

MFS[®] EMPLOYER DISTRIBUTION AUTHORIZATION



From Qualified Plan Participant Accounts Trusteed by MFS Heritage Trust Company

Please complete all sections.

1. Employer/Plan Administrator

PLAN NAME

PLAN MAILING ADDRESS

CITY

STATE

ZIP CODE

PLAN ADMINISTRATOR'S OR CONTACT'S NAME

PLAN ADMINISTRATOR'S OR CONTACT'S PHONE NUMBER

2. Type of Plan

Choose one.

- ☐ Profit Sharing Plan
- ☐ Money Purchase Pension Plan
- ☐ 401(k) Plan

3. Participant in Plan

PARTICIPANT'S FIRST NAME

MI

LAST NAME

□ □ □ - □ □ - □ □ □ □

SOCIAL SECURITY NUMBER

□ □ / □ □ / □ □ □ □

DATE OF BIRTH (MM/DD/YYYY)

4. Reason for Distribution

- ☐ Termination of Employment* (for any reason including retirement)

□ □ / □ □ / □ □ □ □

DATE OF TERMINATION (MM/DD/YYYY)

- ☐ Death* □ □ / □ □ / □ □ □ □

DATE OF DEATH (MM/DD/YYYY)

- ☐ Disability*
- ☐ Plan Termination*
- ☐ In Service Withdrawal*
- ☐ Required Minimum Distribution**

Note: To establish a series of ongoing payments, complete the MFS Employer Installment Distribution Authorization Form.

- ☐ Financial Hardship**
- ☐ Loan**
- ☐ Qualified birth or adoption distribution*
- ☐ Qualified Reservist*

*These distributions are generally rollover-eligible.

These distributions are generally **not rollover-eligible.

5. Distribution Instructions

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.

☐ Full withdrawal of all fund/accounts for this participant.

Or

☐ Partial Distribution

Indicate the fund and account number(s) from which you wish to withdraw and the amount to be distributed. If the distribution amount requested exceeds the account balance, all shares in the account will be sold.

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

6. Withholding/Rollover Instructions Please complete Section A, B, C or D.

Eligible rollover distributions made to the participant, or surviving spouse/non-spouse designated beneficiary are subject to 20% mandatory federal income tax withholding. Non-eligible rollover distributions such as Required Minimum Distributions, Hardship withdrawals, or payments due to death to a non-spouse beneficiary that is not an individual (such as a charity or estate) are subject to voluntary tax withholding and Section 6B must be completed for these distribution types only. Loans are nontaxable and Section 6C must be completed for this distribution type. Please note that the amount requested for distribution in Section 5 will be reduced by the amount withheld for taxes.

- A. ☐ Make a single payment of the amount(s) indicated in Section 5, subject to mandatory 20% federal income tax withholding to the participant or surviving spouse/non-spouse designated beneficiary as specified in Section 7. Distributions which are subject to federal income tax withholding and which are paid to residents of AR¹, CA, CT², DE, IA³, KS, ME, MD, MA, MN⁴, NE, NC, OK⁵, OR, VT, and VA are subject to mandatory state income tax withholding (the list of states may change as a result of changing state legislation). If your state requires withholding, MFS will withhold at least the minimum state tax regardless of your election. Distributions paid to residents of all other states will not have any state income taxes withheld. The withholding is mandatory and you cannot elect out of it.
- ☐ Withhold _____% (if more than 20%) for federal income taxes.

¹ Residents of AR are required to have federal and state income tax withholding applied to eligible rollover distributions.

² Distributions paid to residents of CT are subject to state income tax withholding regardless of federal withholding election unless a completed Form CT-W4P is on file.

³ Residents of IA will have state income taxes withheld unless you qualify for the retirement income exclusion.

⁴ Residents of MN will have state income taxes withheld 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, MFSC will withhold based on the applicable state tax rate in accordance with state statute.

⁵ Residents of OK will have state income taxes withheld 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.

- B.** ☐ Make a single payment of the amount(s) indicated in Section 5, subject to a voluntary tax withholding rate of 10% because the payment is not an eligible rollover distribution (Required Minimum Distribution, Hardship withdrawal, or distribution due to death to a non-spouse beneficiary that is not an individual).
- ☐ Withhold _____% (0%-100%) for federal income taxes. Please note, if the participant has indicated to not withhold for federal income taxes, you must indicate 0% here.

Note: If a withholding election is not made above, 10% withholding will be applied to the distribution.

If the recipient is a resident of AR¹, CA, CT², DE, IA³, KS, ME, MA, MN⁴, NE, NC, OK⁵, OR, VT, and VA state income tax will be withheld also (the list of states may change as a result of changing state legislation). If your state requires withholding, MFS will withhold at least the minimum state tax regardless of your election.

¹ Residents of AR will have state income taxes withheld regardless of federal income tax withholding elections. To opt out of AR state income tax withholding you must submit a completed Form AR4P.

² Distributions paid to residents of CT are subject to state income tax withholding regardless of federal withholding election unless a completed Form CT-W4P is on file.

³ Residents of IA will have state income taxes withheld unless you qualify for the retirement income exclusion.

⁴ Residents of MN will have state income taxes withheld 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, MFSC will withhold based on the applicable state tax rate in accordance with state statute.

⁵ Residents of OK will have state income taxes withheld 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.

- C.** ☐ Make a single payment of \$ _____ not subject to federal or state income tax withholding because it is a loan.
- D.** ☐ Directly roll over the the amount(s) indicated in Section 5 (direct rollovers are not subject to tax withholding) to:
- ☐ A **new** MFS traditional or Roth IRA. An MFS IRA Application completed by the participant or spouse beneficiary is attached.
 - ☐ A **new** MFS Beneficial IRA. An MFS Beneficial IRA Application completed by the non-spouse designated beneficiary is attached.
 - ☐ An **existing** MFS traditional or Roth IRA, or eligible MFS Retirement Plan for the participant or surviving spouse beneficiary, or an existing Beneficial IRA for the non-spouse designated beneficiary invested in the MFS Family of Funds.
- | | | | | | | | |
|--|--|--|--|--|--|--|--|
| <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> | <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> | <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> | <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> | <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> | <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> | <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> | <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> |
| FUND NUMBER | ACCOUNT NUMBER | PERCENTAGE | FUND NUMBER | ACCOUNT NUMBER | PERCENTAGE | FUND NUMBER | ACCOUNT NUMBER |
- ☐ A traditional or Roth IRA, or eligible Retirement Plan for the participant or surviving spouse beneficiary, or Beneficial IRA for the non-spouse designated beneficiary **held at another institution**. Please provide the name of the trustee or custodian and the name of the plan.

TRUSTEE OR CUSTODIAN NAME

PLAN NAME

PLAN TYPE (IRA, ROTH IRA OR ELIGIBLE RETIREMENT PLAN)

7. Payment Instructions

All checks will be mailed to the Employer or Plan Administrator for distribution. Checks will not be mailed to an address other than to the Employer or Plan Administrator, even if requested. If the check is to be made payable to a beneficiary, the beneficiary's address is needed for mailing IRS tax reporting forms.

MAKE PAYMENT TO:

- ☐ Participant in Plan
- ☐ Trustee or custodian of an Individual Retirement Arrangement or eligible Retirement Plan. (Please select this option if Section 6, Part D was completed. Please note that a check will not be produced for any assets directly rolled over to a traditional MFS IRA, MFS Beneficial IRA or MFS eligible Retirement Plan.)
- ☐ Beneficiary is an individual

BENEFICIARY NAME

RELATIONSHIP

DATE OF BIRTH (MM/DD/YYYY)

SOCIAL SECURITY NUMBER

BENEFICIARY MAILING ADDRESS (FOR MAILING IRS TAX REPORTING FORMS)

CITY STATE ZIP CODE

If there is more than one beneficiary for this account, please attach a signed letter of instruction indicating each beneficiary's name, Social Security number, relationship (spouse/non-spouse), address, and distribution instructions, as well as the percentage each beneficiary is to receive. Checks will be sent to the Employer or Plan Administrator.

- Beneficiary is not an individual

Please provide the name, address and taxpayer identification number (TIN) of the charity, organization, institution, trust, estate or other non-individual beneficiary to which the check is to be made payable.

[illegible]

MAILING ADDRESS (FOR MAILING IRS TAX REPORTING FORMS)

CITY STATE ZIP CODE

8. Employer Authorization

I certify that (1) this distribution is in accordance with the terms of the Plan; (2) the Plan Administrator has provided the participant or other distributee with the Special Tax Notice Regarding Plan Payments which provides a written explanation of the rules permitting direct rollover of eligible rollover distribution amounts to an eligible retirement plan and mandating 20% federal income tax withholding on distributions that are not directly rolled over, and has also complied with any other notice requirements that are applicable to this distribution (e.g., notices of annuity form of benefit, spousal consent, voluntary withholding, etc.); (3) all the distribution amounts that are being directly rolled over are eligible rollover distributions and are being rolled over to an eligible retirement plan that will accept them; and (4) if a distributee receives an amount that is not an eligible rollover distribution and thus is subject to voluntary federal tax withholding, and any applicable state tax withholding, MFS Service Center Inc., and its affiliates may rely on my authorization for federal tax withholding and any applicable state tax withholding; and the Employer/Plan Administrator has not delegated to any other person or entity by this form or otherwise, its income tax withholding duties and obligations under section 3405 of the Internal Revenue Code of 1986 as amended. MFS Service Center, Inc., and its affiliates, the MFS Funds, and the MFS trustee, 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. I also agree to indemnify and hold harmless MFS Service Center, Inc., and its affiliates, the MFS Funds, and the MFS trustee, MFS Heritage Trust Company from and against any loss, liability, cost or expense (including, without limitation, counsel fees and expenses in connection with the contest or settlement of any claim) that any one of them might incur or sustain, or discover that they have incurred or sustained, by reason of any claim or claims which may be made against any of them as a result of this distribution.

SIGNATURE OF EMPLOYER/PLAN ADMINISTRATOR (AUTHORIZED PERSON)

DATE (MM/DD/YYYY)

PRINT NAME

Medallion Signature Guarantee

The signature of the Authorized Signer (Employer/Plan Administrator) must be guaranteed.

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