# MFS® IRA DISTRIBUTION AUTHORIZATION FORM



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

distribution is being requested within the two-year period.

For conversion to a Roth IRA complete the MFS Roth IRA Conversion Form located on mfs.com. For transfers you should contact your new IRA provider for the correct form to use to transfer your MFS IRA.

IRA OWNER'S FIRST NAME	MI	LAST NAME
Check if new address — signature guaran <b>Note:</b> If the new address is a non-U.S. address, you into and out of this account.		aking additional purchases into this account and exchanges
MAILING ADDRESS		
CITY	STATE	ZIP CODE
SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YY)	TY) DAYTIME PHONE NUMBER
REGISTERED REPRESENTATIVE'S NAME	REGISTERE	D REPRESENTATIVE'S PHONE NUMBER
you first participated in a SIMP LE IRA plan m	SIMP LE IRA during the naintained by your empl	ns from a SIMPLE IRA.) two-year period beginning on the date in which oyer. Under this rule, if the additional penalty on period, the rate of the additional tax penalty unde
Provide the date on which the first contributifinancial institution	on was deposited to yo	ur SIMPLE IRA, whether at MFS® or at another
(MM/DD/YYYY)  If you are unable to provide the date, MFS		

3.	be paid to you and	lculating your required m	ninimum distribution amount, any remaining pa the new investment provider. If this distribut mplete Section 4.			
	By requesting this d	listribution, I certify that o	ne of the following applies (select one):			
	I have reached	age 59½.				
		•	vare that this is a premature distribution and magor a qualified retirement plan as indicated in Section		to IRS penalt	ies
	I have reached	age 70½ and (choose or	ne):			
	MFS is alr	ready calculating my Rec	quired Minimum Distribution (RMD).			
	MFS is no	t calculating my RMD and	d this is part of my RMD.			
	I am disabled a	as described under the Int	ternal Revenue Code.			
4.	Important Rollov Investment Manage requires both a Let- over, signed by an a Check one:  This is a full rollo This is a partial re  If you have indicate	ement. They may require ter of Acceptance from the authorized signer, and this wer of all IRA funds and account ollover of \$ Indicated and in Section 3 that you a	ist contact your new investment provider before additional documentation to be completed. Mi he new investment provider indicating acceptar is completed form to process this direct rollover	FS Investment nce of the furth.  The ror share amount or share amount of the properties of the following the share amount of the properties of the following the share amount of the properties of the following the share amount of the properties of	t Managemends to be rolument per accour	ent Iled nt.
5.	number is the first	r fund and account numb four digits before the hyp	pers. They are printed on your Investment Sumn ohen and the account number follows the hyph he amount available, all shares in the account w	ien. Indicate t	the amount	
	ELIND NI IMBER	ACCOLINIT NILIMPED	AMOUNT	CHADEC	SELECT ONE:	٨١١

## 5

				SELECT ONE:	
FUND NUMBER	ACCOUNT NUMBER	AMOUNT	SHARES	DOLLARS	ALL

#### 6. Tax Withholding Election

If a tax withholding choice is not made, applicable taxes will be withheld (except for Roth IRAs). **Note: If you have chosen the Direct Rollover option, skip to Section 7.** 

**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 can 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 California, Delaware, Iowa, Kansas, Maine, Massachusetts, North Carolina, Oklahoma, Oregon, and Vermont are subject to state income tax withholding unless you elect not to have federal withholding apply. (The list of states may change from time to time as a result of changing legislation.) Distributions paid to residents of all other states will not have any state income taxes withheld.

el le	assachusetts, North Carolina, Oklahoma, Oregon, and Vermont are subject to state income tax withholding unless you ect not to have federal withholding apply. (The list of states may change from time to time as a result of changing gislation.) Distributions paid to residents of all other states will not have any state income taxes withheld.
	ease note: Distributions from Roth IRAs are not subject to federal tax withholding. For all Roth IRA
dı	stribution requests, if no withholding election is made, taxes will not be withheld.  YES, withhold 10% for federal taxes.
	If you want more than 10% withheld for federal taxes, indicate the total percentage here:%
	NO, do not withhold federal taxes.
	) NO, do not withhold rederal taxes.
7. M	ailing Instructions
	noose one. If no instructions are provided, check will be mailed to address of record.
	Make check payable to me and mail to my address of record.
	Make check payable to a special payee/new investment provider and process as a direct rollover. I have included a letter of acceptance. (If payment instructions are given in the new investment provider Letter of Acceptance, those instructions will be followed.)
	Make check payable to a special payee/new investment provider. I have not included a letter of acceptance. (A signature guarantee — Section 9 — is required if you select this option.)
	SPECIAL PAYEE/NEW INVESTMENT PROVIDER
	SPECIAL ADDRESS
	Wire proceeds to the new investment provider. (If payment instructions are given in the new investment provider's Letter of Acceptance, those instructions will be followed.) (A signature guarantee — Section 9 — is required if you select this option.)
	Direct deposit the proceeds to my bank account via <b>ACH</b> . I have attached a voided check and/or deposit slip.
	(A signature guarantee — Section 9 — is required if you select this option.)  Wire proceeds to my bank account. I have attached a voided check and/or deposit slip.
	(A signature guarantee — Section 9 — is required if you select this option.)
	(A signature guarantee Section 5 — is required it you select this option.)
	BANK PHONE NUMBER BANK ROUTING NUMBER
	BANK ACCOUNT NUMBER BANK REGISTRATION

#### 8. Authorization

Please sign your name exactly as it appears on your account. By signing, you authorize this distribution and acknowledge that you are aware of any fees or sales charges associated with this transaction. You further certify that (1) all distribution amounts that are rolled over directly to an eligible retirement plan are eligible rollover distribution amounts; (2) you have verified that the eligible retirement plan account that will receive the direct rollover is an eligible plan; and (3) this distribution is in agreement with the Trust Agreement. The Trustee of the MFS IRA plan and any MFS affiliates are entitled to rely on your authorization and are released from any and all claims you may have, or claims to have, with respect to this distribution.

SIGNATURE	_	DATE

### 9. Signature Guarantee Stamp

A signature guarantee is required if

- your total distribution is more than \$100,000, or
- your check is made payable to a different name, or
- your check is mailed to an address other than the address of record, or
- the proceeds are direct deposited to your bank account, or
- you have notified MFS of an address change within the past 30 days.

AFFIX SIGNATURE GUARANTEE STAMP HERE

Signature guarantee stamp must not be dated. If a Medallion Guarantee is not provided, the proper form for execution is

SIGNATURE(S) GUARANTEED

NAME OF ELIGIBLE GUARANTOF INSTITUTION

BY

SIGNATURE OF AUTHORIZED PERSON

The signature(s) must be guaranteed by an eligible bank, broker, dealer, credit union, national securities exchange, registered securities association, clearing agency, or savings association. Signature guarantees will be accepted in accordance with policies established by MFS Service Center, Inc. Notarization by a notary public is not acceptable in lieu of a signature guarantee provided by one of the eligible guarantor institutions listed above

Please contact the MFS Retirement Plan Service Department at 1-800-637-1255 any business day for questions.

Mail completed form to:

Regular mail Overnight mail

MFS Service Center, Inc. MFS Service Center, Inc.

P.O. Box 55824 c/o Boston Financial Data Services

Boston, MA 02205-5824 30 Dan Road

Canton, MA 02021-2809