MFS® IRA Transfer Form

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1. Investor Information **Please print clearly in capital letters.**

INVESTOR'S FIRST NAME MI LAST NAME

- -

SOCIAL SECURITY NUMBER REGISTERED REPRESENTATIVE'S LAST NAME REGISTERED REPRESENTATIVE'S PHONE NUMBER

2. Describe IRA to Be Transferred. **Please attach a copy of your last statement.**

The IRA to be transferred is (CHOOSE ONE): ☐ traditional ☐ rollover ☐ Roth ☐ Roth rollover

The account to be transferred is presently invested or deposited in

☐ MFS funds
(enter fund numbers)

(Please see the MFS Family of Funds® listing at the back of this book for fund numbers.)

The IRA is held at another institution, in a

☐ Non-MFS investment

NAME OF INSTITUTION

☐ CDs

NAME OF INSTITUTION DATE OF MATURITY*

* Paperwork should be received 2 weeks prior to maturity date.

ACCOUNT NUMBER CONTACT NAME (IF ANY)

NAME OF RESIGNING TRUSTEE/CUSTODIAN PHONE NUMBER

MAILING ADDRESS OF RESIGNING TRUSTEE/CUSTODIAN

-

CITY STATE ZIP CODE

☐ Check this box if you are age 70½ or older.
I am requesting this transfer during or after the year in which I attain age 70½. I understand that any required minimum distribution amount must be distributed from my existing IRA prior to the transfer of assets to an MFS IRA.

3. Transmittal Instructions

Important: Contact the trustee or custodian for their requirements before completing this section.

To resigning custodian/trustee:

☐ **Transfer in kind.** I am requesting a transfer of shares from a brokerage firm or bank IRA presently invested in the MFS fund(s) as indicated in Section 2.

☐ I also wish to transfer my non-MFS Money Market IRA from the firm listed in Section 2 to MFS.
To resigning custodian: If this box is checked, please liquidate any non-MFS money market shares and send to the address below.

☐ **Liquidate** ☐ **all** or

☐ **part** ($_____) of the account described in Section 2 to my MFS IRA

Send assets as follows:

☐ **Mail check.** Make check payable to MFS Heritage Trust Company, Trustee for IRA (or Roth IRA, if applicable). _____ (NAME, MFS REFERENCE #)

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

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

☐ **Wire funds.** Wire funds to: State Street Bank and Trust Co.
Boston, MA 02101
ABA #011000028
Credit MFS DDA Number 99034795

For further credit to IRA/Roth IRA for: _____

4. Investment Instructions **Check one.**

☐ Open a new account. (Complete and attach **Form A** from the IRA Forms kit, upon which you may indicate your investment instructions, leaving the fields below blank.)

☐ Invest in my existing MFS IRA(s) as follows (also indicate any additional MFS fund choices in the boxes below). For transfers-in-kind where no allocation is indicated, assets will remain in the same fund.

FUND NUMBER	PERCENTAGE	FUND NUMBER	PERCENTAGE
	%		%
	%		%
	%		%

Percentages must add up to 100%.

5. Authorization to Transfer

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Important: Contact the trustee or custodian of the IRA you are transferring to see whether a signature guarantee or other documentation is required.

Please transfer my Individual Retirement Account (IRA) as described in Section 2 in accordance with the above instructions.

Investor signature _____ Date _____

Signature guaranteed by:

Name of firm _____

Signature of authorized person_____

6. Trustee Acceptance **For MFS Use Only.**

MFS Heritage Trust Company is willing to accept the assets described above and credit them to the MFS Individual Retirement Account Trust for which it is trustee. MFS Heritage Trust Company agrees to the redemption and transfer from fiduciary to fiduciary as authorized above.

Authorized MFS signature _____ Date_____
On behalf of MFS Heritage Trust Company

MFS®
INVESTMENT MANAGEMENT