

MFS[®] IRA QUALIFIED CHARITABLE DISTRIBUTION AUTHORIZATION FORM



A Qualified Charitable Distribution (QCD) is a nontaxable distribution made directly from your IRA (other than an ongoing SEP or SIMPLE IRA*) to an organization eligible to receive tax-deductible contributions.

- You must be at least age 70^{1/2} when the QCD is made.
- The recipient charity must qualify as a 501(c)(3) organization and be eligible to receive tax-deductible contributions.
- The distribution will be coded as a normal distribution (or distribution due to death for Decedent IRAs) on your tax form.
- QCDs are exempt from federal tax withholding; however, annual exclusion limits apply.
- State tax withholding rules vary. Consult your tax advisor for your particular state's rules.
- Federal annual exclusion limits apply. Amounts redeemed in excess of the exclusion limit may be taxable. Please consult with your tax advisor.
- A Medallion signature guarantee is required in Section 6 for all requests.
- If you are requesting a QCD to multiple charities, please complete one form per recipient organization.

*For this purpose, a SEP IRA or SIMPLE IRA is ongoing if an employer contribution is made for the plan year ending with or within your tax year in which the distribution would be made.

1. Account Information

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.

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. Redemption Instructions

Please provide your fund and account number(s). 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 account balance, all shares in the account will be sold. If your request includes recently purchased shares, MFSC may delay the payment of redemption proceeds of those shares for a period of up to seven business days in order to enable MFSC to confirm that the funding has cleared. These redemption proceeds will generally be sent separately in the form of a check.

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.

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

3. Payment Instructions

NAME OF CHARITABLE ORGANIZATION

ATTN:

CHARITABLE ORGANIZATION'S ADDRESS

CITY

STATE

ZIP CODE

All checks will be made payable to the charitable organization listed above.

- ☐ Mail check directly to the charitable organization listed above.
- ☐ Mail check to my address of record.

If instructions are not provided, or if an address for the charitable organization is not provided, the check will be sent to you at your address of record.

4. Required Minimum Distribution

Please complete this section only if the distribution is taken from a non-Roth IRA and you have reached Required Minimum Distribution (RMD) age.

Choose one.

- ☐ This distribution represents all or part of my Required Minimum Distribution.
- ☐ Once the distribution is processed, recalculate the systematic payment amount for my RMD.
- ☐ This distribution is not part of my Required Minimum Distribution.

5. Tax Withholding

By completing this form, the distribution will be treated as a Qualified Charitable Distribution and federal withholding will not be applied. State withholding rules vary and federal annual exclusions apply. Amounts redeemed in excess of the exclusion limit may be taxable. Please consult with your tax advisor.

6. Authorization

Please sign your name exactly as it appears on your account. By signing, you authorize this distribution and acknowledge that it will be processed as a Qualified Charitable Distribution, no federal withholding will be applied to the distribution, and that you are aware of any fees or sales charges associated with this transaction. You further certify that (1) you have verified that the eligible charitable organization that will receive the distribution proceeds is an eligible charitable organization qualified as a 501(c)(3) organization and is eligible to receive tax-deductible contributions; and (2) 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 claim to have, with respect to this distribution.

SIGNATURE

DATE (MM/DD/YYYY)

PRINT NAME

Medallion Signature Guarantee

A Medallion Signature Guarantee is required for all requests.

AFFIX GUARANTEE STAMP HERE

Medallion Signature Guarantee stamp must not be dated. 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 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 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