

RETIREMENT PLAN ROLLOVER AUTHORIZATION FORM



For Rollover Request to an MFS IRA

NOT for use with any retirement 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.

In order for MFS Service Center, Inc. to distribute the assets you must have an existing MFS IRA or include a completed MFS IRA Application Form with this request.

Note: To complete this request a Medallion Signature Guarantee is required in Section 4.

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

2. Distribution Instructions

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	SELECT ONE:		
			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"/>

3. Investment Instructions

- Roll over the assets to a new MFS IRA. Enclosed is a completed MFS IRA Application.
- Roll over the assets to an existing MFS IRA. Assets will be allocated in kind unless percentages are specified below.

FUND NUMBER	ACCOUNT NUMBER	PERCENTAGE	FUND NUMBER	ACCOUNT NUMBER	PERCENTAGE
<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. 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 also certify that the assets in the plan are eligible for a rollover to an IRA Plan. 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** for all requests.

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