MFS® IRA BENEFICIARY CHANGE FORM



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

IRA OWNER'S FIRST NAME			MI	LAST NAME	
Note: If the n	ew address; please upo ew address is a non-U.S. a of this account.	,			ox only if applicable) chases into this account and exchanges
MAILING ADDRESS					
CITY			STATE	ZIP CODE	
SOCIAL SECURITY N	JMBER	DATE OF	F BIRTH (MM/DD/YYY	Y)	DAYTIME PHONE NUMBER
Information	n About the Acco	unt			
Type of IRA	○ Traditional IRA	O Roth IRA	○ SEP IRA	○ SARSEP IRA	○ SIMPLE IRA
Multiple Trus	ts				
are unsure if you statement. If the IRA trust, and	ou have a multiple trus nere is a trust number,	t, check for a tr then you have r be indicated. If	ust number in t multiple IRA tru [:] you have multi	he account registi sts. A separate fo ple IRA trusts and	ficiary designation applies. If you ration shown on your account rm must be completed for each I you do not indicate the trust

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 MFS Individual Retirement Account Trust Agreement.

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 CI	HARITY / ORGANIZATIO	DN	
PERCENTAGE (%)	RELATIONSHIP: SPOUSE) other	DATE OF BIRTH OR TRUST DATE (MM/DD/YYYY)
NAME, TRUST, OR CI	HARITY / ORGANIZATIC	DN	
	RELATIONSHIP:		
PERCENTAGE (%)	SPOUSE C) OTHER	DATE OF BIRTH OR TRUST DATE (MM/DD/YYYY)
Secondary Be	neficiary		
A secondary be	eneficiary is a pe	rson, estate,	trust or organization named to receive the account in the event that there
		•	ne of the account owner's death or all primary beneficiaries have disclaimed
	•	_	one secondary beneficiary, please indicate whole number percentages.
9			n one beneficiary is named and no percentage is indicated, then equal
snares will be a	assigned. It you r	name more t	han two secondary beneficiaries, attach a separate page.
NAME, TRUST, OR CI	HARITY / ORGANIZATIC	DN	
	DEL ATIONICI IID		
PERCENTAGE (%)	RELATIONSHIP: SPOUSE) OTHER	DATE OF BIRTH OR TRUST DATE (MM/DD/YYYY)
TENCEIVIAGE (70)) 31 003E	OTTLEN	DATE OF BIKIN OK TROST DATE (WIWDD) TTTT)
NAME TRUST OR C	HARITY / ORGANIZATIO)N	
	RELATIONSHIP:	\	
PERCENTAGE (%)	SPOUSE) OTHER	DATE OF BIRTH OR TRUST DATE (MM/DD/YYYY)

4. Authorization

Consult your legal advisor to e	ensure that this form complies with you	r state's laws of testamentary disposition*.		
consult your regar davisor to c	insare that this form complies with you	r state s laws or testamentary disposition.		
SIGNATURE OF ACCOUNT OWNER		DATE		
WITNESS		DATE		
SIGNATURE OF SPOUSE		DATE		
WITNESS		DATE		
*Generally applies in community property st	ates when the designated beneficiary is not the spouse.			
Please contact the MES Petiro	mont Plans Sorvice Department at 1.90	0-637-1255 any business day for questions.		
riease contact the IVIF3 Nethel	Hent Flans Service Department at 1-oc	10-037-1233 any business day for questions.		
Send completed form by:				
Regular mail	Overnight mail	Fax		
MFS Service Center, Inc.	MFS Service Center, Inc	1-877-654-3204		
P.O. Box 55824	c/o Boston Financial Data Service	S		
Boston, MA 02205-5824	30 Dan Road			

Canton, MA 02021-2809