

MFS® IRA DISTRIBUTION AUTHORIZATION FORM



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

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

REGISTERED REPRESENTATIVE'S NAME REGISTERED REPRESENTATIVE'S PHONE NUMBER

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, please select all that apply and then complete Section 4.**

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.

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.

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.

FUND NUMBER	ACCOUNT NUMBER	AMOUNT	SELECT ONE:		
			SHARES	DOLLARS	ALL
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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 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: _____%
- 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/new investment provider and process as a direct rollover. I have included a letter of acceptance. (If payment instructions are given in the new investment provider Letter of Acceptance, those instructions will be followed.)
- Make check payable to a special payee/new investment provider. I have not included a letter of acceptance. (A signature guarantee — Section 9 — is required if you select this option.)

SPECIAL PAYEE/NEW INVESTMENT PROVIDER

SPECIAL ADDRESS

- Wire proceeds to the new investment provider. (If payment instructions are given in the new investment provider's Letter of Acceptance, those instructions will be followed.) (A signature guarantee — Section 9 — is required if you select this option.)
- Direct deposit the proceeds to my bank account via **ACH**. I have attached a voided check and/or deposit slip. (A signature guarantee — Section 9 — is required if you select this option.)
- Wire** proceeds to my bank account. I have attached a voided check and/or deposit slip. (A signature guarantee — Section 9 — is required if you select this option.)

BANK PHONE NUMBER

BANK ROUTING NUMBER

BANK ACCOUNT NUMBER

BANK REGISTRATION

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 Stamp

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 direct deposited to your bank account, or
- you have notified MFS of an address change within the past 30 days.

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.

Mail completed form to:

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