



# MFS<sup>®</sup> TRADITIONAL IRA

# MFS<sup>®</sup> ROTH IRA

Everything you need

- open a traditional or Roth IRA with MFS
- transfer your account(s) to an IRA at MFS
- directly roll over your retirement plan distribution
- convert your traditional IRA to a Roth IRA

# WHICH IRA IS RIGHT FOR YOU?

From the list below, determine which form(s) you need to establish the traditional or Roth Individual Retirement Account (IRA) you want. **For SIMPLE, SEP, or SARSEP IRAs, please use the appropriate forms kit.** If you are transferring or rolling over assets from another institution, in order to expedite your request, please include a copy of your most recent statement from the institution.

## TRADITIONAL IRA

**If you are sending a check with your paperwork for** **Use these forms**

- a first-time contribution. . . . . A
- a rollover to a traditional IRA (within 60 days of your receipt from another traditional IRA). . . . . A
- a rollover from your eligible retirement plan . . . . . A

**If you want MFS® to move your assets from**

- a traditional IRA at another institution into
  - a new MFS traditional IRA (no check enclosed) . . . . . A,B
  - an existing MFS traditional IRA (no check enclosed) . . . . . B
- a rollover IRA at another institution into
  - a new MFS traditional IRA (no check enclosed) . . . . . A,B
  - an existing MFS traditional IRA (no check enclosed) . . . . . B
- an eligible retirement plan for a direct rollover into
  - a new MFS traditional IRA (no check enclosed) . . . . . A,C
  - an existing MFS traditional IRA (no check enclosed) . . . . . C

## ROTH IRA

**If you are sending a check to open a new MFS Roth IRA for** **Use these forms**

- a first-time contribution. . . . . A
- a rollover to a Roth IRA (within 60 days of your receipt from another Roth IRA) . . . . . A
- a rollover from a designated Roth account in your eligible retirement plan . . . . . A
- a conversion of your traditional IRA assets from another institution. . . . . A

**If you want MFS to move your assets from**

- a Roth IRA at another institution into
  - a new MFS Roth IRA (no check enclosed) . . . . . A,B
  - an existing MFS Roth IRA (no check enclosed). . . . . B
- a rollover Roth IRA at another institution into
  - a new MFS Roth IRA (no check enclosed) . . . . . A,B
  - an existing MFS Roth IRA (no check enclosed). . . . . B
- a conversion Roth IRA at another institution into
  - a new MFS Roth IRA (no check enclosed) . . . . . A,B
  - an existing MFS Roth IRA (no check enclosed). . . . . B
- a designated Roth account in an eligible retirement plan for a direct rollover into
  - a new MFS Roth IRA (no check enclosed) . . . . . A,C
  - an existing MFS Roth IRA (no check enclosed). . . . . C
- an MFS traditional IRA for conversion into
  - a new MFS Roth IRA (no check enclosed) . . . . . A,D
  - an existing MFS Roth IRA (no check enclosed). . . . . D
- a traditional IRA at another institution for conversion into
  - a new MFS Roth IRA (no check enclosed) . . . . . A,D
  - an existing MFS Roth IRA (no check enclosed). . . . . D

**Make all checks payable to MFS® Heritage Trust Company<sup>SM</sup>.**

**Complete and mail all appropriate forms to:**

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

**Overnight mail only:**

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

**Any questions or comments? Visit our Web site at [mfs.com](http://mfs.com) or call us at 1-800-637-1255.**

# MFS® IRA APPLICATION

Fill out a separate application for each type of IRA you are establishing

## 1. Investor Information (Please print clearly in capital letters)

The MFS Family of Funds is generally only available to U.S. residents classified as U.S. Persons for federal tax purposes. A U.S. Person is a citizen or resident alien of the United States. Both the residential address and mailing address provided must be a U.S. address.

\_\_\_\_\_  
 FIRST NAME MI LAST NAME

\_\_\_\_\_  
 MAILING ADDRESS

\_\_\_\_\_  
 CITY STATE ZIP CODE

SOCIAL SECURITY NUMBER (no hyphens)      ,, DATE OF BIRTH (MM/DD/YYYY)       ZIP CODE       I AM A MINOR  
 (Parent or Guardian must sign this form)

\_\_\_\_\_  
 DAYTIME TELEPHONE NUMBER WITH AREA CODE

\_\_\_\_\_  
 RESIDENTIAL ADDRESS (Required if different from mailing address)

\_\_\_\_\_  
 CITY STATE ZIP CODE

## 2. Select Your Investments

Please see the MFS Family of Funds® listing at the back of this book for fund numbers. Minimum initial purchase is \$250 per fund. Please make your investment check payable to the MFS Service Center. To select the Automatic Investment Plan, complete Section 6.

FUND NUMBER	FUND NAME	DOLLAR AMOUNT	OR	PERCENTAGE
<input type="text"/>	_____	\$ _____		_____
<input type="text"/>	_____	\$ _____		_____
<input type="text"/>	_____	\$ _____		_____
<input type="text"/>	_____	\$ _____		_____
TOTAL AMOUNT INVESTED		\$ _____		

If this relates to a wire order trade placed through your financial advisor, enter confirmation number: \_\_\_\_\_

**Minimum Balance Requirement:** Because it is costly to maintain small accounts and to keep fees reasonable for all shareholders, the MFS funds reserve the right to liquidate an account without the individual IRA owner's permission in the instance where the account balance contains less than \$500 for any reason, including market fluctuation. See Section 5.7 Involuntary Redemptions of the MFS Individual Retirement Account Trust Agreement.

### 3. Account Type (Please complete only one section — A or B)

**Note:** Internal Revenue Service rules allow only one IRA-to-IRA rollover in any twelve-month time period, regardless of the number of IRAs an individual has or the types of IRAs (including traditional and Roth IRAs and SEP and SIMPLE IRAs). Exceeding this limit, even if the prior rollover involved a different type of IRA, will result in an excess contribution to your IRA subject to taxation and penalties. Roth conversions (rollovers from traditional IRAs to Roth IRAs), rollovers between qualified plans and IRAs, and trustee-to-trustee transfers – direct transfers of assets from one IRA trustee to another – are not subject to the one-per-year limit and are disregarded in applying the limit to other rollovers. You may want to consult with your tax advisor before making a rollover.

**A. Traditional IRA** Your traditional IRA will be registered as follows: MFS Heritage Trust Company, Trustee for Traditional IRA A/C [your name]. Please check the type of traditional IRA you are establishing.

- CONTRIBUTORY TRADITIONAL IRA      Enclose a contribution check. For tax year(s) \_\_\_\_\_
- TRANSFER      From another traditional IRA only. Complete and attach **Form B**.
- ROLLOVER      Within 60 days of your receipt from an eligible retirement plan or another traditional IRA. Enclose a check.
- DIRECT ROLLOVER      Direct Rollover from an eligible retirement plan. To request a letter of acceptance, complete and attach **Form C**. By effecting this rollover, you agree that you will keep records of any portion allocable to any after-tax contributions.

**B. Roth IRA** Your Roth IRA will be registered as follows: MFS Heritage Trust Company, Trustee for Roth IRA A/C [your name]. Please check the type of Roth IRA you are establishing.

- CONTRIBUTORY ROTH IRA      Enclose a contribution check. For tax year(s) \_\_\_\_\_
- TRANSFER      From another Roth IRA only. Complete and attach **Form B**.
- ROLLOVER TO A ROTH      Within 60 days of your receipt from another Roth IRA or from a designated Roth account in an eligible retirement plan. By effecting this rollover, you agree that you will be responsible for tracking the portion of the rollover IRA attributable to Roth contributions and the portion attributable to earnings and that you understand that the five-year period used in determining whether a distribution is a “qualified distribution” from your Roth IRA is computed without regard to your period of participation in the designated Roth account under an eligible retirement plan. Enclose a check.
- CONVERSION ROTH IRA      From a traditional IRA only. Complete and attach **Form D**
- DIRECT ROLLOVER      From a designated Roth account in an eligible retirement plan. To request a letter of acceptance, complete and attach **Form C**. By effecting this rollover, you agree that you will be responsible for tracking the portion of the rollover IRA attributable to Roth contributions and the portion attributable to earnings and that you understand that the five-year period used in determining whether a distribution is a “qualified distribution” from your Roth IRA is computed without regard to your period of participation in the designated Roth account under an eligible retirement plan.

**4. Dealer Information** FOR DEALER USE ONLY (This section must be completed.)

**MFS cannot accept an account application without all of the dealer information completed. This includes the signature of an authorized person from the firm.**

We authorize MFS Service Center, Inc. to act as our agent in connection with transactions under the authorization form and agree to notify the distributor of any purchase made under the Letter of Intent or Right of Accumulation. We guarantee the investors' signatures and certify that we have verified the identity of the investors.

REGISTERED REPRESENTATIVE'S FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_ LAST NAME \_\_\_\_\_

FIRM NAME \_\_\_\_\_ FIRM NUMBER \_\_\_\_\_

BRANCH STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

BRANCH NUMBER \_\_\_\_\_ REGISTERED REPRESENTATIVE'S NUMBER \_\_\_\_\_

REGISTERED REPRESENTATIVE'S PHONE NUMBER WITH AREA CODE \_\_\_\_\_ REGISTERED REPRESENTATIVE'S E-MAIL ADDRESS \_\_\_\_\_

BROKERAGE ACCOUNT NUMBER (If applicable) \_\_\_\_\_ MATRIX LEVEL \_\_\_\_\_

AUTHORIZED SIGNER OF BROKER/DEALER FIRM (REQUIRED) \_\_\_\_\_ DATE \_\_\_\_\_

If you are aware of additional accounts that may qualify for linking under MFS' ROA policy, please notify us.

### 5. Beneficiary Information

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 beneficiary default is the individual's surviving spouse, or if none, his or her surviving children per stirpes, or if none, the individual's estate.)

If more than one beneficiary is named and no percentage is indicated, then equal shares will be assigned. If you have additional primary or secondary beneficiaries, attach a separate list and indicate percentage.

If you are naming more than one primary or 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.

#### Primary Beneficiary

_____		_____	_____
BENEFICIARY'S FIRST NAME	MI	LAST NAME	
_____	<input type="text"/>	<input type="text"/>	<input type="text"/>
PERCENTAGE (%)	RELATIONSHIP: <input type="radio"/> SPOUSE <input type="radio"/> OTHER	DATE OF BIRTH/TRUST (MM/DD/YYYY)	SOCIAL SECURITY NUMBER (no hyphens)

#### Primary Beneficiary

_____		_____	_____
BENEFICIARY'S FIRST NAME	MI	LAST NAME	
_____	<input type="text"/>	<input type="text"/>	<input type="text"/>
PERCENTAGE (%)	RELATIONSHIP: <input type="radio"/> SPOUSE <input type="radio"/> OTHER	DATE OF BIRTH/TRUST (MM/DD/YYYY)	SOCIAL SECURITY NUMBER (no hyphens)

#### Secondary Beneficiary (if the primary beneficiary/ies should fail to survive me)

_____		_____	_____
BENEFICIARY'S FIRST NAME	MI	LAST NAME	
_____	<input type="text"/>	<input type="text"/>	<input type="text"/>
PERCENTAGE (%)	RELATIONSHIP: <input type="radio"/> SPOUSE <input type="radio"/> OTHER	DATE OF BIRTH/TRUST (MM/DD/YYYY)	SOCIAL SECURITY NUMBER (no hyphens)

#### Secondary Beneficiary (if the primary beneficiary/ies should fail to survive me)

_____		_____	_____
BENEFICIARY'S FIRST NAME	MI	LAST NAME	
_____	<input type="text"/>	<input type="text"/>	<input type="text"/>
PERCENTAGE (%)	RELATIONSHIP: <input type="radio"/> SPOUSE <input type="radio"/> OTHER	DATE OF BIRTH/TRUST (MM/DD/YYYY)	SOCIAL SECURITY NUMBER (no hyphens)

## 6. Automatic Investment Plan

Please allow 10 days for setup. The funds may be drafted only from the investor's bank account. If no day or frequency is chosen, investments will be made on the first business day of each month. Please also complete Section 7.

**Frequency** (choose one).

Start on the \_\_\_\_\_ day of \_\_\_\_\_ (month). Additional Days \_\_\_\_\_

Monthly

Other than monthly (check the months below)

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

FUND NUMBER

DOLLAR AMOUNT

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**For Automatic Investment Programs**

The investor agrees that the rights of the bank named below with respect to checks drawn on and debit entries initiated to the investor's account are the same as if they were checks drawn on the bank and signed by the investor. The investor agrees that the bank shall be fully protected and without liability whatsoever in honoring or refusing to honor any 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. (MFSC) or MFS Fund Distributors, Inc., without prior notice, if any check is not paid upon presentation or any debit entry is not accepted. MFSC shall be under no obligation to notify the investor as to the nonpayment of any check or the nonacceptance of any debit entry. This service may be discontinued by the investor by telephone or by written notice to MFSC at any time. Instructions must be received 10 days prior to the next draft to be effective for that draft.

**Minimum Balance Requirement:** Because it is costly to maintain small accounts and to keep fees reasonable for all shareholders, the MFS funds reserve the right to liquidate an account without the individual IRA owner's permission in the instance where the account balance contains less than \$500 for any reason, including market fluctuation. See Section 5.7 Involuntary Redemptions of the MFS Individual Retirement Account Trust Agreement.

## 7. Link your checking/savings account to your fund account

Linking your checking/ savings account with your MFS account also allows you to conveniently, quickly, and securely add money to your MFS funds directly from your bank or sell shares in your MFS funds over the telephone. For some accounts, you may also be able to purchase shares online on mfs.com. Your withdrawals will be sent directly to your bank account via Automated Clearing House (ACH) and/ or Federal bank wire as specified in this section. Please confirm with your financial institution eligibility, fees, and applicable routing number(s) for ACH and/ or Federal bank wire. Please also attach a voided check or pre-printed deposit slip.

NAME ON CHECKING / SAVINGS ACCOUNT (For your security, must be the same name(s) in Section 1 to invest by phone or mfs.com, or withdraw by phone.)

ACH  FEDERAL BANK WIRE

By providing bank information, I understand that the fund will follow reasonable procedures to confirm that each telephone and online transaction is authentic and authorized. I agree that I bear the risk of loss for unauthorized or fraudulent telephone transactions and that none of the MFS Funds, MFS Service Center, Inc., or their affiliated companies, or their directors, trustees, or employees will be liable for any loss, damage, or expense as a result of action upon, and will not be responsible for the authenticity of, any telephone transaction instructions that they reasonably believe to be authentic and authorized.

TYPE OF ACCOUNT:  CHECKING  SAVINGS

BANK NAME

BANK TELEPHONE NUMBER WITH AREA CODE

BANK ACCOUNT NUMBER

ROUTING NUMBER (IF DIFFERENT FROM VOIDED CHECK)

Copy the information from my investment check

Copy the information from my voided check or preprinted savings deposit slip.

Attach a voided check or preprinted deposit slip if you are not enclosing an investment check or do not want to use the same bank information as the investment check.

Note: Only preprinted deposit slips will be accepted for savings accounts.

### 8. Reduced sales charges

Your contributions may qualify as a Letter of Intent or Right of Accumulation as described in the prospectus and Statement of Additional Information. List any existing MFS account holders and their respective Social Security numbers. If there are more account holders than space provided, please provide on an additional sheet.

- LETTER OF INTENT (LOI)** To qualify for a reduced sales charge, I agree to the Letter of Intent, including the escrow agreement, as set forth in the prospectus and Statement of Additional Information. Although I am not obligated, it is my intention to invest over a 13-month period in shares of one or more of the MFS funds in an aggregate amount (among qualifying accounts) at least equal to
  - \$50,000
  - \$100,000
  - \$250,000
  - \$500,000
  - \$1,000,000 If you intend to invest \$1,000,000 or more, the period is 36 months.

- RIGHT OF ACCUMULATION (ROA)** I qualify for the Right of Accumulation privilege as described in the prospectus. All the accounts that should be combined are listed below. List any existing MFS account holders and their respective Social Security numbers (SSN) or broker identification numbers (BIN.) If there are more account holders than spaces provided, please provide on additional sheet.

\_\_\_\_\_  
NAME

\_\_\_\_\_  
SOCIAL SECURITY NUMBER OR BROKER IDENTIFICATION NUMBER

\_\_\_\_\_  
NAME

\_\_\_\_\_  
SOCIAL SECURITY NUMBER OR BROKER IDENTIFICATION NUMBER

### 9. Automatic Exchange Plan

Exchanges may be made within the same MFS IRA in the same share class. Provide fund number and account number if an existing account.

**Frequency** (choose one). If no day or frequency is chosen, investments will be made into the selected funds on or about the seventh day of each month.

- MONTHLY
- QUARTERLY \_\_\_\_\_ (BEGINNING MONTH)

INDICATE DATE \_\_\_\_\_ (OPTIONAL)

FROM FUND/ACCOUNT NUMBER		(\$2,000 MINIMUM BALANCE REQUIRED)
TO FUND/ACCOUNT NUMBER		DOLLAR AMOUNT
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____



### 10. eDelivery

I consent to the delivery of all MFS Fund documents electronically (“eDelivery”). I understand that this election constitutes a global consent for all current and future Fund and account documents that MFS provides and is able to furnish to me via eDelivery including prospectuses, shareholder reports and other fund-related communications and disclosures, but excludes proxy notices and materials unless I elect below to receive such documents also via eDelivery. When possible, documents that MFS does not currently provide via eDelivery will also be provided to me via eDelivery subject to this global consent.

I understand that MFS will send an e-mail notifying me of when these documents are available for viewing. I understand that all accounts in MFS Funds registered under my Social Security number/TIN will be enrolled for eDelivery. This consent is effective immediately and will remain in effect until I revoke it. I may revoke my consent at any time by submitting a request in writing to MFSC or by visiting MFS Access and clicking on “Setup/Change eDelivery.” I understand that the revocation of my consent will result in the discontinuance of eDelivery for all documents covered by this consent. I may request paper copies of any documents MFS is required to deliver to me at any time for no additional charge. I will notify MFS promptly of any changes to my e-mail address by either submitting a request in writing or through MFS Access by clicking on “Setup/Change eDelivery.” I understand that if MFS cannot obtain a valid e-mail address, documents will be delivered to me by USPS.

I acknowledge that I have Internet access, an e-mail address, and all the software\* necessary to receive and view documents electronically. I acknowledge that while eDelivery is free, Internet access and telephone charges may apply.

I would like to receive the fund’s documents via eDelivery at the following e-mail address

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EMAIL ADDRESS

Please check here if you also consent to receive MFS Fund proxy notices and materials via eDelivery at the above e-mail address. Otherwise, proxy notices and materials will be sent via USPS.

\*That is to say, appropriate browser software such as Microsoft® Internet Explorer® or the equivalent as well as e-mail software and communications access to the Internet. In order to print materials that have been delivered electronically you must also have access to a printer. Some documents may be available to view in the Portable Document Format (PDF). In order to view these documents you must have Adobe® Acrobat® Reader® software.

Adobe® Acrobat® is a registered trademark of Adobe Systems, Incorporated.

#### Account Statements

In addition, once your account is established, you can sign up for eDelivery of account statements or transaction details through MFS Access. Log in with your user name and password, and then click the **Setup/Change eDelivery** link on the left hand navigation bar. If you do not currently have an account on MFS Access, you can sign up by going to **mfs.com** and clicking on MFS Access. Please note: eDelivery of statements is not available for all types of mutual fund accounts. If you own your MFS Fund shares through a financial institution, or for certain retirement plans, eDelivery of statements may not be available to you.

## 11. Trustee Acceptance

MFS® Heritage Trust Company<sup>SM</sup> shall serve as Trustee under this IRA Trust only (1) for the MFS Family of Funds®, (2) in accordance with the terms and conditions of the Trust Agreement, and (3) provided that the required forms are properly completed and received by MFS Service Center. The Trustee's acceptance of your IRA will be acknowledged by written confirmation from MFS of your initial purchase. This confirmation will reference your account as "MFS Heritage Trust Company, Trustee, for Traditional IRA A/C [your name]" if you completed Section 3(A); this confirmation will reference your account as "MFS Heritage Trust Company, Trustee, for Roth IRA A/C [your name]" if you completed Section 3(B).

## 12. Investor Signature

I hereby establish an IRA Trust with MFS, appoint MFS Heritage Trust Company as Trustee, and (1) acknowledge that I have received and read the current prospectus(es) for the funds chosen in Section 2 and the appropriate MFS Disclosure Statement and Individual Retirement Account Trust; (2) acknowledge that I am responsible for determining the deductibility of contributions made to my account; (3) agree that an annual trustee fee of \$25 may be deducted from my account unless my account balance exceeds \$50,000 on the day the fee is assessed; and (4) certify that, under penalty of perjury, my social security number shown above is correct.

### Important information about procedures for opening a new account

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

You must provide the following information for each person listed on the account: name, date of birth, Social Security number or Tax ID, and residential address (a P.O. Box is not acceptable). We also may ask to see your driver's license or other identifying documents. In the event that MFSC, on behalf of the fund, is unable to verify the identity of investors, MFSC and the fund reserve the right to take additional steps up to and including closing the account if required by applicable law.

\_\_\_\_\_  
INVESTOR'S SIGNATURE (REQUIRED)  
(Or signature of parent or guardian, if investor is a minor)

\_\_\_\_\_  
DATE (REQUIRED)

\_\_\_\_\_  
SIGNATURE OF SPOUSE  
(Only required in community property states, when sole primary beneficiary is not your spouse)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS TO SIGNATURE  
(Testamentary dispositions are required to be witnessed in some jurisdictions)

\_\_\_\_\_  
DATE

# MFS® IRA TRANSFER FORM

Use this form to request that a letter of acceptance be sent for a transfer of assets from an IRA or Roth account to an MFS IRA. In order to expedite your request, please include a copy of your most recent statement.

## 1. Investor Information

FIRST NAME	MI	LAST NAME
SOCIAL SECURITY NUMBER (no hyphens)	REGISTERED REPRESENTATIVE'S LAST NAME	REGISTERED REP'S PHONE NUMBER WITH AREA CODE

## 2. Describe IRA to be Transferred.

The IRA to be transferred is (Check one):

- Traditional   
  Rollover   
  Roth   
  Roth Rollover   
  SIMPLE IRA   
  SEP/SARSEP IRA

The account to be transferred is presently invested or deposited in:

**MFS Funds**

FUND NUMBERS: SEE THE MFS FAMILY OF FUNDS® LISTING AT THE BACK OF THIS BOOK.

The IRA is held at another institution in:

**Non-MFS investment**

NAME OF INSTITUTION

**CDs**

NAME OF INSTITUTION DATE OF MATURITY\* (MM/DD/YYYY)

\* PAPERWORK SHOULD BE RECEIVED TWO WEEKS PRIOR TO MATURITY DATE.

ACCOUNT NUMBER	CONTACT NAME (IF ANY)
----------------	-----------------------

NAME OF RESIGNING TRUSTEE/CUSTODIAN	PHONE NUMBER WITH AREA CODE
-------------------------------------	-----------------------------

MAILING ADDRESS OF RESIGNING TRUSTEE/CUSTODIAN

CITY	STATE	ZIP CODE
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Check here 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 account prior to the transfer of assets to an MFS IRA.

### 3. Transmittal Instructions

**Important:** Please select either "Transfer in kind" or "Liquidate." Contact the trustee or custodian for their requirements before completing this section.

#### To resigning trustee/custodian

**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 trustee/custodian:** If this box is checked, please liquidate any non-MFS money market shares and send to the MFS address below.

All **OR**  Part (\$ \_\_\_\_\_) of the account described in Section 2 to my MFS IRA

**Liquidate**

All **OR**  Part (\$ \_\_\_\_\_) of the account described in Section 2 to my MFS IRA

Immediately **OR**  At maturity

#### 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 NUMBER

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

**Wire funds**

State Street Bank and Trust Co.  
Boston, MA 02101  
ABA #011000028  
Credit MFS DDA Number 99034795

For further credit to IRA/Roth IRA for \_\_\_\_\_  
NAME, MFS REFERENCE NUMBER

**4. Investment Instructions** Check one.

- Open a new account
  - MFS traditional IRA    **OR**     MFS Roth IRA (Complete and attach **Form A**, 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 below).  
For transfers-in-kind where no allocation is indicated, assets will remain in the same fund.  
Percentages must equal 100%.

FUND NUMBER	PERCENTAGE(%)	FUND NUMBER	PERCENTAGE(%)	FUND NUMBER	PERCENTAGE(%)
<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____
<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____
<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____

**5. Authorization to Transfer**

**Important:** Contact the Trustee or Custodian of the IRA you are transferring to see if a signature guarantee or other documentation is required to proceed. Space is provided below for a signature guarantee, if required.

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

\_\_\_\_\_  
INVESTOR'S SIGNATURE

\_\_\_\_\_  
DATE

**Signature guaranteed by:**

\_\_\_\_\_  
NAME OF FIRM

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED PERSON

**6. Trustee Acceptance** [for MFS use only]

MFS® Heritage Trust Company<sup>SM</sup> is willing to accept the assets described above and credit them to the MFS Individual Retirement Account Trust or the MFS Roth Individual Retirement Account Trust, as applicable, 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 ON BEHALF OF MFS HERITAGE TRUST COMPANY

\_\_\_\_\_  
DATE



# MFS® IRA DIRECT ROLLOVER FORM

This form may not be accepted by your existing plan. Plan-specific paperwork may be required.

Contact your plan administrator/employer for their requirements.

Use this form to request that a letter of acceptance be sent for a direct rollover of assets from an eligible retirement plan to an MFS traditional IRA, or from a designated Roth account in an eligible retirement plan to an MFS Roth IRA. (If making a rollover to both a traditional and a Roth IRA, complete a separate form for each.) **In order to expedite your rollover request, please include a copy of your most recent statement.**

## 1. Investor Information

FIRST NAME	MI	LAST NAME
SOCIAL SECURITY NUMBER (no hyphens)	REGISTERED REPRESENTATIVE'S LAST NAME	REGISTERED REP'S PHONE NUMBER WITH AREA CODE

## 2. Current Plan Trustee/Custodian Information.

The rollover will be made from (check one):  an eligible retirement plan or  
 a designated Roth account in an eligible retirement plan

The account to be rolled over is presently invested or deposited in:

**MFS Funds**

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FUND NUMBERS: SEE THE MFS FAMILY OF FUNDS® LISTING AT THE BACK OF THIS BOOK.

**Other**

NAME OF INSTITUTION

ACCOUNT NUMBER	CONTACT NAME (IF ANY)
----------------	-----------------------

NAME OF RESIGNING TRUSTEE/CUSTODIAN	PHONE NUMBER WITH AREA CODE
-------------------------------------	-----------------------------

MAILING ADDRESS OF RESIGNING TRUSTEE/CUSTODIAN

CITY	STATE	ZIP CODE
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Check here if you are age 70½ or older.

I am requesting this direct rollover 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 eligible retirement plan account prior to the direct rollover of assets to an MFS IRA.

### 3. Transmittal Instructions

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

**To resigning trustee/custodian**

**Rollover in kind.**

I am requesting a rollover of shares from a brokerage firm or bank-eligible retirement plan presently invested in the MFS fund(s) as indicated in Section 2.

I also wish to roll over my non-MFS money market qualified monies from the firm indicated in Section 2 to MFS.

**To resigning trustee/custodian:** If 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 \_\_\_\_\_ R/O IRA (or Roth IRA, if applicable) NAME, MFS REFERENCE NUMBER

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

**Wire funds**

State Street Bank and Trust Co.  
Boston, MA 02101  
ABA #011000028  
Credit MFS DDA Number 99034795

For further credit to IRA/Roth IRA for \_\_\_\_\_  
NAME, MFS REFERENCE NUMBER



**4. Investment Instructions** Check one.

- Open a new account
  - MFS traditional IRA **OR**  MFS Roth IRA (Complete and attach **Form A**, 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 below).  
For rollovers-in-kind where no allocation is indicated, assets will remain in the same fund.  
Percentages must equal 100%.

FUND NUMBER	PERCENTAGE(%)	FUND NUMBER	PERCENTAGE(%)	FUND NUMBER	PERCENTAGE(%)

**5. Authorization to Roll Over**

**Important:** Contact the Trustee or Custodian of the eligible retirement plan you are rolling over to see if a signature guarantee or other documentation is required to proceed. Space is provided below for a signature guarantee, if required.

By effecting this rollover, I agree that I will be responsible for tracking any portion of the rollover attributable to after-tax contributions or, if applicable, Roth contributions. I also understand that if this is a rollover to an MFS Roth IRA, the five-year period used in determining whether a distribution is a "qualified distribution" from my Roth IRA will be computed without regard to my period of participation in the designated Roth account of my employer's eligible retirement plan.

\_\_\_\_\_  
INVESTOR'S SIGNATURE \_\_\_\_\_  
DATE

**Signature guaranteed by:**

\_\_\_\_\_  
NAME OF FIRM

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED PERSON

**6. Trustee Acceptance** (for MFS use only)

MFS® Heritage Trust Company<sup>SM</sup> is willing to accept the assets described above and credit them to the MFS Individual Retirement Account Trust or the MFS Roth Individual Retirement Account Trust, as applicable, for which it is trustee. MFS Heritage Trust Company agrees to the redemption and rollover from fiduciary to fiduciary as authorized above.

\_\_\_\_\_  
AUTHORIZED MFS SIGNATURE ON BEHALF OF MFS HERITAGE TRUST COMPANY \_\_\_\_\_  
DATE



**To resigning trustee/custodian:**

**Please Convert:**

- All OR  Part (\$ \_\_\_\_\_) of the IRA described above to my MFS Roth IRA
  - immediately OR  at maturity
- I also wish to convert my non-MFS money market IRA from the firm above to MFS.  
**To resigning trustee/custodian:** If checked, please liquidate any non-MFS money market shares and send to the address below.

**Send assets as follows**

- Mail check**  
Make check payable to MFS Heritage Trust Company Trustee for \_\_\_\_\_ Roth IRA  
NAME, MFS REFERENCE NUMBER

**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

- Wire funds**

State Street Bank and Trust Co.  
Boston, MA 02101  
ABA #011000028  
Credit MFS DDA Number 99034795

For further credit to Roth IRA for \_\_\_\_\_  
NAME, MFS REFERENCE NUMBER

**4. Investment Instructions** Check one.

- Open a new MFS Roth IRA. (Complete and attach **Form A**, upon which you may indicate your investment instructions, leaving the fields below blank.)
- Invest in my existing MFS Roth IRA(s) as follows (also indicate any additional MFS fund choices below).

Percentages must equal 100%

FUND NUMBER	PERCENTAGE (%)	FUND NUMBER	PERCENTAGE (%)	FUND NUMBER	PERCENTAGE (%)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**5. Tax Withholding Election**

IRS regulations require the custodian of the IRA from which you are converting to withhold federal taxes, unless you elect not to have taxes withheld. Withholding will apply to the entire amount of the conversion, even if nondeductible contributions to the IRA have been made. You may still reinvest the entire conversion amount by replacing the amount withheld with other assets. Any amounts withheld and not replaced into the new MFS Roth IRA Conversion account within 60 days may be subject to a 10% early withdrawal penalty if you are under 59½ years old. 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 converted amount. Certain state and local taxes may also apply to the converted amount.

**(Check one choice below to elect withholding.)**

- I elect to have no federal or state income tax withheld on the amount of the conversion.
- Withhold federal income tax from the distribution from my IRA for conversion to an MFS Roth IRA Conversion account at the rate of 10%.

**For withholding more than 10%**

- Withhold federal income tax from the distribution from my IRA for conversion to an MFS Roth IRA Conversion account at the rate of \_\_\_\_\_%.

## 6. Authorization to Convert

**Important:** Contact the resigning trustee or custodian of the IRA you are converting to see whether a signature guarantee or other documentation is required. (If held at MFS, no signature guarantee is required.)

I authorize and request the trustee/custodian or its agents of my IRA specified above in Section 3 to make the above-requested conversion distribution from my IRA to my MFS Roth IRA Conversion account. I acknowledge that this transaction will be a taxable event that will be reported to the Internal Revenue Service by the current IRA trustee or custodian. I understand that I will be subject to income taxes on the amount converted from my IRA to an MFS Roth IRA Conversion account to the extent that the converted amount is includable in my income.

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INVESTOR'S SIGNATURE

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DATE

### Signature guaranteed by:

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NAME OF FIRM

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SIGNATURE OF AUTHORIZED PERSON

## 7. Trustee Acceptance (for MFS use only)

MFS Heritage Trust Company is willing to accept the assets described above and credit them to the MFS Roth Individual Retirement Account Trust for which it is trustee. MFS Heritage Trust Company agrees to the redemption and conversion to a Roth IRA Conversion account as authorized above.

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AUTHORIZED MFS SIGNATURE ON BEHALF OF MFS HERITAGE TRUST COMPANY

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DATE







## **EXPERTISE THROUGH COLLABORATION<sup>SM</sup>**

We recognize that investors look for investment managers with the expertise to deliver strong returns over the long term. A consistent, long-term discipline drives the way we think, the way we invest and the way we are rewarded. MFS® is an active, global investment manager with a uniquely collaborative approach that brings you our best insights and expertise through:

### **Integrated Research**

We analyze opportunities across geographies, across fundamental and quantitative disciplines and across an organization's entire capital structure to develop a fuller perspective on securities we select for our clients.

### **Global Collaboration**

Our people, teams and compensation structure ensure collaboration so that our clients benefit from a shared, worldwide view of investing opportunities.

### **Active Risk Management**

Every member of our investment team is responsible for managing risk and delivering to our clients the greatest possible return within each portfolio's risk guidelines.



