

MFS[®] IRA DISTRIBUTION OF SUBSTANTIALLY EQUAL PAYMENTS



1. Account Information

NAME _____ DATE OF BIRTH (MM/DD/YYYY) / /

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

SOCIAL SECURITY NUMBER (no hyphens) _____ DAYTIME PHONE WITH AREA 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.

2. Distribution Method

Payments are to be made under Code section 72(t)(2)(A)(iv) under one of the following methods (check one):

- Life Expectancy** – Over a distribution period selected below
 - The payments will be taken proportionately from all of your MFS IRA accounts
 - My single life expectancy
 - The joint life expectancy of me and my primary beneficiary shown below

NAME _____ SOCIAL SECURITY NUMBER (no hyphens)

/ /

DATE OF BIRTH (MM/DD/YYYY) _____ RELATIONSHIP _____

Amortization

FUND NAME(S)	ACCOUNT NUMBER(S)	AMOUNT PER PAYMENT
_____	_____	_____
_____	_____	_____
_____	_____	_____

Annuity

FUND NAME(S)	ACCOUNT NUMBER(S)	AMOUNT PER PAYMENT
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Payment Frequency (Choose One.)

If no day or frequency is chosen, withdrawals will be made on or about the 24th of each month.

_____ Day of month (for either monthly or other, must be between the 15th and 31st)

Monthly

Other (check months below)

Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

4. Distribution Requirements

I certify that this distribution will be a series of substantially equal payments as provided in Section 72(t)(2)(A)(iv) of the Internal Revenue Code. This distribution, therefore, is not subject to a 10% penalty tax and should be so reported on tax forms. To facilitate my request and as a convenience to me, I authorize the trustee of the MFS IRA to distribute payments in the manner so indicated. This authorization will remain in effect until I provide you with written instructions to terminate the withdrawal plan.

I acknowledge that I am responsible for determining the reasonable interest rate used to calculate payments under the amortization or annuitization methods, if applicable, and in the event that such interest rate is deemed by the IRS not to be reasonable, I am solely liable for any and all penalty taxes and interest on payments that do not qualify as "substantially equal periodic payments." Further, I understand that if I change the distribution method to a method that does not qualify for the exception from the 10% penalty tax before the later of 5 years or my attainment of age 59½, the IRS can impose penalty taxes plus interest on all payments made since distributions from my account commenced. In the event that I determine my distribution method does not qualify for the exception from the 10% penalty tax, I will give instructions for the withdrawal plan to be discontinued.

I represent that I have discussed this distribution plan with a tax advisor and do not hold the trustee of the MFS IRA or any MFS affiliates responsible for its tax consequences.

5. Tax Withholding Election (Read withholding notice and indicate election below.)

Notice of Withholding:

The distribution you receive is subject to federal income tax withholding at a rate of 10%, unless you elect not to have withholding apply. If you do not make a withholding election, federal income tax will be withheld on the gross amount of the payment because we are unable to determine amounts not subject to withholding. You can elect out of withholding by checking "NO" in the "Tax Withholding Election" section of this form. Your election remains effective until you revoke it and you may revoke your election at any time. Even if you elect not to have federal income tax withheld, you are liable for payment of federal income tax on the taxable portion of your distribution. You may also be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are inadequate. Distributions paid to residents of Arkansas, California, Delaware, Iowa, Kansas, Maine, Maryland, Massachusetts, North Carolina, Oklahoma, Oregon and Vermont are subject to state income tax withholding on the gross amount of the payment unless you elect below not to have federal withholding apply (the list of states may change as a result of changing state legislation).

YES, withhold 10% for federal taxes.

If you want more than 10% withheld for federal taxes, indicate total percentage here _____ %

NO, do not withhold federal taxes.

6. Payment Instructions

- Make check payable to me and mail to my address of record. (A Signature Validation Program Stamp is required in Section 7 if the address on the account has been changed within 30 days of the first draft.)
- Electronically deposit directly into my bank account. I have attached a voided check and/ or deposit slip.*
- Make check payable to a special payee and mail to a special address, as shown below.*

*Requires Signature Validation Program (SVP) Stamp (See Below)

Special Payee Instructions:

NAME

ADDRESS

CITY

STATE

ZIP CODE

7. Distribution Authorization (Sign exactly as account is registered.)

SIGNATURE

DATE (MM/DD/YYYY)

Signature Validation Program (SVP)

AFFIX GUARANTEE STAMP HERE

Signature Validation Program (SVP)

MFSC requires an original SVP stamp imprint on certain maintenance and nonfinancial requests for your protection. If you cannot obtain an SVP stamp, we will accept a signature guarantee stamp in lieu of it. The following institutions may be able to provide an SVP stamp or signature guarantee stamp: eligible bank, broker, dealer, credit union, national securities exchange registered securities association, clearing agency, or savings association. SVP stamps or signature guarantees shall be accepted in accordance with policies established by MFS Service Center, Inc. Notarization by a Notary Public is not acceptable in lieu of an SVP stamp or 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 55824
Boston, MA 02205-5824

Overnight mail

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