

MFS® IRA DISTRIBUTION AUTHORIZATION FORM



For MFS Traditional, Rollover, Roth, SEP, SARSEP, and SIMPLE IRAs
Trusted by MFS Heritage Trust Company

Instructions

- Sections 1, 5, 7, and 8 are required to distribute assets from your IRA account
 - If the account is a Simple IRA, please also complete Section 2.
- For direct rollover distributions, please also complete Section 4.
- For distributions other than direct rollovers, please also complete Sections 3 and 6.
- For all distributions, a signature guarantee may be required in Section 9. Please review Section 9 for requirements.
- For conversion to a Roth IRA complete the MFS Roth IRA Conversion Form located on mfs.com. For transfers you should contact your new IRA provider for the correct form to use to transfer your MFS IRA.

1. Account Information (Please print clearly in capital letters)

IRA OWNER'S FIRST NAME

MI

LAST NAME

☐

Check if new address — signature guarantee (Section 9) required.

Note: If the new address is a non-U.S. address, you will be restricted from making additional purchases into this account and exchanges into and out of this account.

MAILING ADDRESS

CITY

STATE

ZIP CODE

SOCIAL SECURITY NUMBER

DATE OF BIRTH (MM/DD/YYYY)

DAYTIME PHONE NUMBER WITH AREA CODE

REGISTERED REPRESENTATIVE'S NAME

REGISTERED REPRESENTATIVE'S PHONE NUMBER WITH AREA CODE

2. Two-year Period Rule (Complete this section only for distributions from a SIMPLE IRA.)

A special rule applies to distributions from a SIMPLE IRA during the two-year period beginning on the date in which you first participated in a SIMPLE IRA plan maintained by your employer. Under this rule, if the additional penalty on premature distributions applies to a distribution within this two-year period, the rate of the additional tax penalty under this rule is increased from 10% to 25%.

Provide the date on which the first contribution was deposited to your SIMPLE IRA, whether at MFS® or at another financial institution

(MM/DD/YYYY)

If you are unable to provide the date, MFS Service Center, Inc. will use the trade date of the initial purchase of the fund from which you are requesting the distribution to determine whether this distribution is being requested within the two-year period.

3. Reason for Distribution

If MFS is already calculating your required minimum distribution amount, any remaining payments for this year must be paid to you and cannot be rolled over to the new investment provider. **If this distribution is a direct rollover and a letter of acceptance is provided, please complete Section 4.**

Note: Internal Revenue Service rules allow only one IRA-to-IRA rollover in any twelve-month time period, regardless of the number of IRAs an individual has or the types of IRAs (including traditional and Roth IRAs and SEP and SIMPLE IRAs). Exceeding this limit, even if the prior rollover involved a different type of IRA, will result in an excess contribution to your IRA subject to taxation and penalties. Roth conversions (rollovers from traditional IRAs to Roth IRAs), rollovers between qualified plans and IRAs, and trustee-to-trustee transfers – direct transfers of assets from one IRA trustee to another – are not subject to the one-per-year limit and are disregarded in applying the limit to other rollovers. You may want to consult with your tax advisor before making a rollover.

By requesting this distribution, I certify that one of the following applies (select one):

- ☐ I have reached age 59½.
- ☐ I am under the age of 59½ and I am aware that this is a premature distribution and may be subject to IRS penalties unless I directly roll over the proceeds to a qualified retirement plan as indicated in Section 4.
- ☐ I have reached age 70½ and (choose one)
- ☐ MFS is already calculating my Required Minimum Distribution (RMD).
- ☐ MFS is not calculating my RMD and this is part of my RMD.
- ☐ I am disabled as described under the Internal Revenue Code.

4. Direct Rollover to a Qualified Retirement Plan

Important Rollover Instructions. You must contact your new investment provider before submitting this form to MFS Investment Management. They may require additional documentation to be completed. MFS Investment Management requires both a Letter of Acceptance from the new investment provider indicating acceptance of the funds to be rolled over, signed by an authorized signer, and this completed form to process this direct rollover.

Note: If you have not notified your employer sponsoring the plan of your intent to complete a direct rollover or have not obtained a Letter of Acceptance, there is a possibility that your employer sponsoring the plan will not accept the proceeds from the direct rollover distribution.

Check one:

- ☐ This is a full rollover of all IRA funds and accounts listed below.
- ☐ This is a partial rollover of \$_____. Indicate below the funds and account numbers, and the dollar or share amount per account.

Note for SIMPLE IRA Plans: You must have already completed the initial two-year participation period in a SIMPLE IRA Plan before making a rollover from a traditional IRA to a SIMPLE IRA Plan.

If you have indicated in Section 3 that you are 70½ or older and MFS is calculating your required minimum distribution amount, any remaining payments for this year must be paid to you and cannot be rolled over to the new investment provider.

5. Identify Your Accounts

Please provide your fund and account numbers. They are printed on your Investment Summary statement. The fund number is the first four digits before the hyphen and the account number follows the hyphen. Indicate the amount to be sold. If the amount requested exceeds the amount available, all shares in the account will be sold.

Please note that if you elect to redeem all shares from any of your MFS accounts, any existing Automatic Investment or Exchange Options on the redeemed accounts will be discontinued.

All accounts under my: ☐ Traditional IRA ☐ Roth IRA ☐ SEP IRA ☐ SIMPLE IRA

FUND NUMBER	ACCOUNT NUMBER	AMOUNT	SHARES	SELECT ONE:		
				DOLLARS	ALL	
			☐	☐	☐	
			☐	☐	☐	
			☐	☐	☐	
			☐	☐	☐	
			☐	☐	☐	

6. Tax Withholding Election

If a tax withholding choice is not made, applicable taxes will be withheld (except for Roth IRAs). **Note: If you have chosen the Direct Rollover option, skip to section 7.**

Notice of withholding. The distribution you receive is subject to federal income tax withholding at a rate of 10%, unless you elect not to have withholding apply. If you do not make a withholding election, federal income tax will be withheld on the gross amount of the payment because we are unable to determine amounts not subject to withholding. You can elect out of withholding by checking "NO " in the "Tax Withholding Election" section of this form. Your election remains effective until you revoke it, and you can revoke your election at any time. Even if you elect not to have federal income tax withheld, you are liable for payment of federal income tax on the taxable portion of your distribution. You may also be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are inadequate. Distributions paid to residents of Arkansas, California, Delaware, Iowa, Kansas, Maine, Massachusetts, North Carolina, Oklahoma, Oregon, and Vermont are subject to state income tax withholding unless you elect not to have federal withholding apply. (The list of states may change from time to time as a result of changing legislation.) Distributions paid to residents of all other states will not have any state income taxes withheld.

Please note: Distributions from Roth IRAs are not subject to federal tax withholding. For all Roth IRA distribution requests, if no withholding election is made, taxes will not be withheld.

- ☐ **YES**, withhold 10% for federal taxes.
If you want more than 10% withheld for federal taxes, indicate the total percentage here: ____%.
The amount requested in Section 5 will be reduced by any tax withholding selected.
- ☐ **NO**, do not withhold federal taxes.

7. Mailing Instructions

Choose one. If no instructions are provided, check will be mailed to address of record.

- ☐ Make check payable to me and mail to my address of record.
- ☐ Make check payable to a special payee. Please provide the special payee information below.
(A signature guarantee — Section 9 — is required if you select this option.)
- ☐ Make check payable to a new qualified plan.
- ☐ I have included a Letter of Acceptance. (If payment instructions are given within the new qualified plan's Letter of Acceptance, those instructions will be followed.)
- ☐ I have not included a letter of acceptance. I have provided the special payee information below. (A signature guarantee — Section 9 — is required if you select this option.)

SPECIAL PAYEE/NEW QUALIFIED PLAN PROVIDER

SPECIAL ADDRESS

- ☐ **Wire** proceeds to the new qualified plan provider. (If payment instructions are given in the new qualified plan's Letter of Acceptance, those instructions will be followed.) (A signature guarantee — Section 9 — is required if a Letter of Acceptance is not provided)
- ☐ Direct deposit the proceeds to my bank account. I have attached a voided check and/or deposit slip.
Please select one of the following methods of deposit and provide bank account information below. A signature guarantee — Section 9 — is required.
- ☐ ACH ☐ Wire

BANK PHONE NUMBER WITH AREA CODE

BANK ROUTING NUMBER

BANK ACCOUNT NUMBER

BANK REGISTRATION

The bank information provided authorizes a one-time distribution from the account, unless the box below is checked.

- ☐ Please link my bank account to my MFS accounts to allow me to redeem shares from my MFS accounts to my bank account over the telephone via ACH. A signature guarantee is required in Section 9.

8. Authorization

Please sign your name exactly as it appears on your account. By signing, you authorize this distribution and acknowledge that you are aware of any fees or sales charges associated with this transaction. You further certify that (1) all distribution amounts that are rolled over directly to an eligible retirement plan are eligible rollover distribution amounts; (2) you have verified that the eligible retirement plan account that will receive the direct rollover is an eligible plan; and (3) this distribution is in agreement with the Trust Agreement. The Trustee of the MFS IRA plan and any MFS affiliates are entitled to rely on your authorization and are released from any and all claims you may have, or claims to have, with respect to this distribution.

SIGNATURE

DATE

9. Signature Guarantee/ Medallion Signature Guarantee

Signature Guarantee

You may also obtain a Medallion Signature Guarantee in lieu of a signature guarantee. A signature guarantee is required if

- your total distribution is more than \$100,000, or
- your check is made payable to a different name, or
- your check is mailed to an address other than the address of record, or
- the proceeds are sent via wire or ACH to your bank account (see Section 7), or
- you have notified MFS of an address change within the past 30 days.

Medallion Signature Guarantee

A Medallion Signature Guarantee is required if you are acting on behalf of the shareowner.

AFFIX SIGNATURE GUARANTEE STAMP HERE

Signature guarantee stamp must not be dated. If a Medallion Guarantee is not provided, the proper form for execution is

SIGNATURE(S) GUARANTEED

NAME OF ELIGIBLE GUARANTOR INSTITUTION

BY

SIGNATURE OF AUTHORIZED PERSON

The signature(s) must be guaranteed by an eligible bank, broker, dealer, credit union, national securities exchange, registered securities association, clearing agency, or savings association. Signature guarantees will be accepted in accordance with policies established by MFS Service Center, Inc. Notarization by a notary public is not acceptable in lieu of a signature guarantee provided by one of the eligible guarantor institutions listed above.

Please contact the MFS Retirement Plan Service Department at 1-800-637-1255 any business day for questions.

Regular mail

MFS Service Center, Inc.
P.O. Box 55824
Boston, MA 02205-5824

Overnight mail

MFS Service Center, Inc
c/o Boston Financial Data Services
30 Dan Road
Canton, MA 02021-2809