

Information submitted via Top Hat Plan Statement Online Filing System to U. S.
Department of Labor under 29 CFR 2520.104-23

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Confirmation Number: 6935

Amended Confirmation Number:

Employer Information

Name: MorphoSys US Inc
Address: 470 Atlantic Avenue, Suite 1401
City: Boston
State: MA
Zip Code: 02210

Plan Administrator Information

Name: Maria Ganong/MorphoSys US Inc Boston office
Address: 470 Atlantic Avenue, Suite 1401
City: Boston
State: MA
Zip Code: 02210
Phone: 8572833756
Email: maria.ganong@morphosys.com

Plan Information

Employer maintains the plan or plans below primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

ID:1	Plan Name:	MorphoSys US Inc Deferred Compensation Plan	Number of Employees: 12
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Additional Information:



U. S. Department of Labor
Employee Benefits Security Administration
Washington, DC 20210

This message confirms that the Department of Labor's (DOL's) Employee Benefits Security Administration (EBSA) has received the filing of your Top Hat Plan Statement. The confirmation code for your filing is 6935. When correcting errors to your filing, please use this code in your amended statement. This communication does not mean that DOL has made a determination that you are eligible to file under DOL regulation 29 CFR 2520.104-23.