

MFS[®] 403(b) CUSTODIAL ACCOUNT BENEFICIARY CHANGE FORM



For Salary Reduction 403(b) Accounts only.

1. Account Information

FIRST NAME

MI

LAST NAME

- -

SOCIAL SECURITY NUMBER

/ /

DATE OF BIRTH (MM/DD/YYYY)

TELEPHONE NUMBER

ADDRESS

CITY

STATE

ZIP CODE

This is my new address; please update my account information.

2. Beneficiary Designation

The following designation(s) is (are) subject to the provisions of the Plan. This designation of beneficiary(ies) remains in effect unless and until a new designation of beneficiary form is received in writing by the custodian. This designation will also cancel any previous designation you have made. All 403(b) accounts under the Social Security number will be updated unless otherwise indicated.

Primary Beneficiary

A primary beneficiary is a person, estate, trust or organization named to receive the account in the event of the account participant's death. If you are naming more than one primary beneficiary, please indicate whole number percentages. Percentages must total 100%. If more than one beneficiary is named and no percentage is indicated, then equal shares will be assigned. If you name more than two primary beneficiaries, attach a separate page.

NAME, TRUST, OR CHARITY / ORGANIZATION

PERCENTAGE (%)

RELATIONSHIP:

SPOUSE OTHER

/ /

DATE OF BIRTH OR TRUST DATE (MM/DD/YYYY)

NAME, TRUST, OR CHARITY / ORGANIZATION

PERCENTAGE (%)

RELATIONSHIP:

SPOUSE OTHER

/ /

DATE OF BIRTH OR TRUST DATE (MM/DD/YYYY)

Secondary Beneficiary

A secondary beneficiary is a person, estate, trust or organization named to receive the account in the event that there are no primary beneficiaries living at the time of the account owner's death or all primary beneficiaries have disclaimed their benefits. If you are naming more than one secondary beneficiary, please indicate whole number percentages. Percentages must total 100%. If more than one beneficiary is named and no percentage is indicated, then equal shares will be assigned. If you name more than two secondary beneficiaries, attach a separate page.

NAME, TRUST, OR CHARITY / ORGANIZATION

PERCENTAGE (%) RELATIONSHIP: / /
 SPOUSE OTHER DATE OF BIRTH OR TRUST DATE (MM/DD/YYYY)

NAME, TRUST, OR CHARITY / ORGANIZATION

PERCENTAGE (%) RELATIONSHIP: / /
 SPOUSE OTHER DATE OF BIRTH OR TRUST DATE (MM/DD/YYYY)

3. Authorization

Consult your legal advisor to ensure that this form complies with your state's laws of testamentary disposition*.

SIGNATURE OF ACCOUNT OWNER

DATE (MM/DD/YYYY)

PRINT NAME

WITNESS

DATE (MM/DD/YYYY)

SIGNATURE OF SPOUSE

DATE (MM/DD/YYYY)

PRINT NAME

WITNESS

DATE (MM/DD/YYYY)

*Generally applies in community property states when the designated beneficiary is not the spouse.

If you have any questions about this form, please contact the Retirement Plans Service Department at 1-800-637-1255 any business day.

Fax completed form to 1-877-654-3204 or mail to:

Regular mail

MFS Service Center, Inc.
P.O. Box 219341
Kansas City, MO 64121-9341

Overnight mail

MFS Service Center, Inc.
Suite 219341
430 W 7th Street
Kansas City, MO 64105-1407