

# RETIREMENT PLAN REDEMPTION AUTHORIZATION FORM



NOT for use with accounts currently trusted by MFS Heritage Trust Company.

If you have any certificate shares to be redeemed, please return them with this form. We suggest that certificates be sent unendorsed by registered mail.

## 1. Account Information

PLAN NAME

PLAN ADDRESS

CITY

STATE

ZIP CODE

CONTACT NAME

PLAN TAX IDENTIFICATION NUMBER

DAYTIME PHONE NUMBER

TRUSTEE NAME(S), IF NOT APPLICABLE, PLEASE LIST N/A

PARTICIPANT NAME

SOCIAL SECURITY NUMBER

**Note:** If there is **no named trustee(s)** listed on the account registration or the named trustee(s) is unable to sign, a Medallion Signature Guarantee is required in Section 4.

## 2. Identify Your Accounts

Indicate the fund name and the account number(s) and the amount to be distributed. If the amount of the distribution requested exceeds the amount available in the fund, then all shares in that fund will be distributed.

**Note:** If you elect to redeem all shares from any of your MFS accounts, any existing Automatic Investment or Exchange Options on the redeemed accounts will be discontinued.

| FUND NUMBER          | ACCOUNT NUMBER       | AMOUNT               | SHARES                | SELECT ONE:           |                       |  |
|----------------------|----------------------|----------------------|-----------------------|-----------------------|-----------------------|--|
|                      |                      |                      |                       | 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"/> |  |

If sales charge waiver is applicable, please list reason for distribution: \_\_\_\_\_

## 3. Payment Instructions

**Distribution checks cannot be made payable directly to the participant.**

**All checks must be mailed to the Plan address referenced in Section 1.** If the address of record on the account is different from the Plan's address in Section 1, the trustee(s) signature must be guaranteed in Section 4.

- Make check payable as registered.
- Make check payable to a new plan/IRA trustee indicated below. A Medallion Signature Guarantee is required in Section 4.

SPECIAL PAYEE

ACCOUNT/CONTRACT/POLICY

#### 4. Acknowledgement and Indemnification (All plan trustees must sign)

As trustee(s) of the plan, I/We authorize the requested distribution and will issue the required Form 1099-R to the participant. I/We acknowledge that MFS may not have all of the information necessary to issue a tax form for this plan and therefore, is not responsible for tax reporting for this plan. I/We do hereby agree to release and hold MFS and its affiliates and their agents, successors and assigns and their officers, directors, and employees harmless from and against any loss, liability, penalty, cost or expense (including counsel fees and expenses in connection with the contest or settlement of any claim) that they might incur or sustain, or discover that they incurred or sustained, or have imposed upon them by reason of any claim or claims which may be made against any of them arising out of this request.

\_\_\_\_\_  
SIGNATURE (ALL PLAN TRUSTEES MUST SIGN.)

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

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

\_\_\_\_\_  
SIGNATURE (ALL PLAN TRUSTEES MUST SIGN.)

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

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

#### Medallion Signature Guarantee

A Medallion Signature Guarantee is **required** if:

- Your total distribution is more than \$100,000, or
- There is no named trustee(s) listed on the account registration or the named trustee(s) is unable to sign, or
- You request your check to be made payable to a new Plan or IRA trustee, or
- The Plan address is different from the address of record we have on file, or
- You have notified MFS of an address change within 30 days of this request.

\_\_\_\_\_  
AFFIX GUARANTEE STAMP HERE

Medallion Signature Guarantee stamp must not be dated. 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 will be accepted in accordance with policies established by MFS Service Center, Inc. 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 call 1-800-225-2606 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