

# MFS Investment Funds Redemption Form

Transfer Agent: State Street Bank International GmbH, Luxembourg Branch 49 Avenue J.F. Kennedy, L-1855 Luxembourg

Please fax to Shareholder Services, State Street Bank International GmbH, Luxembourg Branch

**Fax No. +352 24 52 90 36**

## REGISTRATION DETAILS

Account name \_\_\_\_\_

Account Number \_\_\_\_\_

## REDEMPTION DETAILS

Redemption proceeds will be paid in the Share Class Currency of the account.

FUND NAME(S)*	SHARE CLASS	CURRENCY	ISIN	AMOUNT/UNITS

\* Please refer to <https://www.mfs.com/wps/portal/plp/fcpreports> to view the full suite of MFS Investment Funds and the relevant details.

## PLEASE CONFIRM THE REDEMPTION AMOUNT OR UNITS IN WORDS

\_\_\_\_\_ **AMOUNT / UNITS**  
(CIRCLE AS APPROPRIATE)

Please note that all payments will be made in the name of the registered unitholder only, no third party payment will be effected.

## REDEMPTION PAYMENT DETAILS

Correspondence Bank: \_\_\_\_\_

Swift BIC Code: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

IBAN Number: \_\_\_\_\_

Beneficiary Name: \_\_\_\_\_

Beneficiary Account Number: \_\_\_\_\_

Reference: \_\_\_\_\_

Orders received on a relevant Valuation Date (a day on which banks in Luxembourg are open for normal banking business and which the New York Stock Exchange is open) at or before 1:00 p.m. Luxembourg time will be dealt with on that day on the basis of the Net Asset Value per unit calculated that day. Orders received after 1:00 pm Luxembourg time will be dealt on the next available Valuation Date.

## SIGNATURES

The Undersigned declares that he/she is duly authorized to sign the present redemption form and that all information contained in this form is accurate to the best of their knowledge and belief. Please ensure a contact telephone number is provided that can be used to contact you should any questions arise regarding your instruction.

**AUTHORISED SIGNATURE:** \_\_\_\_\_

**AUTHORISED SIGNATURE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

Please provide contact details below for any follow-up matters relating to this redemption order:

MAIN CONTACT PERSON

**NAME:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**CONTACT TEL NO:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

ALTERNATE CONTACT PERSON

**NAME:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**CONTACT TEL NO:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_