

# MFS® IRA TRANSFER AUTHORIZATION DUE TO DIVORCE



## 1. Account Information

ACCOUNT OWNER'S NAME

□ □ □ - □ □ - □ □ □ □

SOCIAL SECURITY NUMBER

PHONE NUMBER

MAILING ADDRESS

CITY

STATE

ZIP CODE

REGISTERED REPRESENTATIVE'S NAME

REGISTERED REPRESENTATIVE'S PHONE NUMBER

## 2. Former Spouse Information (Receiving Party)

FORMER SPOUSE'S NAME

□ □ □ - □ □ - □ □ □ □

SOCIAL SECURITY NUMBER

MAILING ADDRESS

CITY

STATE

ZIP CODE

### Transfer assets to (check one):

- An existing MFS IRA for the former spouse.

□ □ □ □

FUND NUMBER

ACCOUNT NUMBER

□ □ □ □

FUND NUMBER

ACCOUNT NUMBER

If the transfer is to be made to more than two account numbers, please attach a letter of instruction listing the Fund and Account numbers.

- A new MFS IRA. Please attach a completed MFS IRA Application.
- An IRA at another financial institution. Please provide the information below.

NEW FIRM NAME

ACCOUNT NUMBER

Account Type

Traditional

Roth

SIMPLE

SEP/SARSEP

MAILING ADDRESS

CITY

STATE

ZIP CODE

### 3. Transfer Instructions

Identify your account(s) and the portion of the account(s) to transfer by checking the option that applies. Please check only one option per fund and account.

| FUND NUMBER          | ACCOUNT NUMBER       | AMOUNT               | SHARES                | DOLLARS               | ALL                   |
|----------------------|----------------------|----------------------|-----------------------|-----------------------|-----------------------|
| <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="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <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="radio"/> | <input type="radio"/> | <input type="radio"/> |

### 4. Account Owner Authorization

As the owner of the IRA, I authorize this transfer and certify that the transfer is to my former spouse under the terms of a divorce decree.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE (MM/DD/YYYY)

\_\_\_\_\_  
PRINT NAME

#### Medallion Signature Guarantee (Required)

AFFIX GUARANTEE STAMP HERE

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. Medallion Signature Guarantees shall be accepted in accordance with policies established by MFSC. Notarization by a Notary Public is not acceptable in lieu of a Medallion Signature Guarantee provided by one of the eligible guarantor institutions listed above.

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