MFS® IRA BENEFICIARY CHANGE FORM

For MFS Traditional, Rollover, Roth, SEP, SARSEP, and SIMPLE IRAs Trusteed by MFS Heritage Trust Company

1. Account Owner Information (Please print clearly in capital letters)

IRA OWNER'S FIRST NAME | MI | LAST NAME

◯ This is my new address; please update my account information (Please check the box only if applicable)
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.*

MAILING ADDRESS

CITY | STATE | ZIP CODE

SOCIAL SECURITY NUMBER | DATE OF BIRTH (MM/DD/YYYY) | DAYTIME PHONE NUMBER

2. Information About the Account

A. Type of IRA (Check all that apply.)

◯ Traditional IRA ◯ Roth IRA ◯ SEP IRA ◯ SARSEP IRA ◯ SIMPLE IRA

B. Multiple Trusts (Only complete Section B if applicable.)

A multiple IRA Trust is one in which the IRA owner designates different beneficiaries in different funds within the same IRA type. If you maintain multiple MFS IRA Trusts, provide the trust number for which this beneficiary designation applies. If you are unsure if you have a multiple trust, check for a trust number in the account registration shown on your account statement. If there is a trust number, then you have multiple IRA trusts. A separate form must be completed for each IRA trust, and the trust number for each separate account must be indicated. If you have multiple IRA trusts and you do not indicate the trust number, we will not be able to update your beneficiary designation.

MULTIPLE IRA TRUST NUMBER

3. Beneficiary Designation

This designation will cancel any previous designation you have made for the IRA indicated above.

Please complete the fields below to designate your beneficiaries. If you do not name beneficiaries, the beneficiary designation default will be applied to your account. (The default is that the beneficiary shall be the individual's surviving spouse or, if none, his or her surviving children per stirpes or, if none, the individual's estate.) For the MFS Simple IRA, the beneficiary designation default is the individual's estate as stated in the *Form 5305-S SIMPLE Individual Retirement Trust Account.*

Primary Beneficiary

If you are naming more than one primary beneficiary, please indicate whole number percentages. Percentages must equal 100%. If more than one beneficiary is named and no percentage is indicated, then equal shares will be assigned. If you name more than two primary beneficiaries, attach a separate page.

NAME, TRUST, OR CHARITY / ORGANIZATION

PERCENTAGE (%) RELATIONSHIP: ◯ SPOUSE ◯ OTHER ☐☐/☐☐/☐☐☐☐ DATE OF BIRTH OR TRUST DATE (MM/DD/YYYY)

NAME, TRUST, OR CHARITY / ORGANIZATION

PERCENTAGE (%) RELATIONSHIP: ◯ SPOUSE ◯ OTHER ☐☐/☐☐/☐☐☐☐ DATE OF BIRTH OR TRUST DATE (MM/DD/YYYY)

Secondary Beneficiary

A secondary beneficiary is a person, estate, trust or organization named to receive the account in the event that there are no primary beneficiaries living at the time of the account owner's death or all primary beneficiaries have disclaimed their benefits. If you are naming more than one secondary beneficiary, please indicate whole number percentages. Percentages must equal 100%. If more than one beneficiary is named and no percentage is indicated, then equal shares will be assigned. If you name more than two secondary beneficiaries, attach a separate page.

NAME, TRUST, OR CHARITY / ORGANIZATION

PERCENTAGE (%) RELATIONSHIP: ◯ SPOUSE ◯ OTHER ☐☐/☐☐/☐☐☐☐ DATE OF BIRTH OR TRUST DATE (MM/DD/YYYY)

NAME, TRUST, OR CHARITY / ORGANIZATION

PERCENTAGE (%) RELATIONSHIP: ◯ SPOUSE ◯ OTHER ☐☐/☐☐/☐☐☐☐ DATE OF BIRTH OR TRUST DATE (MM/DD/YYYY)

4. Authorization

Consult your legal advisor to ensure that this form complies with your state's laws of testamentary disposition*.

SIGNATURE OF ACCOUNT OWNER	DATE
WITNESS	DATE
SIGNATURE OF SPOUSE	DATE
WITNESS	DATE

*Generally applies in community property states when the designated beneficiary is not the spouse.

Please contact the MFS Retirement Plans Service Department at 1-800-637-1255 any business day for questions.

Send completed form by:

Regular mail
MFS Service Center, Inc.
P.O. Box 55824
Boston, MA 02205-5824

Overnight mail
MFS Service Center, Inc
c/o Boston Financial Data Services
30 Dan Road
Canton, MA 02021-2809

Fax
1-877-654-3204