Forms Kit

For use in establishing IRA distribution accounts for beneficiaries of deceased IRA owners or qualified plan participants



MFS® Non-Spouse Beneficial IRA

Everything you need . . .

- to directly roll over your inherited qualified retirement plan account to an MFS Beneficial IRA
- to transfer your inherited non-MFS IRA account(s) to an MFS Beneficial IRA

MFS® BENEFICIAL IRA FORMS KIT

For use in establishing IRA distribution accounts for beneficiaries of deceased non-MFS IRA owners or qualified plan participants.

Note: A non-spouse beneficiary must not take receipt of the assets that are being moved from the decedent's account into a Beneficial IRA. The assets must be moved via a "transfer of assets" (between IRAs) or as a "direct rollover" (from a qualified plan to an IRA).

Spousal beneficiaries should not use this kit.

To open an MFS Beneficial IRA with a transfer from another Beneficial IRA, complete

Form A – to open the new account

Form B – to request a transfer from the current custodian

Form D – to set up future Required Minimum Distributions

To open an MFS Beneficial IRA with a direct rollover from an employer-sponsored qualified plan, complete

Form A – to open the new account

Form C – to request a rollover from the current plan sponsor (Check with the plan sponsor to determine if Form C or a form specific to the plan should be used to request a rollover distribution from the plan.)

Form D – to set up future Required Minimum Distributions

Complete and mail all appropriate forms to:

Regular mailOvernight mailMFS Service Center, Inc.MFS Service Center, Inc.P.O. Box 219341801 Pennsylvania Ave, Suite 219341Kansas City, MO 64121-9341Kansas City, MO 64105-1307

Visit our website at **mfs.com** or call our Retirement Plans Service Department at 1-800-637-1255 any business day if you have any questions about this form.

MFS® BENEFICIAL IRA APPLICATION

For use in establishing IRA distribution accounts for beneficiaries of deceased non-MFS IRA owners or qualified plan participants.

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

You must provide the following information for each person listed on the account: name, date of birth, Social Security number or taxpayer identification number, and residential address (a P.O. Box is not acceptable). We also may ask to see your driver's license or other identifying documents. In the event that MFS Service Center (MFSC), on behalf of the fund, is unable to verify the identity of investors, MFSC and the fund reserve the right to take additional steps up to and including closing the account if required by applicable law.

Note: A non-spouse beneficiary must not take receipt of the assets that are being moved from the decedent's account into a Beneficial IRA. The assets must be moved via a "transfer of assets" (between IRAs) or as a "direct rollover" (from a qualified plan to an IRA).

Note: If the named beneficiary is an Estate or Trust, the information requested in Section 1 must be provided by the Executor, Executrix or Trustee(s). If there are additional trustees or estate representatives, please provide an attached list with the information requested in Section 1 for each Trustee or Estate Representative. If the trust is not for the benefit of a natural person, or if the beneficiary is an entity, please include a completed MFS Legal Entity Certification Form in addition to this form to complete your request.

Spousal beneficiaries should not use this form if they want to treat the inherited IRA as their own.

Fill out a separate application for each type of IRA you are establishing.

1. Beneficial Owner Information

403(b), 401(k), profit sharing, pension, etc.

The MFS Family of Funds® is generally only available to U.S. residents classified as U.S. Persons for federal tax purposes. A U.S. Person is a citizen or resident alien of the United States. Both the residential address and mailing address provided must be a U.S. address.

BENEFICIAL OWNER'S FIRST NAME	MI LAST NAME		
			/OBILE
BENEFICIAL OWNER'S SOCIAL SECURITY NUMBER BENEFICIAL O	WNER'S DATE OF BIRTH (MM/DD/YYYY) PHONE	E NUMBER	IOIVIBE
STREET ADDRESS REQUIRED (NO P.O. BOXES)			
CITY	STA	TE ZIP CODE	
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)			
CITY	STA	TE ZIP CODE	
$\hfill \square$ I am a minor (parent or guardian must sign this fo	rm).		
Decedent and Account Type Information			
DECEDENT'S FIRST NAME	MI LAST NAME		
DECEDENT'S DATE OF BIRTH (MM/DD/YYYY)	DECEDENT'S DATE OF DEATH (MM/DD/YYYY)		
Type of plan from which decedent's account is being	distributed (Choose one):		
○ Traditional IRA (including SEP and SIMPLE IRAs)	O Roth IRA		
Qualified retirement plan:	O Designated Roth account u	under a 401(k) or 403(b)	nlan

3. Fund Choice

FUND NUMBER	FUND NAME			DOLLAR AIVIOUI	VI (\$) OK	PERCENTAGE (
		Total amou	nt invested		·	
If this relates to	a wire order trade placed thro	ough your financial prof	essional, provi	de the confirr	mation n	number:
any existing MFS	assets may qualify for a Lette account holders and their re please provide on an addition	spective Social Security				
NAME		SOCIAL SECUR	Ty/Taxpayer ID Nu	IMBER OR BROKER	IDENTIFICA	ATION NUMBER
NAME		SOCIAL SECUR	ity/taxpayer id nu	JMBER OR BROKEF	R IDENTIFIC <i>A</i>	ATION NUMBER
Dealer Infor						
Dealer Infor MFS cannot acc signature of an We authorize M and agree to no	mation ept an account application was authorized person from the FS Service Center, Inc. to act a stify the distributor of any transfeneficial owner's signature and	vithout all of the dealer firm. as our agent in connecti sfer/rollover made unde	r information on with transa r the Letter of	completed. 1 ctions under Intent or Righ	This incl the auth nt of Acc	udes the orization form tumulation. V
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5. Successor Beneficiary Information

Please complete the fields below to designate your successor beneficiary(ies) to receive remaining amounts if the current recipient beneficiary dies before all amounts have been distributed. If you are naming more than one primary or secondary beneficiary, please indicate whole number percentages. Percentages must total 100%. If more than one beneficiary is named and no percentage is indicated, then equal shares will be assigned. If you have additional primary or secondary beneficiaries, attach a separate list and indicate percentage.

Primary Beneficiaries

1. BENEFICIARY'S NAME RELATIONSHIP:			
SPOUSE OTHER	DATE OF BIRTH/TRUST (MM/DD/YYYY)	SOCIAL SECURITY NUMBER	PERCENTAGE (%)
2. BENEFICIARY'S NAME			
RELATIONSHIP: SPOUSE OTHER	DATE OF BIRTH/TRUST (MM/DD/YYYY)	SOCIAL SECURITY NUMBER	PERCENTAGE (%)
3. BENEFICIARY'S NAME			
RELATIONSHIP: SPOUSE OTHER	DATE OF BIRTH/TRUST (MM/DD/YYYY)	SOCIAL SECURITY NUMBER	PERCENTAGE (%)
			MARY BENEFICIARY TO (MUST ADD UP TO 10
Secondary Benefic	i aries (if the primary beneficiary/ies should		
Secondary Benefic	i aries (if the primary beneficiary/ies should		
1. BENEFICIARY'S NAME	a ries (if the primary beneficiary/ies should		
1. BENEFICIARY'S NAME	DATE OF BIRTH/TRUST (MM/DD/YYYY)		
1. BENEFICIARY'S NAME RELATIONSHIP:		fail to survive me)	(MUST ADD UP TO 10
1. BENEFICIARY'S NAME RELATIONSHIP: SPOUSE OTHER	DATE OF BIRTH/TRUST (MM/DD/YYYY)	fail to survive me) SOCIAL SECURITY NUMBER	PERCENTAGE (%)
1. BENEFICIARY'S NAME RELATIONSHIP: SPOUSE OTHER 2. BENEFICIARY'S NAME RELATIONSHIP:		fail to survive me)	(MUST ADD UP TO 10
1. BENEFICIARY'S NAME RELATIONSHIP: SPOUSE OTHER 2. BENEFICIARY'S NAME RELATIONSHIP:	DATE OF BIRTH/TRUST (MM/DD/YYYY)	fail to survive me) SOCIAL SECURITY NUMBER	PERCENTAGE (%)

6. Trustee Acceptance

MFS® Heritage Trust CompanySM shall serve as Trustee under this IRA Trust only: (1) for the MFS Family of Funds®, (2) in accordance with the terms and conditions of the Trust Agreement, and (3) provided that the required forms are properly completed and received by the MFS Service Center. The Trustee's acceptance of your Beneficial IRA will be acknowledged by written confirmation from MFS® of your initial transfer/rollover. This confirmation will reference your account as "MFS Heritage Trust Company, Trustee, IRA A/C (Decedent Name) DCD FBO [your name]." If the decedent had a Roth Account, this confirmation will reference your account as "MFS Heritage Trust Company, Trustee, Roth IRA A/C (Decedent Name) DCD FBO [your name]."

7. Beneficial Owner Signature

I hereby establish an IRA Trust with MFS, appoint MFS Heritage Trust Company as Trustee, and: (1) acknowledge that I have received and read the current prospectus(es) for the funds chosen in Section 3 and the appropriate MFS Disclosure Statement and Individual Retirement Account Trust; (2) acknowledge that no further contributions may be made to my account; (3) agree that an annual trustee fee of \$25 may be deducted from my account; and (4) certify that, under the penalty of perjury, my Social Security number shown above is correct.

Check if you are not a U.S. citizen or resident alien. Please provide a W-8 BEN form.

Check if you are not a U.S. citizen or resident alien. Please pro	vide a W-8 BEN form.				
If this box is checked, you will be restricted from making exchanges into and out of this account.					
BENEFICIAL OWNER'S SIGNATURE (Or signature of parent or guardian, if beneficial owner is a minor)	DATE (MM/DD/YYYY)				
PRINT NAME					

MFS® BENEFICIAL IRA TRANSFER FORM

1. Beneficial Owner Information

Use this form to request that a letter of acceptance be sent for a transfer of assets from a beneficial IRA or beneficial Roth IRA account to an MFS beneficial IRA. In order to expedite your request, please include a copy of the most recent statement.

BENEFICIAL OWNER'S FIRST NAME DECEDENT'S FIRST NAME DECEDENT'S FIRST NAME REGISTERED REPRESENTATIVE'S PHONE NUMBER 2. Describe Beneficial IRA to be transferred The IRA to be transferred is: (Choose one.) Traditional Rollover Roth Roth Rollover The account to be transferred is presently invested or deposited in: MFS funds FUND NUMBERS: SEE THE MFS FAMILY OF FUNDS' LISTING AT THE BACK OF THIS BOOK. A Non-MFS investment NAME OF INSTITUTION ACCOUNT NUMBERS) CONTACT NAME (IF ANY) NAME OF RESIGNING TRUSTEF/CUSTODIAN PHONE NUMBER ACCOUNT NUMBERS OF THE RESIGNING TRUSTEF/CUSTODIAN CITY I am requesting this transfer as an IRA Beneficiary. I understand that any annual Required Minimum Distribution (RMD) amount must be distributed from my existing Beneficial IRA prior to the transfer of assets to an MFS Beneficial IRA. 3. Transmittal Instructions Important: Please select either "Transfer in kind" or "Liquidate."Contact the resigning trustee or custodian for their requirements before completing this section. To resigning trustee/Custodian Transfer in kind I am requesting a transfer of shares from a brokerage firm or bank IRA presently invested in the MFS fund(s) as indicated in Section 2.					
REGISTERED REPRESENTATIVE'S NAME REGISTERED REPRESENTATIVE'S PHONE NUMBER 2. Describe Beneficial IRA to be transferred The IRA to be transferred is; (Choose one.) Traditional Rollover Roth Roth Roth Rollover The account to be transferred is presently invested or deposited in: MFS funds FUND NUMBERS: SEE THE MFS FAMILY OF FUNDS® LISTING AT THE BACK OF THIS BOOK. A Non-MFS investment NAME OF INSTITUTION Other ACCOUNT NUMBERS: CONTACT NAME (IF ANY) NAME OF RESIGNING TRUSTED/CUSTODIAN PHONE NUMBER MAILING ADDRESS OF THE RESIGNING TRUSTED/CUSTODIAN CITY I am requesting this transfer as an IRA Beneficiary. I understand that any annual Required Minimum Distribution (RMD) amount must be distributed from my existing Beneficial IRA prior to the transfer of assets to an MFS Beneficial IRA. 3. Transmittal Instructions Important: Please select either "Transfer in kind" or "Liquidate." Contact the resigning trustee or custodian for their requirements before completing this section. To resigning trustee/custodian Transfer in kind I am requesting a transfer of shares from a brokerage firm or bank IRA presently invested in the MFS fund(s) as indicated in	BENEFICIAL OWNER'S FIRST NAME		MI	LAST NAME	
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○ All OR ○ Part (\$) of the account described in Section 2 to my MFS Beneficial IRA.	O All OR	Part (\$	_) of the account	described in Section 2 to my MFS Beneficial IRA	٧.
For Non-MFS Money Market IRAs Only:	For Non-MFS Money	Market IRAs Only:			
I also wish to transfer my non-MFS Money Market Beneficial IRA from the firm listed in Section 2 to MFS.	I also wish to transfer i	my non-MFS Money Marke			
To resigning trustee/custodian: If this box is checked, please liquidate any non-MFS money market shares and send to the address below.			checked, please liq	quidate any non-MFS money market shares and	

		Beneficial IRA (or Beneficial Roth IRA, if applicable).
N.A	AME	
M	lail completed form to:	
R	egular mail	Overnight mail
	IFS Service Center, Inc.	MFS Service Center, Inc.
	O. Box 219341 ansas City, MO 64121-9341	801 Pennsylvania Ave, Suite 219341 Kansas City, MO 64105-1307
	•	
_	ire funds	
	ate Street Bank and Trust Co.	
	oston, MA 02101 BA #011000028	
	redit MFS DDA Number 99034	795
Fc	or further credit to Beneficial IR	
		NAME
	stment Instructions	
Choo	se one.	
	pen a new MFS Beneficial IRA. structions.	Complete and attach Form A, upon which you may indicate your investment
	vest in my existing MFS Benefi	cial IRA. Complete and attach Form A, Section 3.
Auth	norization to Transfer	
-	9 9	ustee or custodian of the IRA you are transferring to see if a signature guarantee cace is provided below for a signature guarantee, if required.
Please	e transfer my Beneficial IRA or Be	eneficial Roth IRA as described in Section 2, in accordance with the above instruction
BENEFIC	CIAL OWNER'S SIGNATURE	DATE (MM/DD/YYYY)
PRINT N	AME	
Ciana	ture guaranteed by:	
Signa		

6. Trustee Acceptance (For MFS use only)

MFS® Heritage Trust CompanySM is willing to accept the assets described above and credit them to the MFS Individual Retirement Account Trust or MFS Roth Individual Retirement Account Trust, as applicable, for which it is trustee. MFS Heritage Trust Company agrees to the redemption and transfer from fiduciary to fiduciary as authorized above.

A letter of acceptance from MFS is included with this form to facilitate the transaction.

MFS® BENEFICIAL IRA DIRECT ROLLOVER FORM

This form may not be accepted by the decedent's existing plan. Plan-specific paperwork may be required. Contact the plan administrator for the plan's requirements.

Use this form to request that a letter of acceptance be sent for a direct rollover of assets from an eligible retirement plan to an MFS Beneficial Traditional IRA, or from a designated Roth account in an eligible retirement plan to an MFS Beneficial Roth IRA. (If making a rollover to both a Beneficial Traditional and a Beneficial Roth IRA, complete a separate form for each.)

In order to expedite your rollover request, please include a copy of your most recent statement.

1.	Beneficial Owner Infor	rmation			
	BENEFICIAL OWNER'S FIRST NAME		MI	LAST NAME	
	BENEFICIAL OWNER'S SOCIAL SECURITY N	NUMBER			
	DECEDENT'S FIRST NAME		MI	LAST NAME	
	REGISTERED REPRESENTATIVE'S NAME		REGISTERED) representative's	PHONE NUMBER
2.	Current Plan Trustee/	Custodian Informati	on		
	The rollover will be made fr	rom: (Choose one.)			
	an eligible qualified retiren	nent plan 🔘 a desi	gnated Roth	account in an	eligible qualified retirement plan
	The account to be rolled over is presently invested or deposited in:				
	MFS funds	FUND NUMBERS: SEE THE MFS FA	AMILY OF FUNDS®	LISTING AT THE BA	CK OF THIS BOOK.
	A New MEG investment				
	○ A Non-MFS investment	NAME OF INSTITUTION			
	Other	NAME OF INSTITUTION			
	ACCOUNT NUMBER(S)				CONTACT NAME (IF ANY)
	NAME OF RESIGNING TRUSTEE/CUSTODIA	N .			PHONE NUMBER
	MAILING ADDRESS OF RESIGNING TRUSTE	EE/CUSTODIAN			
	CITY			STATE	ZIP CODE

I am requesting this direct rollover as a Beneficiary. I understand that any annual Required Minimum Distribution (RMD) amount must be distributed from my existing beneficial qualified retirement plan account prior to the direct rollover of assets to an MFS Beneficial IRA.

3. Transmittal Instructions

Important: Please select either "Rollover in kind" **or** "Liquidate." Contact the resigning trustee or custodian for their requirements before completing this section.

To	Rollover in kind I am requesting a rollo Fund(s) as indicated in	ver of shares from a b	prokerage firm or eligible retirement plan presently invested in the MFS				
	 ○ Liquidate ○ All OR ○ Part (\$) of the account described in Section 2 to my MFS Beneficial IRA. 						
		my non-MFS Money l ustee/custodian: If t	Onies Only: Market Beneficial qualified monies from the firm listed in Section 2 to his box is checked, please liquidate any non-MFS money market shares				
Se	end assets as follows:						
С	Mail check Make check payable to	o MFS Heritage Trust (Company, Trustee for				
	Beneficial IRA (or Bene	ficial Roth IRA, if app					
	Mail completed form to	0:					
	Regular mail MFS Service Center, Inc. P.O. Box 219341 Kansas City, MO 6412	801 Penr	ht mail vice Center, Inc. nsylvania Ave, Suite 219341 iity, MO 64105-1307				
\subset	Wire funds						
	State Street Bank and Boston, MA 02101 ABA #011000028 Credit MFS DDA Numb						
	For further credit to Be	eneficial IRA/Roth IRA	forNAME				
4. Ir	nvestment Instruct	tions					
Cl	hoose one.						
C	Open a new MFS Beninvestment instruction	•	and attach Form A, upon which you may indicate your				
\subset	Invest in my existing N	1FS Beneficial IRA. Co	mplete and attach Form A, Section 3.				

5. Authorization to Roll Over

Important: Contact the resigning trustee or custodian of the eligible retirement plan you are rolling over to see if a signature guarantee or other documentation is required. Space is provided below for a signature guarantee, if required.

By effecting this rollover, I agree that I will be responsible for tracking any portion of the rollover attributable to after-tax contributions or, if applicable, Roth contributions, and I also understand that, if this is a rollover to an MFS Beneficial Roth IRA, the five-year period used in determining whether a distribution is a "qualified distribution" from my Beneficial Roth IRA will be computed without regard to the period of participation in the designated Roth account of the employer's eligible retirement plan.

BENEFICIAL OWNER'S SIGNATURE	DATE (MM/DD/YYYY)
PRINT NAME	
Signature guaranteed by:	
NAME OF FIRM	
SIGNATURE OF AUTHORIZED PERSON	

6. Trustee Acceptance (For MFS use only)

MFS® Heritage Trust CompanySM is willing to accept the assets described above and credit them to the MFS Individual Retirement Account Trust or the MFS Roth Individual Retirement Account Trust, as applicable, for which it is trustee. MFS Heritage Trust Company agrees to the redemption and rollover from fiduciary to fiduciary as authorized above.

A letter of acceptance from MFS is included with this form to facilitate the transaction.

MFS® BENEFICIAL IRA DISTRIBUTION AUTHORIZATION

For use in establishing installment distributions.

For non-spouse beneficiaries of deceased IRA, Roth IRA owners or qualified plan participants. Please review the Tax Withholding Information at the end of the form and, if applicable, complete and sign the attached Form W-4R.

1. Beneficial Account Information

BENEFICIAL OWNER'S FIRST NAME		MI	LAST NAME	
BENEFICIAL OWNER'S SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/	/DD/YYYY)		PHONE NUMBER
Original type of account				
Type of plan from which decedent's account is	being distribut	ted (Choose o	one):	
O Traditional IRA (including SEP and SIMPLE IF	RAs) C Ro	oth IRA		
 Qualified retirement plan: 403(b), 401(k), profit sharing, pension, etc. 	O D	esignated Ro	oth Accoun	t under a 401(k) or 403(b) plan
The December 31st prior year balance was \$				
The beneficiary is a child of the IRA owner	who has not	attained the	age of maj	ority.
Decedent Information				
DECEDENT'S FIRST NAME		MI	LAST NAME	
DECEDENT'S DATE OF BIRTH (MM/DD/YYYY) (REQUIRED FOR CALCULATING REQUIRED MINIMUM DISTRIBUTION)	DECEDENT'S DATI	e of Death (MM	1/DD/YYYY)	

3. Installment Distributions/Required Minimum Distribution

Please complete either Part A or Part B.

2.

Required Minimum Distributions (RMDs): IRS rules govern when a beneficiary must begin taking distributions from an IRA, Roth IRA, or qualified retirement plan and the amount of those distributions. Please consult your tax advisor or IRS Publication 590-B to determine how these rules apply to you.

An RMD is not eligible to be rolled over. If the decedent was due an RMD for the year of death and died before it was distributed, or if you as beneficiary must receive an RMD for the year in which the rollover is taking place or any prior year, such amount may not be included in the amount rolled over.

If the Beneficial IRA is invested in more than one mutual fund, pro rata installment distributions will be made from each fund.

Beneficiaries that are entities (not individuals):

IRAs: If the non-spouse beneficiary of an IRA is an entity (e.g., the estate, a charity, or a non-qualified trust) rather than a person, the entire account must be distributed using the 5-year period option if either (1) the Traditional IRA owner died before the required beginning date for age 73 required distributions, or (2) the IRA is a Roth IRA. If the Traditional IRA owner died after the required beginning date, distributions to the entity may be made over the remaining single life expectancy of the owner starting in the year after the year in which the owner died. Certain trusts named as beneficiaries may be eligible to base distributions on the beneficiaries' life expectancies; consult your tax advisor for more information.

Qualified retirement plans: Generally, if the beneficiary of an interest in a qualified retirement plan is an entity rather than a person, a rollover to an IRA is not permitted. However, certain trusts named as beneficiaries may roll over to an IRA if the trust beneficiaries meet the requirements to be treated as designated beneficiaries under IRS rules; consult your tax advisor for additional information.

Other qualified retirement plan beneficiaries: Under 2007 IRS guidance, amounts rolled over from a qualified retirement plan generally retain the plan's RMD requirements. Consult the plan administrator to determine whether the decedent had attained his/her required beginning date (RBD) under the plan and, for decedents that had not reached their RBD, whether the 5-year rule or life-expectancy rule applies for determining RMD. Consult with your tax advisor for additional information.

A. For IRA Owners who Died on or After January 1, 2020.

As a general rule, for an IRA owner who died on or after January 1, 2020 the assets in the traditional or Roth IRA must be distributed to the designated beneficiary by the end of the tenth calendar year following the year of the IRA owner's death. However, if the beneficiary is an "eligible designated beneficiary," such beneficiary may receive RMDs calculated with reference to his or her life expectancy. An "eligible designated beneficiary" is any individual who is the surviving spouse of the IRA owner, a child of the IRA owner who has not attained the age of majority (upon such child attaining the age of majority any remaining assets must be distributed no later than the end of the tenth calendar year after the calendar year in which the child reaches the age of majority); certain disabled and chronically ill individuals, and an individual not listed above who is less than 10 years younger than the IRA owner. Please consult with your tax advisor to determine if you qualify as an eligible designated beneficiary.

Eliaible	Designated	Beneficiary	(as	defined	above):

Life Expectancy: Pay the total account balance over the beneficiary's life expectancy commencing in					
			The beneficiary's date	of birth is	
	Note: May be no	o later than Decen	nber 31st of the calendar year im	nmediately following the year	in which the IRA owner died.
\bigcirc	Period Certai	n: Pay the total a	account balance over	years (may not exceed	the number of years that
	would be calcu	ulated under the	Life Expectancy method) cor	nmencing in	
				MONTH	YEAR
	Note: May be no	o later than Decen	nber 31st of the calendar year im	nmediately following the year	in which the IRA owner died.
	fined above):	-	vidual or qualified trust wh		-
	10-Year Perio	a: i intend to de	plete the account by the end	of the 10th year following	the year in which the
		,	in STARTING MONTH	years (may not exceed	d 10 years from the date of
			r receiving RMD, the beneficiary ner's date of death.	must take RMD payments in	years 1-9 depleting the account
\bigcirc	Life Expectan	ıcy: Pay the total	account balance over the be	neficiary's life expectancy	commencing in
	MONTH	YEAR	The beneficiary's date	of birth is $_{\overline{\rm DATE~OF~BIRTH~(MM/E)}}$	DD/YYYY).
	Note: If Life Exp	ectancy is chosen,	the entire account balance mus	t be paid out by the 10th yea	ar from the IRA owner's date of

death. In the event your life expectancy is longer than 10 years, you must request the final payout in year ten.

En	tity Beneficiary (e.g., the estate, a charity, or a non-qualified trust):			
\bigcirc	5-Year Period: I intend to deplete the account by the end of the 5th year following the year in which			
	the IRA owner died. Pay the total account balance over $\frac{1}{NUMBER}$ years (may not exceed five) beginning in			
	STARTING MONTH			
\bigcirc	The decedent's remaining life expectancy: Pay the total account balance over the decedent's remaining life			
	expectancy beginning in			
	the calendar year immediately following the year in which the IRA owner died.)			
	Note: This option is only available if the IRA owner died after the required beginning date.			
В.	For Non-Spouse Beneficiaries of IRA owners who Died in 2019 (or earlier)			
	te: The Life Expectancy and Period Certain options are only available if distributions from the account began by December 31st of eyear following the calendar year the IRA owner died.			
\bigcirc	Life Expectancy: Pay the total account balance over the applicable life expectancy beginning in			
	Determine life expectancy using			
	the beneficiary's life expectancy. (This option is not available for beneficiaries who are entities.)			
	The beneficiary's date of birth is DATE OF BIRTH (MM/DD/YYYY)			
	the decedent's remaining life expectancy. (This option is available only if the IRA owner died after the required beginning date.)			
\bigcirc	Period Certain: Pay the total account balance over years (may not exceed the number of years that			
	would be calculated under the Life Expectancy method) commencing in STARTING MONTH			
\bigcirc	5-Year Period: I intend to deplete the account by the end of the 5th year following the year in which the IRA owner			
	died. Pay the total account balance over years (may not exceed five) beginning in STARTING MONTH			
	Note: Under the Coronavirus Aid, Relief, and Economic Security Act (the "CARES Act") provision waiving Required Minimum Distributions (RMDs) for calendar year 2020, the year 2020 can be disregarded for purposes of applying the 5-year distribution rule. If the IRA owner died in 2019 and you wish to disregard the year 2020 when distributing from the account, the total account balance must be depleted by the end of the 6th year following the year in which the IRA owner died.			

4. Payment Frequency for Installment Distributions

Withdrawals can be processed between the **15th and 31st** day of the month. Installment distributions will occur at the frequency indicated and will be processed on or about the same day of the month. Please allow at least 10 days from the day the form is mailed for the systematic withdrawal plan to start drafting.

If no frequency is chosen, withdrawals will be made monthly. If no day is chosen, or if a day that is not

between the 15th and 31st is chosen, withdrawals will be made on or about the 24th. Please start my withdrawals on the _____ (day) of ____ (starting month). Choose frequency. Monthly Or Other than monthly (check month(s) below) ○ Jan ○ Feb ○ Mar ○ Apr ○ May ○ June ○ July ○ Aug ○ Sept ○ Oct ○ Nov ○ Dec 5. Payment Instructions Choose one. Make check payable to me and mail to the address of record. Direct deposit proceeds to my bank account. I have attached an original voided check and/or preprinted deposit slip. For your security, the bank information provided must have an owner in common with the MFS account registration. Signature authentication is required in Section 6 if you select this option. In lieu of an original voided check or deposit slip, you may submit a letter from your bank providing the registration, routing number, and account number with a Medallion Signature Guarantee in Section 6. The letter from the bank must be on their letterhead. If direct deposit was selected, please indicate the type of account 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

BANK NAME (REQUIRED)

BANK ROUTING NUMBER (REQUIRED)

Attach an original voided check or preprinted deposit slip.

NAME ON CHECKING/SAVINGS ACCOUNT (REQUIRED)

BANK ACCOUNT NUMBER (REQUIRED)

6. Distribution Authorization

As the Beneficial Owner of the above MFS IRA/Roth IRA, I authori with the provisions of the IRA Plan. The trustee of the MFS IRA/Roth authorization and are released from any and all claims I may have also read the enclosed Tax Withholding Information. I further certitrue and complete and that this number is my taxpayer identification.	n IRA and any MFS affiliates are entitled to rely on my or claim to have with respect to this distribution. I have fy that my Social Security number written above is
Check if you are not a U.S. citizen or resident alien. Please pro	vide a W-8 BEN form.
If this box is checked, you will be restricted from making exchange	es into and out of this account.
BENEFICIAL OWNER'S SIGNATURE	DATE (MM/DD/YYYY)
PRINT NAME	
Signature authentication Signature authentication is required if you request the proceeds to	be direct deposited to your bank account
(see Section 5).	
Notary Public Stamp, Signature Guarantee, or Medallion Signature Gu	-
AFFIX 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. Signature guarantees shall be accepted in accordance with policies established by MFS Service Center, Inc. and must not be dated. A notary public stamp can be obtained from a notary public signing agent. Both notary public signature and original notary stamp is required within the affix stamp box.

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 forms to:

Regular mail

Overnight mail

MFS Service Center, Inc. P.O. Box 219341

MFS Service Center, Inc. 801 Pennsylvania Ave, Suite 219341

Kansas City, MO 64121-9341 Kansas City, MC

Kansas City, MO 64105-1307

MFS® FAMILY OF FUNDS



FUND NAME	FUND NUMBE A	ER (BY CLASS)	FUND NAME	FUND NUMBE	R (BY CLASS)
U.S. EQUITY		-	MFS® Low Volatility Global Equity Fund	1025	1325
Massachusetts Investors Trust	12	312	MFS® Research International Fund	99	399
Massachusetts Investors Growth Stock Fund	13	313	Wils Research international Fana	33	333
MFS® Blended Research® Core Equity Fund	84	384	MULTI-ASSET		
MFS® Blended Research® Growth Equity Fund	1062	1362	MFS® Aggressive Growth Allocation Fund	1029	1329
MFS® Blended Research® Mid Cap Equity Fund	1067	1367	MFS® Conservative Allocation Fund	1026	1326
MFS® Blended Research® Small Cap Equity Fund	1063	1363	MFS® Diversified Income Fund	1039	1339
MFS® Blended Research® Value Equity Fund	1061	1361	MFS® Global Total Return Fund	24	324
MFS® Core Equity Fund	91	391	MFS® Growth Allocation Fund	1028	1328
MFS® Equity Income Fund	1054	1354	MFS® Lifetime® 2025 Fund	1056	1356
MFS® Growth Fund	07	307	MFS® Lifetime® 2030 Fund	1037	1337
MFS® Intrinsic Value Fund	1030	1330	MFS® Lifetime® 2035 Fund	1057	1357
MFS® Low Volatility Equity Fund	1023	1323	MFS® Lifetime® 2040 Fund	1038	1338
MFS® Mid Cap Growth Fund	83	383	MFS® Lifetime® 2045 Fund	1058	1358
MFS® Mid Cap Value Fund	1024	1324	MFS® Lifetime® 2050 Fund	1047	1347
MFS® New Discovery Fund	97	397	MFS® Lifetime® 2055 Fund	1059	1359
MFS® New Discovery Value Fund ¹	1050	1350	MFS® Lifetime® 2060 Fund	1068	1368
MFS® Research Fund	14	314	MFS® Lifetime® 2065 Fund	1073	1373
MFS® Value Fund	93	393	MFS® Lifetime® Income Fund	1034	1334
			MFS® Moderate Allocation Fund	1027	1327
EQUITY SECTOR			MFS® Total Return Fund	15	315
MFS® Technology Fund	98	398	MONEY MARKET		
MFS® Utilities Fund	35	335	MONEY MARKET		
			MFS® U.S. Government Cash Reserve Fund ¹	01	301
FIXED INCOME			MFS® U.S. Government Money Market Fund ¹	10	N/A
MFS® Core Bond Fund	1074	1374	SPECIALTY/ALTERNATIVE		
MFS® Corporate Bond Fund	11	311		1012	1242
MFS® Emerging Markets Debt Fund	33	333	MFS® Commodity Strategy Fund	1042	1342
MFS® Emerging Markets Debt Local Currency Fund		1352	MFS® Global Alternative Strategy Fund	1041	1341
MFS® Global Opportunistic Bond Fund	1043	1343	MFS® Managed Wealth Fund	1060	1360
MFS® Global High Yield Fund	70	370			
MFS® Government Securities Fund	26	326			
MFS® High Income Fund	18	318			
MFS® Income Fund	34	334			
MFS® Inflation-Adjusted Bond Fund	1031	1331			
MFS® Limited Maturity Fund	36	336			
MFS® Total Return Bond Fund	78	378			
GLOBAL/INTERNATIONAL EQUITY					
MFS® Blended Research® Emerging Markets Equity Fu	nd 1066	1366			
MFS® Blended Research® International Equity Fun		1364			
MFS® Emerging Markets Equity Fund	85	385			
MFS® Emerging Markets Equity Pana MFS® Emerging Markets Equity Research Fund	1071	1371			
MFS® Global Equity Fund	04	304			
MFS® Global Growth Fund	09	309			
MFS® Global New Discovery Fund	1053	1353			
MFS® Global Real Estate Fund	59	359			
MFS® International Diversification sm Fund	1032	1332			
MFS® International Equity Fund	60	N/A			
MFS® International Growth Fund	86	386			
MFS® International Large Cap Value Fund	1070	1370	¹ MFS U.S. Government Cash Reserve Fund, MFS U.S.		
MFS® International New Discovery Fund ¹	74	374	MFS New Discovery Value Fund, MFS International II		
MFS® International Intrinsic Value Fund ¹	87	387	International New Discovery Fund are closed to new investors subject to certain exceptions. Please see the prospectus for additional information.		

International New Discovery Fund are closed to new investors subject to certain exceptions. Please see the prospectus for additional information.

TAX WITHHOLDING INFORMATION



Please complete and sign the attached Form W-4R to make a withholding election. Refer also to the list of states on the following page and submit the appropriate state form in addition to the Form W-4R, if applicable. The amount requested for distribution will be reduced by any tax withholding selected.

IRA Accounts

If a tax withholding choice is not made on the attached Form W-4R, applicable taxes will be withheld. Federal tax withholding will not be withheld from Roth IRAs.

Notice of federal withholding. The distribution you receive is subject to a federal income tax withholding rate of 10%, unless you elect on the Form W-4R not to have withholding apply. If you do not make a withholding election on the attached Form W-4R and sign the form, federal income tax at a rate of 10% 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 entering 0% on line 2 on Form W-4R. You may also elect a different percentage (between 1% and 100%) on line 2. 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. MFS will also withhold state income taxes unless you elect not to have federal withholding apply if your address of record is in a state that requires state withholding (refer to the State income tax information on the next page).

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.

403(b) Accounts

A. Mandatory withholding for eligible rollover distributions

Federal law requires MFS Service Center, Inc. to withhold federal income tax from your distribution at the rate of 20% unless it is rolled over directly to an IRA or other eligible retirement plan. You may also elect to withhold more than 20% on line 2 of the attached Form W-4R. The withholding is mandatory; you may not waive it. Please review the enclosed notice for additional information. Distributions which are not rolled over directly to an IRA or other eligible retirement plan and which are paid to residents of states that require state withholding (refer to the State income tax information on the next page) are subject to mandatory state income tax withholding. If your state requires withholding, MFS will withhold at least the minimum state tax regardless of your election. The mandatory withholding will automatically be applied to distributions paid directly to you unless the distribution is due to financial hardship or is due to Required Minimum Distribution.

B. For Required Minimum Distributions and Hardship distributions (Distributions not subject to mandatory 20% withholding)

To elect out of withholding or to request withholding at a rate other than 10%, you must complete and sign the attached Form W-4R.

Notice of federal withholding. The distribution you receive is subject to a federal income tax withholding rate of 10%, unless you elect on the attached Form W-4R not to have withholding apply. If you do not make a withholding election on the attached Form W-4R, federal income tax at a rate of 10% 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 entering 0% on line 2 on Form W-4R. You may also elect a different percentage (between 1% and 100%) on line 2. 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. MFS will also withhold state income taxes unless you elect not to have federal withholding apply if your address of record is in a state that requires state withholding (refer to the State income tax information on the next page).



State income taxes

Refer to the chart below for state income tax information.

For residents of:	State withholding information			
CA, DE, KS, MA, ME, NC, OR, and VT	MFS will withhold state income taxes on both IRA and 403(b) accounts unless you elect not to have federal withholding apply.			
AR	Residents of AR will have state income taxes withheld on IRA, non-qualified one-time Roth IRA, and 403(b) distributions regardless of federal income tax withholding elections. To opt out of AR state income tax withholding you must submit a completed Form AR4P.			
СТ	Residents of CT will have state income taxes withheld on both IRA and 403(b) accounts regardless of federal income tax withholding unless you submit or have submitted a completed Form CT-W4P. State income tax will also be applied to non-qualified one-time Roth IRA distributions without a completed CT-W4P on file. State withholding will not be applied to Systematic Withdrawal Plan (SWP) distributions from Roth IRAs.			
IA	Residents of IA will have state income taxes withheld on both IRA and 403(b) accounts unless you qualify for the retirement income exclusion.			
MD	MFS will withhold state income taxes on distributions from 403(b) accounts that are eligible rollover distributions. MFS will not withhold state income taxes from IRA distributions.			
MN	Residents of MN will have state income taxes withheld on both IRA and 403(b) accounts regardless of whether you've elected federal income tax withholding unless you submit or have submitted a completed Form W-4MNP for a periodic or non-periodic distribution. If not already submitted, a Form W-4MNP should be submitted with this distribution request. If you have not submitted a completed W-4MNP at the time of your distribution request, MFS will withhold based on the applicable state tax rate in accordance with state statute. State income tax will also be applied to non-qualified one-time Roth IRA distributions without a completed Form W-4MNP on file. State withholding will not be applied to Systematic Withdrawal Plan (SWP) distributions from Roth IRAs.			
NE	MFS will withhold state income taxes on 403(b) accounts unless you elect not to have federal withholding apply. MFS will not withhold state income taxes from IRA distributions.			
ОК	Residents of OK will have state income taxes withheld on both IRA and 403(b) accounts regardless of federal income tax withholding unless you submit a completed Form OK-W-4-R for a periodic or partial distribution with this request.			
VA	MFS will withhold state income taxes on 403(b) accounts unless you elect not to have federal withholding apply. MFS will not withhold state income taxes from traditional IRA and SEP IRA distributions.			
All other states	MFS will not withhold state income taxes from IRA or 403(b) distributions.			
	l.			

Form W-4R

Department of the Treasury

Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions

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

2025

%

OMB No. 1545-0074

 Internal Revenue Service
 Give Form W-4K to the payer of your retirement payments.

 1a First name and middle initial
 Last name

 1b Social security number

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.

2	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)	2	

Sign Here

Your signature (This form is not valid unless you sign it.)

Date

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.

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.

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

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

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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

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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.

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.

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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.