

MFS[®] CONTRIBUTION DIRECT

Enrollment/Change Form



OVERVIEW

MFS Contribution Direct allows plan administrators and financial advisors to manage and submit investment plan contributions to MFS over a secure Internet site. Contribution Direct eliminates the need for mailing investment instructions and checks if funding your investments via Automated Clearing House (ACH). This process greatly reduces the amount of time it takes to build allocation spreadsheets and avoids delays in receiving the actual investment. However, if you believe that submitting a check is best for your plan, you may submit a check with the screen print from the Submit Roster Confirmation Screen in Contribution Direct with all investment allocation submissions.

Please visit cd.mfs.com for more information and step-by-step instructions on using the system.

SYSTEM REQUIREMENTS

In order to use MFS Contribution Direct, your computer system must meet the following criteria:

- The MFS Contribution Direct Web product will require 256 byte Secure Socket Layer (SSL) encryption.

HOW TO ENROLL IN MFS CONTRIBUTION DIRECT

Enrollment is as easy as 1, 2, 3:

- Ensure that your system meets the above requirement.
- Complete the attached MFS Contribution Direct enrollment form and any new account, participant, or plan applications and send them to MFS.
- After MFS receives the enrollment form, you will be sent an Operator ID and password via e-mail within 10 days. This information will allow you to access your plan and begin the internet submission process.

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Select one option.

I'd like to establish my Plan or Group on MFS Contribution Direct.

(complete all sections below)

I'd like to make changes to an existing MFS Contribution Direct Plan or Group.

(complete all sections below)

1. Plan or Group information (please print all information clearly)

PLAN NAME

Please enroll my existing retirement plan or group in MFS Contribution Direct.

PLAN ID NUMBER

ONE EXISTING ACCOUNT NUMBER

Please enroll my new retirement plan or group in MFS Contribution Direct.
(attach applications for all new participating accounts and/or employees)

2. Plan Administrator

FIRST NAME

MI

LAST NAME

E-MAIL ADDRESS
(MFS CONTRIBUTION DIRECT OPERATOR ID AND PASSWORD WILL BE SENT TO THIS E-MAIL ADDRESS)

DAYTIME PHONE NUMBER

ALTERNATE E-MAIL ADDRESS
(MFS CONTRIBUTION DIRECT OPERATOR ID AND PASSWORD WILL BE SENT TO THIS E-MAIL ADDRESS)

Do you currently administer another plan that uses MFS Contribution Direct? If yes, please complete below.

PLAN ID NUMBER

OPERATOR ID

3. Type of funding (please check only one)

- Check** *(please allow 10 days for establishment)*
All checks must be made payable to MFS Service Center and mailed to the addresses below. Please be sure to attach the screen print from the Submit Roster Confirmation screen in Contribution Direct with all investment allocation submissions.
- Automatic draft** *(please allow 10 days for establishment.)*
Attach a voided check.

BANK ACCOUNT REGISTRATION

BANK NAME

BANK PHONE NUMBER

BANK STREET ADDRESS

CITY

STATE

ZIP CODE

ABA ROUTING NUMBER

BANK ACCOUNT NUMBER

Automatic draft plan provisions

The Employer agrees that the rights of the bank named above with respect to checks drawn on and debit entries initiated to the employer's account are the same as if they were checks drawn on the bank and signed by the employer. The employer agrees that the bank shall be fully protected and without any liability whatsoever in honoring or refusing to honor such check and in accepting or refusing to accept any such debit entry, whether with or without cause and whether intentionally or inadvertently. The privilege of making deposits under this service may be revoked by MFS Service Center, Inc. or MFS Fund Distributors, Inc., without prior notice, if any check is not paid upon presentation or any debit entry not accepted. MFS Service Center, Inc. shall be under no obligation to notify the employer as to the nonpayment of any check or the non-acceptance of any debit entry. This service may be discontinued at any time by the employer by telephone or by writing to MFS Service Center, Inc.

4. Authorization

As the authorized signer of the above mentioned bank account, I authorize all bank drafts initiated by the use of the MFS Contribution Direct Web site.

AUTHORIZED SIGNER *(REQUIRED)*

DATE

Visit cd.mfs.com for more information and instructions for using the MFS Contribution Direct system.
Fax this form to 1-877-654-3204 and you will receive an Operator ID and password via e-mail within 10 business days, or

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