

MFS[®] 403(b) TRANSFER OUT FORM



To be completed for all Exchange and Transfer requests leaving MFS.

Exchange: Exchange means a transfer of assets from an MFS 403(b) custodial account to a 403(b) of a different investment provider under the same employer plan. **(Complete sections 1, 2, 3 and 4.)**

Transfer: Transfer means a transfer of assets from an MFS 403(b) custodial account to a 403(b) of a different investment provider under a different employer's plan. **(Complete all sections.)**

Important Instructions:

- You must contact your new investment provider before submitting your request to MFS. There may be additional documentation to complete in order to process your request.
- Along with this form, MFS also requires a letter of acceptance from the new investment provider to complete the transaction.

1. Employee Information

NAME _____	<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"/>
ADDRESS _____	DAYTIME PHONE NUMBER _____
CITY _____	STATE _____ ZIP CODE _____

2. MFS Account Information

Indicate the fund(s) and account number(s) from which you want to exchange or transfer assets to a new investment provider.

FUND NUMBER	ACCOUNT NUMBER	AMOUNT	CHOOSE ONE:		
			SHARES	DOLLARS	ALL
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I authorize the liquidation of the account(s) specified above, in the amount(s) indicated and the Exchange or

Transfer to _____ as successor custodian/trustee.
(PRINT NAME OF NEW INVESTMENT PROVIDER)

_____ SIGNATURE OF EMPLOYEE	_____ DATE (MM/DD/YYYY)
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3. Employee Certification

I certify that:

I have independently determined that the Exchange or Transfer should be treated as non-taxable for federal income tax purposes and I am responsible for any and all tax consequences which may result from this Exchange or Transfer. I agree that none of the Custodian, its agents, the Distributor, or my Employer have made any representations about the validity of this Agreement or about the tax consequences of this transaction.

_____ SIGNATURE OF EMPLOYEE	_____ DATE (MM/DD/YYYY)
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4. Authorization by Employer

For Exchanges within the same plan, the employer plan sponsor must complete this section. For Transfers from one employer's 403(b) plan to a different plan, the employer plan sponsor of the recipient plan must complete this section and the employer of the transferring plan must complete section 5.

(Employer must keep a copy of this form for the plan's records.)

Check one:

- This transaction is an **Exchange** from one investment provider to another within the same 403(b) plan and the undersigned is an authorized signer for the employer plan sponsor.
- This transaction is a **Transfer** from another employer's 403(b) plan to the 403(b) plan named below and the undersigned is an authorized signer for the employer and plan **receiving** the Transfer. If the plan transfer is less than the total 403(b) custodial account at MFS, the receiving plan agrees to treat the amount transferred as a continuation of a pro rata portion of the participant's interest in the 403(b) plan to the extent required by regulations under section 403(b) of the Internal Revenue Code. The plan also confirms the named employee is a current or former employee of the receiving employer.

In order to ensure that the requested Exchange or Transfer of the participant's MFS 403(b) Custodial account, described above, will satisfy the regulations under section 403(b) of the Internal Revenue Code ("Regulations"), the undersigned certifies that s/he is an authorized signer for the employer and plan named below and represents and agrees as follows: (1) The plan permits the requested Exchange or Transfer and the Employer maintains (or will maintain on or before January 1, 2009, or such later compliance date as may be established) a written plan complying with the Regulations that, among other things, provides for the Exchange or Transfer; (2) the recipient 403(b) custodial account to which a participant Exchanges or Transfers will have distribution restrictions with respect to the participant that are at least as restrictive as those imposed on the MFS 403(b) Custodial account being Exchanged or Transferred; (3) the accumulated benefit under the receiving contract immediately after the Exchange or Transfer is at least equal to the accumulated benefit under the Transferor contract immediately prior to the Exchange or Transfer; and (4) the investment provider of the transferee contract either (a) is named vendor or (b) has entered into an information sharing agreement with the employer under which the employer and the investment provider will from time to time in the future provide each other with the information necessary to ensure that the contract is administered in accordance with the Treasury Regulations.

NAME OF PLAN

NAME OF NEW INVESTMENT PROVIDER

NAME OF EMPLOYER

TAX IDENTIFICATION NUMBER

ADDRESS

DAYTIME PHONE NUMBER

CITY

STATE

ZIP CODE

SIGNATURE OF EMPLOYER

TITLE

5. Authorization by Transferring Employer (for Transfer from one employer's 403(b) to another's)

Do not complete for Exchanges within the same plan.

(Employer must keep a copy of this form for the plan's records.)

This transaction is a Transfer from the 403(b) plan named below (Transferor Plan) to another employer's 403(b) plan as named in Section 4 above and the Transferor Plan allows this transfer.

NAME OF TRANSFEROR PLAN

NAME OF EMPLOYER

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TAX IDENTIFICATION NUMBER

ADDRESS

DAYTIME PHONE NUMBER

CITY

STATE

ZIP CODE

SIGNATURE OF EMPLOYER

TITLE

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

Mail completed form 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