# MFS® EMPLOYER 403(b) PLAN (THE "PLAN") INSTALLMENT DISTRIBUTION AUTHORIZATION



From Individual Accounts Using MFS Heritage Trust Company as Custodian

### **Instructions**

All sections are required.

- For Required Minimum installment distributions, please complete Section 5A.
- For all other installment distributions to participants, please complete Section 5B or 5C.
- For installment distributions to beneficiaries, please complete Section 5D or 5E.

### 1. Employer/Plan Administrator

PLAN NAME		
MAILING ADDRESS		
CITY	STATE	ZIP CODE
PLAN ADMINISTRATOR'S OR CONTACT'S NAME	PLAN ADMINISTRATOR'S OR CONTAC	T'S PHONE NUMBER
Participant in Plan		
PARTICIPANT'S FIRST NAME	MI LAST NAME	
SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	
Reason for Distribution		
Choose one:		
Reached age 59½		
○ Termination/Retirement		
O Death (Complete Section 5D or 5E.)		
<ul><li>Disability</li></ul>	DATE OF DEATH (MM/DD/YYYY)	
Required Minimum Distribution (Complete Section)	n 5A.)	
<ul> <li>Qualified Reservist</li> </ul>		
Note: Certain distributions may be subject to Continge	ent Deferred Sales Charge.	

### 4. Payment Instructions

### Please make payment(s) to

Choose			
	rticipant in Plan		
Trustee or Custodian of a traditional IRA or eligible Retirement Plan. (This option must be selected			cted if Section 7C is checked
O Ind	dividual Beneficiary (Complete Section 5D or 5E.)		
	$\cap$ .	0 071150	
BEN	NEFICIARY'S NAME	POUSE OTHER REL	ATIONSHIP
BEN	NEFICIARY'S SOCIAL SECURITY NUMBER  BENEFICIARY'S DATE OF BI	RTH (MM/DD/YYYY)	
If t	there are additional primary beneficiaries, please complete a sepa	arate form for each b	eneficiary.
	The beneficiary is a child of the 403(b) participant who has not a	ttained the age of m	najority.
O Est	tate, trust, or other entity beneficiary (Complete Section 5D or 5E	1.)	
ESTATE, T	Trust, or entity beneficiary name	TAXPAYER IDENT	TIFICATION NUMBER (TIN)
Please	e mail payment(s) to:		
MAILING	ADDRESS		
	ADDRESS	STATE	ZIP CODE
CITY		STATE	ZIP CODE
CITY  Detai	ils Related to the Installment Distribution Please co	mplete A, B, C, D, or E.	
CITY  Detai  For all	ils Related to the Installment Distribution Please co installment distributions, dividends and capital gains will be reinv	mplete A, B, C, D, or E. /ested.	
Detail For all A. Rec	ils Related to the Installment Distribution Please co	mplete A, B, C, D, or E. /ested.	
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#### SECTION 5 CONTINUED FROM PREVIOUS PAGE

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		<b>tribution Period for</b> It due to a Required Mi	-		ne participant is living a	and the
		yments using the partic				
		yments using the joint		•	nd the beneficiary listed	d below.
	Pay the total	balance overye	ears (may not exc	eed the life expect	ancy of either the part	icipant or that
		NUMBER i ipant and beneficiary li				
	or the partie	ipant and beneficiary in	stea below.			
	DENIETICIA DVICA	LANAE		SPOUSE OTH		
	BENEFICIARY'S N	IAME			RELATIONSHIP	
	DENIEEICIADV'S S	- [] - []  OCIAL SECURITY NUMBER		BENEFICIARY'S DATE OF B	PTH (MM/DD/VVVV)	
				SENEFICIANT 3 DATE OF BI	KIH (WWW/DD/TTTT)	
		tributions of a fixed				
N	lote: Mandator	y 20% federal income	tax withholding	will apply.		
T	o establish this	option on an account,	a \$5,000 minimu	m account value (բ	per fund account) is rec	quired.
		Required Minimum D				
	• •	hichever is later, you i	may be required		ollar amount of your i	installment
р	ayments to me	et your Required Mini	imum Distributio	on amount.		
·	FUND NUMBER	et your Required Mini	imum Distribution  AMOUNT PER DISTRIBUTION	on amount.  FUND NUMBER	ACCOUNT NUMBER	AMOUNT PER DISTRIBUTION
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·	•		AMOUNT PER DISTRIBUTION		ACCOUNT NUMBER	AMOUNT PER DISTRIBUTION
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F	FUND NUMBER  or Class A, Class	ACCOUNT NUMBER	\$ annual withdraw	FUND NUMBER		AMOUNT PER DISTRIBUTION  \$  \$
F	or Class A, Class Contingent Defer	ACCOUNT NUMBER  S B, and Class C shares, rred Sales Charge (CDS) and Class C shares, CD	\$  snual withdraw C).	FUND NUMBER  als of up to 10% of assed on the accourt	f the account value car	\$  show the first payment
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FF CC aa bb yy [	or Class A, Class Education on the annivole net of CDSC (ou notify us oth Payment amounts)	ACCOUNT NUMBER  S B, and Class C shares, cred Sales Charge (CDS) and Class C shares, CD! ersary each year after. C payment will be for the erwise by checking the pount should be reduced tribution Period for a	\$ annual withdraw C). SC is calculated be lass A, Class B, a amount requested box below.	als of up to 10% of ased on the accourd Class C CDSC of and additional slue.	f the account value can nt value on the date of alculation — If CDSC is nares will be sold to cov	AMOUNT PER DISTRIBUTION  \$  a be made without the first payment due, payments will ver the CDSC) unles

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As a general rule, for a participant who died on or after January 1, 2020 the assets in the plan must be distributed to the designated beneficiary by the end of the tenth calendar year following the year of the participant's death. However, if the beneficiary is an "eligible designated beneficiary," such beneficiary may receive RMDs calculated with reference to his or her life expectancy. An "eligible designated beneficiary" is any individual who is the surviving spouse of the participant, a child of the participant who has not attained the age of majority (upon such child attaining the age of majority any remaining assets must be distributed no later than the end of the tenth calendar year after the calendar year in which the child reaches the age of majority); certain disabled and chronically ill individuals, and an individual not listed above who is less than 10 years younger than the participant. Please consult with your tax advisor to determine if you qualify as an eligible designated beneficiary.

$\bigcirc$	Life Expectancy: Pay the total account balance over the beneficiary's life expectancy, beginning in	
	(month) (year) The beneficiary's date of birth is	_ •
	Note: May be no later than December 31st of the calendar year immediately following the year in which the participan	t died.
$\bigcirc$	<b>Period Certain:</b> Pay the total account balance over years (may not exceed the number of year	s tha
	would be calculated under the Life Expectancy method), beginning in	
	<b>Note:</b> May be no later than December 31st of the calendar year immediately following the year in which the participant died.	
	signated Beneficiary (an individual or qualified trust who is not an eligible designated beneficiary defined above):	,
$\bigcirc$	10-Year Period: I intend to deplete the account by the end of the 10th year following the year in which	the
	participant died. Pay the total account balance over years (may not exceed 10 years	from
	the date of death of the participant) beginning in	
	<b>Note:</b> If the participant died on or after receiving RMD, the beneficiary must take RMD payments in years 1-9 depleting account by the 10th year after the participant's date of death.	g the
$\bigcirc$	Life Expectancy: Pay the total account balance over the beneficiary's life expectancy, beginning in	
	MONTH YEAR . The beneficiary's date of birth is	
	<b>Note:</b> If Life Expectancy is chosen, the entire account balance must be paid out by the 10th year from the participant's death. In the event your life expectancy is longer than 10 years, you must request the final payout in year ten.	ate of
Ent	ity Beneficiary (e.g., the estate, a charity, or a non-qualified trust):	
$\bigcirc$	<b>5-Year Period:</b> I intend to deplete the account by the end of the 5 <sup>th</sup> year following the year in which the	
	participant died. Pay the total account balance over $\frac{1}{NUMBER}$ years (may not exceed five), beginning in	
	STARTING MONTH .	
	The decedent's remaining life expectancy: Pay the total account balance over the decedent's remaining	life
	expectancy beginning in (may be no later than December 31st of the calendary	ar
	year immediately following the year in which the participant died).	
	Note: This option is only available if the participant died after the required beginning date.	
For I	Beneficiaries of 403(b) Participants who Died in 2019 (or earlier)	
	<b>5-Year Period:</b> I intend to deplete the account by the end of the 5th year following the year in which the	
	403(b) participant died. Pay the total account balance over years (may not exceed five) beginning in	
	Note: Under the Coronavirus Aid, Relief, and Economic Security Act (the "CARES Act") provision waiving Required Minimum Distributions (RMDs) for calendar year 2020, the year 2020 can be disregarded for purposes of applying the 5-year distribution rule. If the 403(b) participant died in 2019 and you wish to disregard the year 2020 when distributing from the account, the total account balance must be depleted by the end of the 6th year following the	

year in which the participant died.

### 6. Payment Frequency for Installment Distributions.

Withdrawals can be processed between the **15<sup>th</sup> and 31<sup>st</sup>** day of the month. Installment distributions will occur at the frequency indicated and will be processed on or about the same day of the month. Please allow at least 10 days from the day the form is mailed for the systematic withdrawal plan to start drafting. Proceed to Section 7 if the distribution is for the participant's Required Minimum Distribution.

If no frequency is indicated, withdrawals will be made monthly. If no day is chosen, or if a day that is not between the 15<sup>th</sup> and 31<sup>st</sup> is chosen, withdrawals will be made on or about the 24<sup>th</sup>.

Choose frequency.

	Choose frequency.  Monthly
	Or Other than monthly (check month(s) below)
	Jan  ○ Feb  ○ Mar  ○ Apr  ○ May  ○ June  ○ July  ○ Aug  ○ Sept  ○ Oct  ○ Nov  ○ Dec
	Please start my withdrawals on the of STARTING MONTH
<b>7.</b>	Distribution and Income Tax Withholding Instructions Please complete A, B, or C.
	A.   This installment distribution is for a period less than 10 years and is subject to mandatory withholding of 20% for federal income tax purposes. Distributions which are subject to federal income tax withholding and which are paid to residents of AR, CA, CT¹, DE, IA², KS, ME, MD, MA, MN³, NE, NC, OK⁴, OR, VT and VA are subject to mandatory state income tax withholding (the list of states may change as a result of changing state legislation).  Withhold% (if more than 20%) for federal income taxes.
	Distributions paid to residents of CT are subject to state income tax withholding regardless of federal withholding election unless a completed Form CT-W4P is on file and the request is not redeeming the entire plan balance.
	<sup>2</sup> Residents of IA will have state income taxes withheld unless you qualify for the retirement income exclusion.
	<sup>3</sup> Residents of MN will have state income taxes withheld regardless of whether you've elected federal income tax withholding unless you submit or have submitted a completed Form W-4MNP for a periodic or non-periodic distribution. If not already submitted, a Form W-4MNP should be submitted with this distribution request. If you have not submitted a completed W-4MNP at the time of your distribution request, MFSC will withhold based on the applicable state tax rate in accordance with state statute.
	<sup>4</sup> Residents of OK will have state income taxes withheld regardless of federal income tax withholding unless you submit a completed Form OK-W-4-R for a periodic or partial distribution with this request.
	B. O This installment distribution is either a Required Minimum Distribution, payment to a non-spouse beneficiary that is not an individual, or an installment distribution for a period of 10 years or more. It is subject to a voluntary withholding rate of 10% for federal income tax purposes and is subject to state income tax withholding only if paid to a resident of AR, CA, CT¹, DE, IA², KS, ME, MA, MN³, NE, NC, OK⁴, OR, VT and VA. (The list of states may change as a result of changing state legislation). If your state requires withholding, MFS will withhold at least the minimum state tax regardless of the election below.
	The amount requested for distribution will be reduced by the amount withheld for taxes.
	<sup>1</sup> Distributions paid to residents of CT are subject to state income tax withholding regardless of federal withholding election unless a completed Form CT-W4P is on file and the request is not redeeming the entire plan balance.
	<sup>2</sup> Residents of IA will have state income taxes withheld unless you qualify for the retirement income exclusion.
	<sup>3</sup> Residents of MN will have state income taxes withheld regardless of whether you've elected federal income tax withholding unless you submit or have submitted a completed Form W-4MNP for a periodic or non-periodic distribution. If not already submitted, a Form W-4MNP should be submitted with this distribution request. If you have not submitted a completed W-4MNP at the time of your distribution request, MFSC will withhold based on the applicable state tax rate in accordance with state statute.
	<sup>4</sup> Residents of OK will have state income taxes withheld regardless of federal income tax withholding unless you submit a completed Form OK-W-4-R for a periodic or partial distribution with this request.
	Withhold% (0%-100%) for federal income taxes. Please note, if the participant has indicated to not withhold for federal income taxes, you must indicate 0% here.
	<b>Note:</b> If a withholding election is not made above, 10% withholding will be applied to the distribution (plus any state taxes will be withheld if applicable).

### SECTION 7 CONTINUED FROM PREVIOUS PAGE

<b>C.</b> $\bigcirc$		s installment distribution is for a period less than 10 years and is not subject to federal or state income t hholding because each installment is being directly rolled over to:	tax
	$\bigcirc$	a <b>new</b> traditional MFS IRA. An MFS IRA Application completed by the participant or spouse beneficiary is attached.	
	$\bigcirc$	an <b>existing</b> traditional MFS IRA or eligible Retirement Plan for the participant or spouse beneficiary.	
		FUND NUMBER ACCOUNT NUMBER	
		a traditional IRA or eligible Retirement Plan for the participant or spouse beneficiary <b>held at</b> another institution. Please provide the name of the trustee or custodian and the name of the plan.	
		TRUSTEE OR CUSTODIAN NAME PI AN NAME	

Any rollover election will remain in effect until the Plan Administrator notifies us of any change in writing.

### 8. Employer Authorization

I certify that (1) I am an authorized signer for the Plan; (2) this distribution is in accordance with the terms of the Plan; (3) the Plan Administrator has provided the participant or other distributee with a written explanation of the rules permitting direct rollover of eligible rollover distribution amounts to an eligible retirement plan and mandating 20% federal income tax withholding on distributions that are not directly rolled over, and has also complied with any other notice requirements to the participant that are applicable to this distribution (e.g., notices of annuity form of benefit, spousal consent, voluntary withholding, etc.); (4) all the distribution amounts that are being directly rolled over are eligible rollover distributions and are being rolled over to an eligible retirement plan that will accept them; (5) if a distributee receives an amount that is not an eligible rollover distribution and thus is subject to voluntary federal tax withholding, and any applicable state tax withholding, MFS Service Center, Inc., and its affiliates may rely on my authorization for federal tax withholding and any applicable state tax withholding; (6) the Employer/Plan Administrator has not delegated to any other person or entity, by this form or otherwise, its income tax withholding duties and obligations under section 3405 of the Internal Revenue Code of 1986, as amended. MFS Service Center, Inc., and its affiliates, the MFS Funds and the Custodian, MFS Heritage Trust Company, are entitled to rely on my authorization and are released from any and all claims I may have, or claim to have, with respect to this distribution. I also agree to indemnify and hold harmless MFS Service Center, Inc., and its affiliates, the MFS Funds and the Custodian, MFS Heritage Trust Company, from and against any loss, liability, cost or expense (including, without limitation, 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 as a result of this distribution.

SIGNATURE OF EMPLOYER/PLAN ADMINISTRATOR (AUTHORIZED PERSON)	DATE (MM/DD/YYYY)	
PRINT NAME		
Signature Authentication  Signature authentication is required for all requests.  Notary Public Stamp, Signature Guarantee, or Meda		р
AFFIX STAMP H		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. Signature guarantees shall be accepted in accordance with policies established by MFS Service Center, Inc. and must not be dated. A notary public stamp can be obtained from a notary public signing agent.

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

stamp is required within the affix stamp box.