## INVESTMENT INSTRUCTIONS TO ESTABLISH A NEW IRA ACCOUNT(S) IN A DIFFERENT CLASS OF SHARES



For MFS Traditional, Rollover, Roth, SEP, SARSEP, and SIMPLE IRAs Trusteed by MFS Heritage Trust Company

Completing this form will create a new account within your existing MFS IRA Trust invested in a share class that differs from what was elected on your original IRA Application. The beneficiary designation(s) currently on record for your existing MFS IRA will apply to the new account(s) established. If you wish to purchase a different class of shares for more than one type of IRA (e.g. Traditional IRA, Roth IRA, SEP IRA, SARSEP IRA, SIMPLE IRA), please complete a separate form for each type of IRA. This form cannot be used to move funds between share classes.

## 1. Account Owner Information

IRA OWNER'S FIRST NAME	<u></u>	LAST NAME		
SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	PHO	NE NUMBER	
MAILING ADDRESS				
CITY		STA	TE ZIP	CODE
This is my new address; please update my <b>Note:</b> If the new address is a non-U.S. address, y into and out of this account.		king additional purchases	; into this accou	nt and exchanges
REGISTERED REPRESENTATIVE'S NAME	REGISTERED RE	PRESENTATIVE'S PHONE NUM	BER	
2. Investment Elections A completed MFS IRA Plans Service Form mus			_	
	th IRA SEP IRA	SARSEP IRA	) SIMPLE IRA	
FUND NUMBER FUND NAME AND SHARE CLASS	AMOUNT (\$)		PRIOR YEAR	CURRENT YEAR
			$\bigcirc$	$\bigcirc$
			$\bigcirc$	$\bigcirc$
			$\bigcirc$	$\bigcirc$

## 3. Dealer Signature and Authorization

We hereby authorize MFS Service Center, Inc. (MFSC), its affiliates, and the fund to act on these instructions to establish a new account(s) within an existing MFS IRA in a different share class. If the listed broker/dealer on your existing accounts is different from below, a completed MFS Broker/Dealer Change Form must accompany this form.

FIRM

REPRESENTATIVE NAME

DATE (MM/DD/YYYY)

DATE (MM/DD/YYYY)

AUTHORIZED SIGNATURE OF BROKER/DEALER FIRM

## 4. Signature and Acknowledgement

I have received and read the terms of the prospectus(es) for the funds chosen in Section 2. I understand the differences in the sales charges and expenses between my existing share class and the share class I am purchasing. I authorize MFS Service Center, Inc. (MFSC), its affiliates, and the fund to act on these instructions to establish a new account(s) within the share class referenced above.

SIGNATURE OF ACCOUNT OWNER

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.

Please make your investment check payable to the **MFS Service Center** and mail to:

Regular mail	Overnight mail
MFS Service Center, Inc.	MFS Service Center, Inc.
P.O. Box 219341	Suite 219341
Kansas City, MO 64121-9341	430 W 7th Street
	Kansas City, MO 64105-1407