgan Stanley;
f) Any assignee of another person's right to obtain a recovery in the Commission's action against Morgan Stanley, provided, however, that this provision shall not be construed to exclude those persons who obtained such a right by inheritance, devise, or operation of law; and/or
g) The Fund Plan Administrator, its employees, and those persons assisting the Fund Plan Administrator in its role as the Fund Plan Administrator, and those persons and their employees who are engaged to perform services pursuant to the plan.

2. If signing this Proof of Claim Form on behalf of a corporation, partnership or other business entity, I have the legal authority to act on its behalf and execute this Proof of Claim Form;

3. I understand that the Fund Plan Administrator may require additional information from me in order to validate or pay my claim, and I agree to provide any information requested by the Fund Plan Administrator for those purposes. If necessary, I authorize the Fund Plan Administrator to obtain and review any and all trading records relevant to my investments in the NC4 and HE7 Trusts from any brokerage firm or other entity that has possession of such records, and further consent to the release of such records by such brokerage firm or other entity to the Fund Plan Administrator;

4. I agree that upon receipt and acceptance by me of a distribution from the Fair Fund, I shall be deemed to have released all claims that I may have against the Fund Plan Administrator and its agents and shall be enjoined from prosecuting or asserting any such claims; and

5. If I am a custodian, trustee, or professional investing on behalf of and representing more than one potentially eligible claimant in a pooled investment fund or entity, I also attest that any distribution received will be allocated for the benefit of current or former pooled claimants and not for the benefit of management.

I (We) declare under penalty of perjury under the laws of the United States of America that all of the foregoing information supplied on this Proof of Claim Form by the undersigned is true and correct and that the documents submitted herewith are true and genuine.

Executed this ___ day of ___ in ___ (Month) (Year) (City, State, Country)

Signature of Claimant (if this claim is being made on behalf of Joint Claimants, then each must sign.)

Signature of Claimant

Print Name of Claimant

Signature of Joint Claimant, if any

Print Name of Joint Claimant, if any

If Investor is other than an individual, or is not the person completing this form, the following also must be provided:

Signature of Person Completing Form

Print Name of Person Completing Form

Capacity of person signing on behalf of claimant, if other than an individual, e.g., executor, president, trustee, custodian, etc.



PART V - SUBSTITUTE FORM W-9 TAXPAYER IDENTIFICATION NUMBER CERTIFICATION

Social Security Number / Taxpayer Identification Number:

Grid for entering Social Security Number / Taxpayer Identification Number

Exempt Payee Code (if any):

Grid for entering Exempt Payee Code

Exemption from FATCA reporting code (if any):

Grid for entering Exemption from FATCA reporting code

Check appropriate box for federal tax classification:

Form for selecting federal tax classification: Individual, C Corporation, S Corporation, Partnership, Trust/estate, Other

Form for selecting federal tax classification: Limited Liability Company - choose tax classification, C Corporation, S Corporation, Partnership

Print your name as it appears on your federal income tax return:

Grid for printing name as it appears on federal income tax return

First Name and Last Name, for Individuals. Entity Name for businesses and trusts.

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number; and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (including a U.S. resident alien); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Note: If you have been notified by the IRS that you are subject to backup withholding, you must cross out item 2 above.

Signature of U.S. Person:

Signature line for U.S. Person

Date:

Grid for entering date (MM/YY/YY)

**REMINDER CHECKLIST**

1. Please sign the Signature Section of the Proof of Claim Form.
2. Please complete the Substitute W-9 Form.
3. If this Proof of Claim Form is being made on behalf of Joint Claimants, then both must sign.
4. Remember to attach supporting documentation.
5. **DO NOT SEND ORIGINALS OF ANY SUPPORTING DOCUMENTS.**
6. Keep a copy of your Proof of Claim Form and all documentation submitted for your records.
7. If you move, please send your new address to the Fund Plan Administrator at the address below.
8. Do not use highlighter on the Proof of Claim Form or supporting documentation.

***THIS PROOF OF CLAIM FORM MUST BE POSTMARKED (OR IF NOT SENT BY U.S. MAIL, RECEIVED)
NO LATER THAN DECEMBER 12, 2020 AND MUST BE MAILED TO:***

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