

MFS[®] IRA RECHARACTERIZATION FORM



For IRAs Truſteed by MFS Heritage Truſt Company

Special Note Concerning IRA Conversions:

Effective January 1, 2018, a conversion from a traditional IRA, SEP IRA, or SIMPLE IRA to a Roth IRA cannot be recharacterized back to a traditional IRA, SEP IRA, or SIMPLE IRA.

1. Account Owner Information

IRA OWNER'S FIRST NAME

MI

LAST NAME

MAILING ADDRESS

CITY

STATE

ZIP CODE

This is my new address; please update my account information (Please check only if applicable)

Note: If the new address is a non-U.S. address, you will be restricted from making additional purchases into this account and exchanges into and out of this account.

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SOCIAL SECURITY NUMBER

/ /

DATE OF BIRTH (MM/DD/YYYY)

PHONE NUMBER

REGISTERED REPRESENTATIVE'S NAME

REGISTERED REPRESENTATIVE'S PHONE NUMBER

2. Recharacterization Information

All recharacterizations must occur on or before the due date, including extensions, for filing the Federal Income Tax return for the year for which you made the IRA contribution. The recharacterization must include applicable earnings or losses. MFS will calculate the earnings or losses based on the date(s) of the contributions and will recharacterize them accordingly. Questions regarding taxability and/or deductibility should be directed to a tax advisor. Recharacterizations will be processed into the same fund(s) as listed below.

Indicate the type of recharacterization you wish to initiate (select one):

- Recharacterize a traditional MFS IRA contribution to an MFS Roth IRA contribution. (Enclose an MFS IRA Application, indicating Roth IRA, if an MFS Roth IRA is not already established.)
- Recharacterize an MFS Roth IRA contribution to a traditional MFS IRA contribution. (Enclose an MFS IRA Application, indicating traditional IRA, if a traditional MFS IRA is not already established.)

Indicate the fund number and the account number from which you wish to recharacterize the contribution, the date of the contribution and the amount of the contribution to be recharacterized. All shares in that fund will be recharacterized if the amount requested exceeds the amount available in the fund. Please list each contribution separately and attach an additional sheet if more space is needed.

Contributions to be recharacterized:

Fund Number	Account Number	Exact Date of the Contribution (MM/DD/YYYY)	Dollar Amount
<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"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	+ _____	\$ _____
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	+ _____	\$ _____

3. Recharacterization Authorization

ACCOUNT OWNER'S SIGNATURE

DATE (MM/DD/YYYY)

PRINT NAME

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 1-877-654-3203 or 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