

# MFS® IRA PLANS AFFIDAVIT FORM



Use this form to certify a beneficiary or beneficiaries. Include a certified death certificate for any beneficiary that has predeceased the account owner.

## 1. Capacity Information

I/we, \_\_\_\_\_, hereby represent, warrant, and certify that:  
NAME(S)

- I am the  We are the
- Executor(s)  Executrix/es  Administrator(s)  Personal Representative/(s)  Small Estate Affiant(s)
- Other: \_\_\_\_\_

of the estate of \_\_\_\_\_ who was the  
NAME OF DECEASED PRIMARY BENEFICIARY OR THE ACCOUNT OWNER

- Owner  Primary beneficiary of MFS Heritage Trust Company Trusteed IRA(s), indicated in this affidavit.

\_\_\_\_\_  
SIGNER'S MAILING ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

\_\_\_\_\_  
SIGNER'S PHONE NUMBER

## 2. Decedent Information

**Please complete only one of the following:**

\_\_\_\_\_ died on \_\_\_\_\_ and there are no named, or no  
NAME OF DECEASED ACCOUNT OWNER (MM/DD/YYYY)

surviving beneficiaries on the account(s) referenced in this affidavit.

**Or:**

\_\_\_\_\_, the account owner, died on \_\_\_\_\_ and  
NAME OF DECEASED ACCOUNT OWNER (MM/DD/YYYY)

\_\_\_\_\_, the primary beneficiary, died on \_\_\_\_\_  
NAME OF PRIMARY BENEFICIARY (MM/DD/YYYY)

**Please select one of the following:**

- A. I understand that if no beneficiary has been properly designated, the beneficiary shall be the individual's surviving spouse, or if none, his or her issue per stirpes, or if none, his or her estate.
- B. I understand that if no beneficiary is alive at the time of the shareholder's death, the beneficiary shall be the shareholder's surviving spouse, or if none, his or her issue per stirpes, or if none, his or her estate.
- C. I understand that if a primary beneficiary dies after the shareholder, the beneficiary shall be the primary beneficiary's surviving spouse, or if none, his or her issue per stirpes, or if none, his or her estate.

SECTION 2 CONTINUES ON NEXT PAGE

**Please complete one of the following:**

A. The beneficial owner(s) of the MFS shares held in MFS account(s) referenced in this affidavit, registered MFS Heritage Trust Company Trustee, \_\_\_\_\_, is/are listed in Section 4 below.  
NAME OF DECEASED ACCOUNT OWNER

**Or:**

B. The beneficial owner(s) of the deceased primary beneficiary's portion of the MFS shares held in MFS account(s) referenced in this affidavit, registered MFS Heritage Trust Company Trustee, \_\_\_\_\_, is/are listed in Section 4 below.  
NAME OF DECEASED ACCOUNT OWNER

**3. Identify the Accounts** (Required)

All non-SIMPLE IRA accounts under     -   -      
SOCIAL SECURITY NUMBER

**Or**

The fund and account numbers listed below.

<b>FUND NUMBER</b>	<b>ACCOUNT NUMBER</b>	<b>FUND NUMBER</b>	<b>ACCOUNT NUMBER</b>
<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"/>	_____
<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"/>	_____

**4. Identify the Beneficiary or Beneficiaries** (Required)

If there are more than four beneficiaries, attach a separate page with the information below for each additional beneficiary.

_____ BENEFICIARY NAME	_____ SOCIAL SECURITY/ TAXPAYER ID	_____ RELATIONSHIP TO THE ACCOUNT OWNER OR PRIMARY BENEFICIARY
_____ BENEFICIARY NAME	_____ SOCIAL SECURITY/ TAXPAYER ID	_____ RELATIONSHIP TO THE ACCOUNT OWNER OR PRIMARY BENEFICIARY
_____ BENEFICIARY NAME	_____ SOCIAL SECURITY/ TAXPAYER ID	_____ RELATIONSHIP TO THE ACCOUNT OWNER OR PRIMARY BENEFICIARY
_____ BENEFICIARY NAME	_____ SOCIAL SECURITY/ TAXPAYER ID	_____ RELATIONSHIP TO THE ACCOUNT OWNER OR PRIMARY BENEFICIARY

## 5. Authorization

In order to induce the MFS Family of Funds, the MFS Service Center, Inc., and its affiliates, and the Trustee, MFS Heritage Trust Company (the "Indemnities") to redeem the account numbers referenced above and pay the proceeds as directed by the beneficial owners named above, I do hereby agree to release and indemnify each such Indemnitee, and hold each of them harmless from and against any loss, liability, cost or expense (including counsel fees and expenses in connection with the contest or settlement of any claim) that any one of them might incur or sustain, or discover that they have incurred or sustained, by reason of any claim or claims which may be made against any of them arising out of these instructions.

\_\_\_\_\_  
SIGNATURE

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

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

\_\_\_\_\_  
SIGNATURE

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

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

### Medallion Signature Guarantee

**A Medallion Signature Guarantee is required for all requests.**

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.  
801 Pennsylvania Ave, Suite 219341  
Kansas City, MO 64105-1307