

# MFS® IRA RETURN OF EXCESS CONTRIBUTION AUTHORIZATION



For IRAs Trusteed by MFS Heritage Trust Company

## 1. About You

IRA OWNER'S FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_ LAST NAME \_\_\_\_\_

-   -      
 SOCIAL SECURITY NUMBER

/   /      
 DATE OF BIRTH (MM/DD/YYYY)

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
MAILING ADDRESS

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

This is my new address; please update my account information. (A Medallion Signature Guarantee is required in Section 5 if requesting to mail a check to the new address.)

**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.

\_\_\_\_\_  
REGISTERED REPRESENTATIVE'S NAME

\_\_\_\_\_  
REGISTERED REPRESENTATIVE'S PHONE NUMBER

## 2. Distribution Instructions

I have made an excess IRA contribution for the tax year indicated below. I understand that I can avoid the 6% excise tax on an excess contribution if I remove the amount of the excess plus any attributable earnings or losses by my tax filing deadline (including extensions) of the tax year for which the excess contribution was made. If the excess, plus attributable earnings or losses, is not removed by that date, the 6% excise tax will be applied by the IRS to the excess contribution for the year of the excess and for each year thereafter until it is corrected.

If you are requesting a return of excess of SEP, SARSEP, or SIMPLE IRA contributions, the tax consequences, correction method, and timing of the correction may be different from these terms.

Tax Year: \_\_\_\_\_

**Type of IRA**     Traditional     Roth     SIMPLE     SEP     SARSEP

**Choose One:**

I am correcting the excess contribution before my tax-filing deadline including extensions of the tax year for which the excess was made (MFS will calculate applicable earnings or losses and remove the amount calculated).

**Or**

I am correcting the excess contribution after my tax-filing deadline including extensions of the tax year for which the excess was made (applicable earnings or losses will not be removed)

**Excess contributions to be distributed:**

FUND NUMBER	ACCOUNT NUMBER	EXCESS CONTRIBUTION	PARTICIPANT CONTRIBUTION	SELECT ONE EMPLOYER CONTRIBUTION	SALARY DEFERRAL
<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"/>

### 3. Distribution Options

#### A. Reinvestment Options

- Invest the proceeds in my IRA for the current tax year.  
**Note:** This option is not available if you are correcting the excess contribution after your tax-filing deadline and wish to apply the excess amount as a contribution for the current tax year. Consult with your registered representative or tax advisor to complete the appropriate IRS forms.
- Invest the proceeds in a new non-IRA account (an account application is enclosed).
- Invest the proceeds in my existing non-IRA account. 

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 \_\_\_\_\_  
FUND NUMBER ACCOUNT NUMBER

Or

#### B. Payment Instructions

- Make check payable to me and mail to my address of record.
- Make check payable to a special payee and/or mail to a special address, as provided below. (A Medallion Signature Guarantee is required in Section 5.)

\_\_\_\_\_  
SPECIAL PAYEE FIRST NAME

\_\_\_\_\_  
MI

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
SPECIAL ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

- Direct deposit the proceeds to my bank account. I have attached an original voided check and/or preprinted deposit slip. **A Medallion signature guarantee is required in Section 5 if the bank information provided is not yet on file or has been added or updated on your account within the past 30 days.** In lieu of an original voided check or deposit slip, you may submit a letter from your bank on their letterhead providing the registration, routing number, and account number with a Medallion signature guarantee in Section 5.

**Note:** Direct deposit is not available if the excess contribution was made from an employer bank account.

If direct deposit was selected, please indicate the type of account, select one of the following methods of deposit, and provide bank account information below, which will be compared to the voided check or preprinted deposit slip to ensure accuracy.

All fields below must be completed to send the funds via direct deposit.

Type of Account:  Checking  Savings

- ACH - If this method is chosen, the bank information provided must have an owner in common with the MFS account registration.
- Wire

\_\_\_\_\_  
NAME ON CHECKING/SAVINGS ACCOUNT (REQUIRED)

\_\_\_\_\_  
BANK NAME (REQUIRED)

\_\_\_\_\_  
BANK ACCOUNT NUMBER (REQUIRED)

\_\_\_\_\_  
BANK ROUTING NUMBER (REQUIRED)

**Attach an original voided check or preprinted deposit slip.** If the bank information provided has an owner in common with the MFS account registration, the bank information will be added to your account. If you do not wish to retain the bank information on your account, please attach a letter of instruction.

## 4. Tax Withholding Information

Federal income tax withholding applies to the earnings on the excess contributions withdrawn, when applicable. However, it is not possible for MFSC to withhold either Federal or State taxes on these earnings.

By requesting this transaction, you are electing federal and state withholding of zero percent.

Even though you are electing not to have federal income tax withheld, you are liable for payment of federal income tax on the taxable portion of your distribution, including earnings on the excess contribution withdrawn, when applicable. 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. Please speak to a tax advisor regarding your personal tax liability.

## 5. Distribution Authorization (Required)

Please process my distribution and do not withhold federal or state income tax.

I certify that I have consulted with my tax advisor, or that I fully understand the tax and legal consequences of my request. MFS Fund Distributors, Inc., MFS Service Center, Inc., and MFS Heritage Trust Company are entitled to rely on my authorization and are released from any and all claims I may have, or claim to have, with respect to this distribution.

\_\_\_\_\_  
ACCOUNT OWNER'S SIGNATURE

\_\_\_\_\_  
DATE (MM/DD/YYYY)

\_\_\_\_\_  
PRINT NAME

### Medallion Signature Guarantee

A Medallion Signature Guarantee is **required** if:

- Your total distribution is more than \$100,000, or
- You request your check be made payable to a name other than your own, or
- You request your check be mailed to an address other than the address of record we have on file, or
- You request the proceeds be direct deposited to your bank account (See Section 3), or
- You have notified MFS of an address change within the past 30 days.

AFFIX GUARANTEE STAMP HERE

\*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. Medallion Signature Guarantees shall be accepted in accordance with policies established by MFS Service Center, Inc. Notarization by a Notary Public is not acceptable in lieu of a Medallion Signature Guarantee provided by one of the eligible guarantor institutions listed above.

If you have any questions about this form, please contact the Retirement Plans Service Department at 1-800-637-1255 any business day.

### Mail completed form to:

#### Regular mail

MFS Service Center, Inc.  
P.O. Box 219341  
Kansas City, MO 64121-9341

#### Overnight mail

MFS Service Center, Inc.  
801 Pennsylvania Ave, Suite 219341  
Kansas City, MO 64105-1307

# Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions

**2025**

Give Form W-4R to the payer of your retirement payments.

<b>1a</b> First name and middle initial	Last name	<b>1b</b> Social security number
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Address \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

Your withholding rate is determined by the type of payment you will receive.

- For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100% on line 2. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its territories.
- For an eligible rollover distribution, the default withholding rate is 20%. You can choose a rate greater than 20% by entering the rate on line 2. You may not choose a rate less than 20%.

See page 2 for more information.

<b>2</b> Complete this line if you would like a rate of withholding that is different from the default withholding rate. See the instructions on page 2 and the Marginal Rate Tables below for additional information. Enter the rate as a whole number (no decimals) . . . . .	<b>2</b>	%
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<b>Sign Here</b>	_____ <b>Your signature</b> (This form is not valid unless you sign it.)	_____ <b>Date</b>
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## General Instructions

Section references are to the Internal Revenue Code.

**Future developments.** For the latest information about any future developments related to Form W-4R, such as legislation enacted after it was published, go to [www.irs.gov/FormW4R](http://www.irs.gov/FormW4R).

**Purpose of form.** Complete Form W-4R to have payers withhold the correct amount of federal income tax from your nonperiodic payment or eligible rollover distribution from an employer retirement plan, annuity (including a commercial annuity), or individual retirement arrangement (IRA). See page 2 for the rules and options that are available for each type of payment. Don't use Form W-4R for periodic payments (payments made in installments at regular

intervals over a period of more than 1 year) from these plans or arrangements. Instead, use Form W-4P, Withholding Certificate for Periodic Pension or Annuity Payments. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

**Caution:** If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. Your withholding choice (or an election not to have withholding on a nonperiodic payment) will generally apply to any future payment from the same plan or IRA. Submit a new Form W-4R if you want to change your election.

## 2025 Marginal Rate Tables

You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See page 2 for more information on how to use this table.

<b>Single or Married filing separately</b>		<b>Married filing jointly or Qualifying surviving spouse</b>		<b>Head of household</b>	
<i>Total income over—</i>	<b>Tax rate for every dollar more</b>	<i>Total income over—</i>	<b>Tax rate for every dollar more</b>	<i>Total income over—</i>	<b>Tax rate for every dollar more</b>
\$0	<b>0%</b>	\$0	<b>0%</b>	\$0	<b>0%</b>
15,000	<b>10%</b>	30,000	<b>10%</b>	22,500	<b>10%</b>
26,925	<b>12%</b>	53,850	<b>12%</b>	39,500	<b>12%</b>
63,475	<b>22%</b>	126,950	<b>22%</b>	87,350	<b>22%</b>
118,350	<b>24%</b>	236,700	<b>24%</b>	125,850	<b>24%</b>
212,300	<b>32%</b>	424,600	<b>32%</b>	219,800	<b>32%</b>
265,525	<b>35%</b>	531,050	<b>35%</b>	273,000	<b>35%</b>
641,350*	<b>37%</b>	781,600	<b>37%</b>	648,850	<b>37%</b>

\* If married filing separately, use \$390,800 instead for this 37% rate.

## General Instructions (continued)

**Nonperiodic payments—10% withholding.** Your payer must withhold at a default 10% rate from the taxable amount of nonperiodic payments **unless** you enter a different rate on line 2. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. Note that the default rate of withholding may not be appropriate for your tax situation. You may choose to have no federal income tax withheld by entering “-0-” on line 2. See the specific instructions below for more information. Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including “-0-”) on any payments to be delivered outside the United States and its territories.

**Note:** If you don't give Form W-4R to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer must withhold 10% of the payment for federal income tax and can't honor requests to have a lower (or no) amount withheld. Generally, for payments that began before 2025, your current withholding election (or your default rate) remains in effect unless you submit a Form W-4R.

**Eligible rollover distributions—20% withholding.** Distributions you receive from qualified retirement plans (for example, 401(k) plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over to an IRA or qualified plan are subject to a 20% default rate of withholding on the taxable amount of the distribution. You can't choose withholding at a rate of less than 20% (including “-0-”). Note that the default rate of withholding may be too low for your tax situation. You may choose to enter a rate higher than 20% on line 2. Don't give Form W-4R to your payer unless you want more than 20% withheld.

Note that the following payments are **not** eligible rollover distributions for purposes of these withholding rules:

- Qualifying “hardship” distributions;
- Distributions required by federal law, such as required minimum distributions;
- Distributions from a pension-linked emergency savings account;
- Eligible distributions to a domestic abuse victim;
- Qualified disaster recovery distributions;
- Qualified birth or adoption distributions; and
- Emergency personal expense distributions.

See Pub. 505 for details. See also *Nonperiodic payments—10% withholding* above.

**Payments to nonresident aliens and foreign estates.** Do not use Form W-4R. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

**Tax relief for victims of terrorist attacks.** If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, enter “-0-” on line 2. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

## Specific Instructions

### Line 1b

For an estate, enter the estate's employer identification number (EIN) in the area reserved for “Social security number.”

### Line 2

**More withholding.** If you want more than the default rate withheld from your payment, you may enter a higher rate on line 2.

**Less withholding (nonperiodic payments only).** If permitted, you may enter a lower rate on line 2 (including “-0-”) if you want less than the 10% default rate withheld from your payment. If you have already paid, or plan to pay, your tax on this payment through other withholding or estimated tax payments, you may want to enter “-0-”.

**Suggestion for determining withholding.** Consider using the Marginal Rate Tables on page 1 to help you select the appropriate withholding rate for this payment or distribution. The tables are most accurate if the appropriate amount of tax on all other sources of income, deductions, and credits has been paid through other withholding or estimated tax payments. If the appropriate amount of tax on those sources of income has not been paid through other withholding or estimated tax payments, you can pay that tax through withholding on this payment by entering a rate that is greater than the rate in the Marginal Rate Tables.

The marginal tax rate is the rate of tax on each additional dollar of income you receive above a particular amount of income. You can use the table for your filing status as a guide to find a rate of withholding for amounts above the total income level in the table.

To determine the appropriate rate of withholding from the table, do the following. Step 1: Find the rate that corresponds with your total income not including the payment. Step 2: Add your total income and the taxable amount of the payment and find the corresponding rate.

If these two rates are the same, enter that rate on line 2. (See *Example 1* below.)

If the two rates differ, multiply (a) the amount in the lower rate bracket by the rate for that bracket, and (b) the amount in the higher rate bracket by the rate for that bracket. Add these two numbers; this is the expected tax for this payment. To get the rate to have withheld, divide this amount by the taxable amount of the payment. Round up to the next whole number and enter that rate on line 2. (See *Example 2* below.)

If you prefer a simpler approach (but one that may lead to overwithholding), find the rate that corresponds to your total income including the payment and enter that rate on line 2.

**Examples.** Assume the following facts for *Examples 1* and *2*. Your filing status is single. You expect the taxable amount of your payment to be \$20,000. Appropriate amounts have been withheld for all other sources of income and any deductions or credits.

**Example 1.** You expect your total income to be \$65,000 without the payment. Step 1: Because your total income without the payment, \$65,000, is greater than \$63,475 but less than \$118,350, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$85,000, is greater than \$63,475 but less than \$118,350, the corresponding rate is 22%. Because these two rates are the same, enter “22” on line 2.

**Example 2.** You expect your total income to be \$61,000 without the payment. Step 1: Because your total income without the payment, \$61,000, is greater than \$26,925 but less than \$63,475, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$81,000, is

greater than \$63,475 but less than \$118,350, the corresponding rate is 22%. The two rates differ. \$2,475 of the \$20,000 payment is in the lower bracket (\$63,475 less your total income of \$61,000 without the payment), and \$17,525 is in the higher bracket (\$20,000 less the \$2,475 that is in the lower bracket). Multiply \$2,475 by 12% to get \$297. Multiply \$17,525 by 22% to get \$3,856. The sum of these two amounts is \$4,153. This is the estimated tax on your payment. This amount corresponds to 21% of the \$20,000 payment (\$4,153 divided by \$20,000). Enter "21" on line 2.

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**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request additional federal income tax withholding from your nonperiodic payment(s) or eligible rollover distribution(s); (b) choose not to have federal income tax withheld from your nonperiodic payment(s), when permitted; or (c) change a previous Form W-4R (or a previous Form W-4P that you completed with respect to your nonperiodic payments or eligible rollover distributions). To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s).

Failure to provide a properly completed form will result in your payment(s) being subject to the default rate; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.