

# MFS® Traditional IRA

# MFS® Roth IRA

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## Everything you need . . .

- to open a traditional or Roth IRA with MFS
- to transfer your account(s) to an IRA at MFS
- to directly roll over your retirement plan distribution
- to convert your traditional IRA to a Roth IRA

# WHICH IRA IS RIGHT FOR YOU?

From the list below, determine which form(s) you need to establish the traditional or Roth Individual Retirement Account (IRA) you want. **For SIMPLE, SEP, or SARSEP IRAs, please use the appropriate forms kit.** If you are transferring or rolling over assets from another institution, in order to expedite your request, please include a copy of your most recent statement from the institution.

## TRADITIONAL IRA

### If you are sending a check with your paperwork for Use these forms

- a first-time contribution. . . . . A
- a rollover to a traditional IRA (within 60 days of your receipt from another traditional IRA). . . . . A
- a rollover from your eligible retirement plan . . . . . A

### If you want MFS® to move your assets from

- a traditional IRA at another institution into
  - a new MFS traditional IRA (no check enclosed) . . . . . A,B
  - an existing MFS traditional IRA (no check enclosed) . . . . . B
- a rollover IRA at another institution into
  - a new MFS traditional IRA (no check enclosed) . . . . . A,B
  - an existing MFS traditional IRA (no check enclosed) . . . . . B
- an eligible retirement plan for a direct rollover into
  - a new MFS traditional IRA (no check enclosed) . . . . . A,C
  - an existing MFS traditional IRA (no check enclosed) . . . . . C

## ROTH IRA

### If you are sending a check to open a new MFS Roth IRA for Use these forms

- a first-time contribution. . . . . A
- a rollover to a Roth IRA (within 60 days of your receipt from another Roth IRA) . . . . . A
- a rollover from a designated Roth account in your eligible retirement plan . . . . . A
- a conversion of your traditional IRA assets from another institution. . . . . A

### If you want MFS to move your assets from

- a Roth IRA at another institution into
  - a new MFS Roth IRA (no check enclosed) . . . . . A,B
  - an existing MFS Roth IRA (no check enclosed). . . . . B
- a rollover Roth IRA at another institution into
  - a new MFS Roth IRA (no check enclosed) . . . . . A,B
  - an existing MFS Roth IRA (no check enclosed). . . . . B
- a conversion Roth IRA at another institution into
  - a new MFS Roth IRA (no check enclosed) . . . . . A,B
  - an existing MFS Roth IRA (no check enclosed). . . . . B
- a designated Roth account in an eligible retirement plan for a direct rollover into
  - a new MFS Roth IRA (no check enclosed) . . . . . A,C
  - an existing MFS Roth IRA (no check enclosed). . . . . C
- an MFS traditional IRA for conversion into
  - a new MFS Roth IRA (no check enclosed) . . . . . A,D
  - an existing MFS Roth IRA (no check enclosed). . . . . D
- a traditional IRA at another institution for conversion into
  - a new MFS Roth IRA (no check enclosed) . . . . . A,D
  - an existing MFS Roth IRA (no check enclosed). . . . . D

**Make all checks payable to MFS® Heritage Trust Company<sup>SM</sup>.**

**Complete and mail all appropriate forms to:**

**MFS Service Center, Inc.  
P.O. Box 219341  
Kansas City, MO 64121-9341**

**Overnight mail only:**

**MFS Service Center, Inc.  
Suite 219341  
430 W 7th Street  
Kansas City, MO 64105-1407**

**Any questions or comments? Visit our Web site at [mfs.com](http://mfs.com) or call us at 1-800-637-1255.**

# MFS® IRA APPLICATION

Fill out a separate application for each type of IRA you are establishing

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. You must provide the following information for each person listed on the account: name, date of birth, Social Security number or Tax ID, and residential address (a P.O. Box is not acceptable). We also may ask to see your driver's license or other identifying documents. In the event that MFSC, on behalf of the fund, is unable to verify the identity of investors, MFSC and the fund reserve the right to take additional steps up to and including closing the account if required by applicable law.

## 1. Investor Information

The MFS Family of Funds® is generally only available to U.S. residents classified as U.S. Persons for federal tax purposes. A U.S. Person is a citizen or resident alien of the United States. Both the residential address and mailing address provided must be a U.S. address.

FIRST NAME

MI

LAST NAME

SOCIAL SECURITY NUMBER

DATE OF BIRTH (MM/DD/YYYY)

☐

 I AM A MINOR  
(Parent or Guardian must sign this form)

DAYTIME TELEPHONE NUMBER

STREET ADDRESS REQUIRED (NO P.O. BOXES)

CITY

STATE

ZIP CODE

MAILING ADDRESS

CITY

STATE

ZIP CODE

## 2. Select Your Investments

Please see the MFS Family of Funds listing at the back of this book for fund numbers. The minimum initial purchase is \$250 per fund. Please make your investment check payable to MFS Heritage Trust Company. To establish an Automatic Investment Plan, complete Section 6. Percentages must total 100%.

FUND NUMBER	FUND NAME	DOLLAR AMOUNT	OR PERCENTAGE (%)
<div><div></div><div></div><div></div><div></div></div>		\$	
<div><div></div><div></div><div></div><div></div></div>		\$	
<div><div></div><div></div><div></div><div></div></div>		\$	
<div><div></div><div></div><div></div><div></div></div>		\$	
TOTAL AMOUNT INVESTED		\$	

If this relates to a wire order trade placed through your financial advisor, provide the confirmation number: \_\_\_\_\_

**Minimum Balance Requirement:** Because it is costly to maintain small accounts and to keep fees reasonable for all shareholders, the MFS funds reserve the right to liquidate an account without the individual IRA owner's permission in the instance where the account balance contains less than \$500 for any reason, including market fluctuation. See Section 5.7 Involuntary Redemptions of the MFS Individual Retirement Account Trust Agreement.

3. Account Type Please complete either A or B.

**Note:** Internal Revenue Service rules allow only one IRA-to-IRA rollover in any twelve-month time period, regardless of the number of IRAs an individual has or the types of IRAs (including traditional and Roth IRAs and SEP and SIMPLE IRAs). Exceeding this limit, even if the prior rollover involved a different type of IRA, will result in an excess contribution to your IRA subject to taxation and penalties. Roth conversions (rollovers from traditional IRAs to Roth IRAs), rollovers between qualified plans and IRAs, and trustee-to-trustee transfers – direct transfers of assets from one IRA trustee to another – are not subject to the one-per-year limit and are disregarded in applying the limit to other rollovers. You may want to consult with your tax advisor before making a rollover.

A. Traditional IRA Please check the type of traditional IRA you are establishing.

- ☐ CONTRIBUTORY TRADITIONAL IRA
- Enclose a contribution check. For tax year(s) \_\_\_\_\_
- ☐ TRANSFER
- From another traditional IRA only. Complete and attach **Form B**.
- ☐ ROLLOVER
- Within 60 days of your receipt from an eligible retirement plan or another traditional IRA. Enclose a check.
- ☐ DIRECT ROLLOVER
- Direct Rollover from an eligible retirement plan. To request a letter of acceptance, complete and attach **Form C**. By effecting this rollover, you agree that you will keep records of any portion allocable to any after-tax contributions.

B. Roth IRA Please check the type of Roth IRA you are establishing.

- ☐ CONTRIBUTORY ROTH IRA
- Enclose a contribution check. For tax year(s) \_\_\_\_\_
- ☐ TRANSFER
- From another Roth IRA only. Complete and attach **Form B**.
- ☐ ROLLOVER TO A ROTH
- Within 60 days of your receipt from another Roth IRA or from a designated Roth account in an eligible retirement plan. By effecting this rollover, you agree that you will be responsible for tracking the portion of the rollover IRA attributable to Roth contributions and the portion attributable to earnings and that you understand that the five-year period used in determining whether a distribution is a “qualified distribution” from your Roth IRA is computed without regard to your period of participation in the designated Roth account under an eligible retirement plan. Enclose a check.
- ☐ CONVERSION ROTH IRA
- From a traditional IRA only. Complete and attach **Form D**.
- ☐ DIRECT ROLLOVER
- From a designated Roth account in an eligible retirement plan. To request a letter of acceptance, complete and attach **Form C**. By effecting this rollover, you agree that you will be responsible for tracking the portion of the rollover IRA attributable to Roth contributions and the portion attributable to earnings and that you understand that the five-year period used in determining whether a distribution is a “qualified distribution” from your Roth IRA is computed without regard to your period of participation in the designated Roth account under an eligible retirement plan.

4. Dealer Information

**MFS cannot accept an account application without all of the dealer information completed. This includes the signature of an authorized person from the firm.** If you are aware of additional accounts that may qualify for linking under MFS’ ROA policy, please notify us.

We authorize MFS Service Center, Inc. to act as our agent in connection with transactions under the authorization form and agree to notify the distributor of any purchase made under the Letter of Intent or Right of Accumulation. We guarantee the investors’ signatures and certify that we have verified the identity of the investors.

REGISTERED REPRESENTATIVE’S FIRST NAME		MI	LAST NAME
FIRM NAME		FIRM NUMBER	
BRANCH STREET ADDRESS			
CITY	STATE	ZIP CODE	
BRANCH NUMBER	REGISTERED REPRESENTATIVE’S NUMBER		
REGISTERED REPRESENTATIVE’S PHONE NUMBER	REGISTERED REPRESENTATIVE’S EMAIL ADDRESS		
BROKERAGE ACCOUNT NUMBER (IF APPLICABLE)	MATRIX LEVEL		
AUTHORIZED SIGNER OF BROKER/DEALER FIRM (REQUIRED)			

5. Beneficiary Information

Please complete the fields below to designate your beneficiaries. If you do not name beneficiaries, the beneficiary designation default will be applied to your account. (The beneficiary default is the individual’s surviving spouse, or if none, his or her surviving children per stirpes, or if none, the individual’s estate.)

If you are naming more than one primary or secondary beneficiary, please indicate percentages. Percentages must total 100%. If more than one beneficiary is named and no percentage is indicated, then equal shares will be assigned. If you have additional primary or secondary beneficiaries, attach a separate list and indicate percentage.

Primary Beneficiary

BENEFICIARY’S FIRST NAME

MI

LAST NAME

PERCENTAGE (%)

RELATIONSHIP:  
☐ SPOUSE ☐ OTHER

DATE OF BIRTH/TRUST (MM/DD/YYYY)

SOCIAL SECURITY NUMBER

Primary Beneficiary

BENEFICIARY’S FIRST NAME

MI

LAST NAME

PERCENTAGE (%)

RELATIONSHIP:  
☐ SPOUSE ☐ OTHER

DATE OF BIRTH/TRUST (MM/DD/YYYY)

SOCIAL SECURITY NUMBER

Secondary Beneficiary (if the primary beneficiary/ies should fail to survive me)

BENEFICIARY’S FIRST NAME

MI

LAST NAME

PERCENTAGE (%)

RELATIONSHIP:  
☐ SPOUSE ☐ OTHER

DATE OF BIRTH/TRUST (MM/DD/YYYY)

SOCIAL SECURITY NUMBER

Secondary Beneficiary (if the primary beneficiary/ies should fail to survive me)

BENEFICIARY’S FIRST NAME

MI

LAST NAME

PERCENTAGE (%)

RELATIONSHIP:  
☐ SPOUSE ☐ OTHER

DATE OF BIRTH/TRUST (MM/DD/YYYY)

SOCIAL SECURITY NUMBER

## 6. Automatic Investment Plan

Please allow up to 10 days for setup. The funds may be drafted only from the investor's bank account. If no day or frequency is chosen, investments will be made on the first business day of each month. Please also complete Section 7.

**Frequency** (Choose one.)

☐ Monthly

☐ Other than monthly (check the months below)

☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ June ☐ July ☐ Aug ☐ Sept ☐ Oct ☐ Nov ☐ Dec

Start on the \_\_\_\_\_ day of \_\_\_\_\_ (month). Additional Day(s) \_\_\_\_\_

**FUND NUMBER**

**DOLLAR AMOUNT**


\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

## 7. Link Your Checking/Savings Account to Your Fund Account

Linking your checking/savings account with your MFS account allows you to conveniently, quickly, and securely add money to your MFS funds directly from your bank or sell shares in your MFS funds over the telephone. For some accounts, you may also be able to purchase shares online on mfs.com. Your withdrawals will be sent directly to your bank account via Automated Clearing House (ACH) and/or Federal bank wire as specified in this section. Please confirm eligibility, fees, and applicable routing number(s) for ACH and/or Federal bank wire with your financial institution. Please also attach a voided check or preprinted deposit slip.

NAME ON CHECKING/SAVINGS ACCOUNT (For your security, must be the same name(s) in Section 1 to invest by phone or mfs.com, or withdraw by phone.)

☐ ACH ☐ FEDERAL BANK WIRE

By providing bank information, I understand that the fund will follow reasonable procedures to confirm that each telephone and online transaction is authentic and authorized. I agree that I bear the risk of loss for unauthorized or fraudulent telephone transactions and that none of the MFS Funds, MFS Service Center, Inc., or their affiliated companies, or their directors, trustees, or employees will be liable for any loss, damage, or expense as a result of action upon, and will not be responsible for the authenticity of, any telephone transaction instructions that they reasonably believe to be authentic and authorized.

TYPE OF ACCOUNT: ☐ CHECKING ☐ SAVINGS

BANK NAME

BANK TELEPHONE NUMBER

BANK ACCOUNT NUMBER

ROUTING NUMBER (IF DIFFERENT FROM VOIDED CHECK)

☐ Copy the information from my investment check.

☐ Copy the information from my voided check or preprinted savings deposit slip.

Attach a voided check or preprinted deposit slip if you are not enclosing an investment check or do not want to use the same bank information as the investment check.

**Note:** Only preprinted deposit slips will be accepted for savings accounts.

### For Automatic Investment Programs

The investor agrees that the rights of the bank named above with respect to checks drawn on and debit entries initiated to the investor's account are the same as if they were checks drawn on the bank and signed by the investor. The investor agrees that the bank shall be fully protected and without liability whatsoever in honoring or refusing to honor any such check and in accepting or refusing to accept any such debit entry, whether with or without cause, and whether intentionally or inadvertently.

The privilege of making deposits under this service may be revoked by MFS Service Center, Inc. (MFSC) or MFS Fund Distributors, Inc., without prior notice, if any check is not paid upon presentation or any debit entry is not accepted. MFSC shall be under no obligation to notify the investor as to the nonpayment of any check or the nonacceptance of any debit entry. This service may be discontinued by the investor by telephone or by written notice to MFSC at any time. Instructions must be received 10 days prior to the next draft to be effective for that draft.

8. Ways to Reduce Your Sales Charge on Class A Shares

Please refer to the prospectus for the appropriate sales charge levels for Right of Accumulation and for Letter of Intent. List any existing MFS account holders and their respective Social Security numbers. If there are more account holders than space provided, please provide on an additional sheet.

☐ **RIGHT OF ACCUMULATION (ROA)** I qualify for the Right of Accumulation privilege as described in the prospectus.

Please link accounts with the following Social Security numbers, taxpayer ID numbers, or broker identification numbers (BIN).

NAME	SOCIAL SECURITY/TAXPAYER ID NUMBER OR BROKER IDENTIFICATION NUMBER
NAME	SOCIAL SECURITY/TAXPAYER ID NUMBER OR BROKER IDENTIFICATION NUMBER
NAME	SOCIAL SECURITY/TAXPAYER ID NUMBER OR BROKER IDENTIFICATION NUMBER
NAME	SOCIAL SECURITY/TAXPAYER ID NUMBER OR BROKER IDENTIFICATION NUMBER

☐ **LETTER OF INTENT (LOI)** To qualify for a reduced sales charge, I agree to the Letter of Intent, including the escrow agreement, as described in the prospectus. Although I am not obligated, it is my intention to invest over a 13-month period in shares of one or more of the MFS funds in an aggregate amount (among qualifying accounts) at least equal to:

- ☐ \$50,000
- ☐ \$100,000
- ☐ \$250,000
- ☐ \$500,000
- ☐ \$1,000,000 If you intend to invest \$1,000,000 or more, the period is 36 months.

9. Automatic Exchange Plan

Exchanges may be made within the same MFS IRA in the same share class. A \$2,000 minimum balance is required at the time the automatic exchange plan is established in the fund from which you are exchanging.

**Frequency** (Choose one.) If no day or frequency is chosen, investments will be made into the selected funds on or about the seventh day of each month.

- ☐ Monthly
- ☐ Other (check the months below)
  - ☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ June ☐ July ☐ Aug ☐ Sept ☐ Oct ☐ Nov ☐ Dec

Start on the \_\_\_\_\_ day of \_\_\_\_\_ (month). Additional day(s) \_\_\_\_\_

Exchange		
FROM FUND NUMBER	TO FUND NUMBER	DOLLAR AMOUNT
<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	\$ _____
<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	\$ _____
<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	\$ _____



## 10. eDelivery

I consent to the delivery of all MFS Fund documents electronically ("eDelivery"). I understand that this election constitutes a global consent for all current and future Fund and account documents that MFS provides and is able to furnish to me via eDelivery including prospectuses, shareholder reports and other fund-related communications and disclosures, but excludes proxy notices and materials unless I elect below to receive such documents also via eDelivery. When possible, documents that MFS does not currently provide via eDelivery will also be provided to me via eDelivery subject to this global consent.

I understand that MFS will send an email notifying me of when these documents are available for viewing. I understand that all accounts in MFS Funds registered under my Social Security number/TIN will be enrolled for eDelivery. This consent is effective immediately and will remain in effect until I revoke it. I may revoke my consent at any time by submitting a request in writing to MFSC or by visiting MFS Access and clicking on "Setup/Change eDelivery." I understand that the revocation of my consent will result in the discontinuance of eDelivery for all documents covered by this consent. I may request paper copies of any documents MFS is required to deliver to me at any time for no additional charge. I will notify MFS promptly of any changes to my email address by either submitting a request in writing or through MFS Access by clicking on "Setup/Change eDelivery." I understand that if MFS cannot obtain a valid email address, documents will be delivered to me by USPS.

I acknowledge that I have Internet access, an email address, and all the software\* necessary to receive and view documents electronically. I acknowledge that while eDelivery is free, Internet access and telephone charges may apply.

☐ I would like to receive the fund's documents via eDelivery at the following email address

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EMAIL ADDRESS

☐ Please check here if you also consent to receive MFS Fund proxy notices and materials via eDelivery at the above email address. Otherwise, proxy notices and materials will be sent via USPS.

\*That is to say, appropriate browser software such as Microsoft® Internet Explorer® or the equivalent as well as email software and communications access to the Internet. In order to print materials that have been delivered electronically you must also have access to a printer. Some documents may be available to view in the Portable Document Format (PDF). In order to view these documents you must have Adobe® Acrobat® Reader® software.

Adobe® Acrobat® is a registered trademark of Adobe Systems, Incorporated.

### Account Statements

In addition, once your account is established, you can sign up for eDelivery of account statements or transaction details through MFS Access. Log in with your user name and password, and then click the **Setup/Change eDelivery** link on the left hand navigation bar. If you do not currently have an account on MFS Access, you can sign up by going to **mfs.com/access**.

**Note:** eDelivery of statements is not available for all types of mutual fund accounts. If you own your MFS Fund shares through a financial institution, or for certain retirement plans, eDelivery of statements may not be available to you.

11. Trustee Acceptance

MFS® Heritage Trust Company<sup>SM</sup> shall serve as Trustee under this IRA Trust only (1) for the MFS Family of Funds, (2) in accordance with the terms and conditions of the Trust Agreement, and (3) provided that the required forms are properly completed and received by MFS Service Center. The Trustee’s acceptance of your IRA will be acknowledged by written confirmation from MFS of your initial purchase. This confirmation will reference your account as “MFS Heritage Trust Company, Trustee, for Traditional IRA A/C [your name]” if you completed Section 3(A); this confirmation will reference your account as “MFS Heritage Trust Company, Trustee, for Roth IRA A/C [your name]” if you completed Section 3(B).

12. Investor Signature

I hereby establish an IRA Trust with MFS, appoint MFS Heritage Trust Company as Trustee, and (1) acknowledge that I have received and read the current prospectus(es) for the funds chosen in Section 2 and the appropriate MFS Disclosure Statement and Individual Retirement Account Trust; (2) acknowledge that I am responsible for determining the deductibility of contributions made to my account; (3) agree that an annual trustee fee of \$25 may be deducted from my account unless my account balance exceeds \$50,000 on the day the fee is assessed; and (4) certify that, under penalty of perjury, my social security number shown above is correct.

\_\_\_\_\_  
INVESTOR’S SIGNATURE **(REQUIRED)**  
(Or signature of parent or guardian, if investor is a minor)

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

\_\_\_\_\_  
SIGNATURE OF SPOUSE  
(Only required in community property states, when sole primary beneficiary is not your spouse)

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

\_\_\_\_\_  
WITNESS TO SIGNATURE  
(Testamentary dispositions are required to be witnessed in some jurisdictions)

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

# MFS® IRA TRANSFER FORM

Use this form to request that a letter of acceptance be sent for a transfer of assets from an IRA or Roth account to an MFS IRA. In order to expedite your request, please include a copy of your most recent statement.

## 1. Investor Information

FIRST NAME

MI

LAST NAME

   -   -    

SOCIAL SECURITY NUMBER

REGISTERED REPRESENTATIVE'S NAME

REGISTERED REPRESENTATIVE'S PHONE NUMBER

## 2. Describe IRA to be Transferred

The IRA to be transferred is (Check one):

☐ Traditional
 ☐ Rollover
 ☐ Roth
 ☐ Roth Rollover
 ☐ SIMPLE IRA
 ☐ SEP/SARSEP IRA

The account to be transferred is presently invested or deposited in:

☐ **MFS® Funds**

               

FUND NUMBER(S): SEE THE MFS FAMILY OF FUNDS® LISTING AT THE BACK OF THIS BOOK.

The IRA is held at another institution in:

☐ **Non-MFS investment**

NAME OF INSTITUTION

☐ **CDs**

NAME OF INSTITUTION

DATE OF MATURITY\* (MM/DD/YYYY)

\* PAPERWORK SHOULD BE RECEIVED TWO WEEKS PRIOR TO MATURITY DATE.

ACCOUNT NUMBER(S)

CONTACT NAME (IF ANY)

NAME OF RESIGNING TRUSTEE/CUSTODIAN

PHONE NUMBER

MAILING ADDRESS OF RESIGNING TRUSTEE/CUSTODIAN

CITY

STATE

ZIP CODE

☐

Check here if you are age 70½ or older.

I am requesting this transfer during or after the year in which I attain age 70½. I understand that any required minimum distribution amount must be distributed from my existing IRA account prior to the transfer of assets to an MFS IRA.

3. Transmittal Instructions

**Important:** Please select either "Transfer in kind" or "Liquidate." Contact the resigning trustee or custodian for their requirements before completing this section.

To resigning trustee/custodian

☐ **Transfer in kind.**  
I am requesting a transfer of shares from a brokerage firm or bank IRA presently invested in the MFS fund(s) as indicated in Section 2.

☐ I also wish to transfer my non-MFS Money Market IRA from the firm listed in Section 2 to MFS.  
**To resigning trustee/custodian:** If this box is checked, please liquidate any non-MFS money market shares and send to the MFS address below.

☐ All **OR** ☐ Part (\$ \_\_\_\_\_) of the account described in Section 2 to my MFS IRA

☐ **Liquidate**  
☐ All **OR** ☐ Part (\$ \_\_\_\_\_) of the account described in Section 2 to my MFS IRA  
☐ Immediately **OR** ☐ At maturity

Send assets as follows

☐ **Mail check**  
Make check payable to MFS Heritage Trust Company, Trustee for \_\_\_\_\_ IRA  
(or Roth IRA, if applicable) NAME, MFS REFERENCE NUMBER

Mail completed form to:

<b>Regular mail</b>	<b>Overnight mail</b>
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

☐ **Wire funds**  
State Street Bank and Trust Co.  
Boston, MA 02101  
ABA #011000028  
Credit MFS DDA Number 99034795

For further credit to IRA/Roth IRA for \_\_\_\_\_  
NAME, MFS REFERENCE NUMBER

4. Investment Instructions Check one.

- ☐ Open a new account (Complete and attach **Form A**, upon which you may indicate your investment instructions, leaving the fields below blank.)
- ☐ MFS traditional IRA    **OR**    ☐ MFS Roth IRA
- ☐ Invest in my existing MFS IRA(s) as follows (also indicate any additional MFS fund choices below).  
For transfers-in-kind where no allocation is indicated, assets will remain in the same fund.  
Percentages must total 100%.

FUND NUMBER	PERCENTAGE (%)	FUND NUMBER	PERCENTAGE (%)	FUND NUMBER	PERCENTAGE (%)
<div><div></div><div></div><div></div><div></div></div>		<div><div></div><div></div><div></div><div></div></div>		<div><div></div><div></div><div></div><div></div></div>	
<div><div></div><div></div><div></div><div></div></div>		<div><div></div><div></div><div></div><div></div></div>		<div><div></div><div></div><div></div><div></div></div>	
<div><div></div><div></div><div></div><div></div></div>		<div><div></div><div></div><div></div><div></div></div>		<div><div></div><div></div><div></div><div></div></div>	

5. Authorization to Transfer

**Important:** Contact the resigning trustee or custodian of the IRA you are transferring to see if a signature guarantee or other documentation is required to proceed. Space is provided below for a signature guarantee, if required.

**Please transfer my Individual Retirement Account (IRA), as described in Section 2, in accordance with the above instructions.**

INVESTOR'S SIGNATURE

DATE (MM/DD/YYYY)

Signature guaranteed by:

NAME OF FIRM

SIGNATURE OF AUTHORIZED PERSON

6. Trustee Acceptance [for MFS use only]

MFS® Heritage Trust Company<sup>SM</sup> is willing to accept the assets described above and credit them to the MFS Individual Retirement Account Trust or the MFS Roth Individual Retirement Account Trust, as applicable, for which it is trustee. MFS Heritage Trust Company agrees to the redemption and transfer from fiduciary to fiduciary as authorized above.

AUTHORIZED MFS SIGNATURE ON BEHALF OF MFS HERITAGE TRUST COMPANY

DATE (MM/DD/YYYY)



# MFS® IRA DIRECT ROLLOVER FORM

This form may not be accepted by your existing plan. Plan-specific paperwork may be required.

Contact your plan administrator/employer for their requirements.

Use this form to request that a letter of acceptance be sent for a direct rollover of assets from an eligible retirement plan to an MFS traditional IRA, or from a designated Roth account in an eligible retirement plan to an MFS Roth IRA. (If making a rollover to both a traditional and a Roth IRA, complete a separate form for each.) **In order to expedite your rollover request, please include a copy of your most recent statement.**

## 1. Investor Information

FIRST NAME

MI

LAST NAME

-   -

SOCIAL SECURITY NUMBER

REGISTERED REPRESENTATIVE'S NAME

REGISTERED REPRESENTATIVE'S PHONE NUMBER

## 2. Current Plan Trustee/Custodian Information

The rollover will be made from (check one): ☐ an eligible retirement plan or

☐ a designated Roth account in an eligible retirement plan

The account to be rolled over is presently invested or deposited in:

☐ **MFS Funds**

FUND NUMBER(S): SEE THE MFS FAMILY OF FUNDS® LISTING AT THE BACK OF THIS BOOK.

☐ **Other**

NAME OF INSTITUTION

ACCOUNT NUMBER(S)

CONTACT NAME (IF ANY)

NAME OF RESIGNING TRUSTEE/CUSTODIAN

PHONE NUMBER

MAILING ADDRESS OF RESIGNING TRUSTEE/CUSTODIAN

CITY

STATE

ZIP CODE

☐

Check here if you are age 70½ or older.

I am requesting this direct rollover during or after the year in which I attain age 70½. I understand that any required minimum distribution amount must be distributed from my existing eligible retirement plan account prior to the direct rollover of assets to an MFS IRA.

3. Transmittal Instructions

**Important:** Please select either "Rollover in kind" or "Liquidate." Contact the resigning trustee or custodian for their requirements before completing this section.

To resigning trustee/custodian

☐ **Rollover in kind.**  
I am requesting a rollover of shares from a brokerage firm or bank-eligible retirement plan presently invested in the MFS fund(s) as indicated in Section 2.

☐ I also wish to roll over my non-MFS money market qualified monies from the firm indicated in Section 2 to MFS.  
**To resigning trustee/custodian:** If checked, please liquidate any non-MFS money market shares and send to the address below.

☐ **Liquidate**  
☐ All **OR** ☐ Part (\$ \_\_\_\_\_) of the account described in Section 2 to my MFS IRA.

Send assets as follows

☐ **Mail check**  
Make check payable to MFS Heritage Trust Company, Trustee for \_\_\_\_\_ R/O IRA (or Roth IRA, if applicable)  
NAME, MFS REFERENCE NUMBER

Mail completed form to:

<b>Regular mail</b> MFS Service Center, Inc. P.O. Box 219341 Kansas City, MO 64121-9341	<b>Overnight mail</b> MFS Service Center, Inc. Suite 219341 430 W 7th Street Kansas City, MO 64105-1407
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☐ **Wire funds**  
State Street Bank and Trust Co.  
Boston, MA 02101  
ABA #011000028  
Credit MFS DDA Number 99034795

For further credit to IRA/Roth IRA for \_\_\_\_\_  
NAME, MFS REFERENCE NUMBER



#### 4. Investment Instructions Check one.

- ☐ Open a new account (Complete and attach **Form A**, upon which you may indicate your investment instructions, leaving the fields below blank.)
- ☐ MFS traditional IRA    **OR**    ☐ MFS Roth IRA
- ☐ Invest in my existing MFS IRA(s) as follows (also indicate any additional MFS fund choices below).  
For rollovers-in-kind where no allocation is indicated, assets will remain in the same fund.  
Percentages must total 100%.

FUND NUMBER	PERCENTAGE (%)	FUND NUMBER	PERCENTAGE (%)	FUND 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"/>	_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____

#### 5. Authorization to Roll Over

**Important:** Contact the Trustee or Custodian of the eligible retirement plan you are rolling over to see if a signature guarantee or other documentation is required to proceed. Space is provided below for a signature guarantee, if required.

By effecting this rollover, I agree that I will be responsible for tracking any portion of the rollover attributable to after-tax contributions or, if applicable, Roth contributions. I also understand that if this is a rollover to an MFS Roth IRA, the five-year period used in determining whether a distribution is a "qualified distribution" from my Roth IRA will be computed without regard to my period of participation in the designated Roth account of my employer's eligible retirement plan.

\_\_\_\_\_  
INVESTOR'S SIGNATURE

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

**Signature guaranteed by:**

\_\_\_\_\_  
NAME OF FIRM

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED PERSON

#### 6. Trustee Acceptance [for MFS use only]

MFS® Heritage Trust Company<sup>SM</sup> is willing to accept the assets described above and credit them to the MFS Individual Retirement Account Trust or the MFS Roth Individual Retirement Account Trust, as applicable, for which it is trustee. MFS Heritage Trust Company agrees to the redemption and rollover from fiduciary to fiduciary as authorized above.

\_\_\_\_\_  
AUTHORIZED MFS SIGNATURE ON BEHALF OF MFS HERITAGE TRUST COMPANY

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

# MFS® ROTH IRA CONVERSION FORM



**Instructions:**

- To convert an MFS IRA to an MFS Roth IRA, complete Sections 1, 2, 5, and 6. Please also complete Section 4 if applicable.
- To convert an IRA at another institution, complete Sections 1, 3, 4, 5, and 6.

**Special Note Concerning IRA Conversions:**

Effective January 1, 2018, a conversion from a traditional IRA, SEP IRA, or SIMPLE IRA to a Roth IRA cannot be recharacterized back to a traditional IRA, SEP IRA, or SIMPLE IRA.

## 1. Investor Information

FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_ LAST NAME \_\_\_\_\_

-   -      
 SOCIAL SECURITY NUMBER REGISTERED REPRESENTATIVE'S NAME REGISTERED REPRESENTATIVE'S PHONE NUMBER

☐ Check here if you are age 70½ or older.  
 I am requesting this conversion during or after the year in which I attain age 70½. I understand that any required minimum distribution amount must be distributed from my existing IRA prior to the conversion of assets to an MFS Roth IRA.

## 2. Describe the MFS IRA to Be Converted to an MFS Roth IRA

**Note:** An MFS IRA Application is required in addition to this form if you do not yet have an MFS Roth IRA.

I wish to convert:

- ☐ all of my existing traditional IRA(s)  
☐ part of my existing traditional IRA(s) reflecting MFS® Heritage Trust Company<sup>SM</sup> as trustee to an MFS Roth IRA Conversion account(s), while maintaining the same fund allocations, unless new allocations are provided in Section 4.

The MFS IRA to be converted to an MFS Roth IRA is presently invested or deposited in:

FUND NUMBER	ACCOUNT NUMBER	AMOUNT	SELECT ONE:	
			SHARES	DOLLARS
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	_____	<input type="radio"/>	<input type="radio"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	_____	<input type="radio"/>	<input type="radio"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	_____	<input type="radio"/>	<input type="radio"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	_____	<input type="radio"/>	<input type="radio"/>
Total to be converted		_____		

3. Describe the IRA at Another Institution to be Converted to an MFS Roth IRA

**Important:** Contact the resigning trustee or custodian for their requirements before completing this section.

NAME OF INSTITUTION

ACCOUNT NUMBER

NAME OF RESIGNING TRUSTEE/CUSTODIAN

PHONE NUMBER

MAILING ADDRESS OF RESIGNING TRUSTEE/CUSTODIAN

CITY

STATE

ZIP CODE

☐ The IRA is in a CD. Date of maturity 

MM/DD/YYYY

\* PAPERWORK SHOULD BE RECEIVED TWO WEEKS PRIOR TO MATURITY DATE.

To resigning trustee/custodian:

Please Convert:

☐ All OR ☐ Part (\$ ) of the IRA described above to my MFS Roth IRA

☐ immediately OR ☐ at maturity

☐ I also wish to convert my non-MFS money market IRA from the firm above to MFS.

**To resigning trustee/custodian:** If checked, please liquidate any non-MFS money market shares and send to the address below.

Send assets as follows

☐ **Mail check**

Make check payable to MFS Heritage Trust Company Trustee for Roth IRA

NAME, MFS REFERENCE NUMBER

**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

☐ **Wire funds**

State Street Bank and Trust Co.  
Boston, MA 02101  
ABA #011000028  
Credit MFS DDA Number 99034795

For further credit to Roth IRA for

NAME, MFS REFERENCE NUMBER

**4. Investment Instructions** Check one.

- ☐ Open a new MFS Roth IRA. (Complete and attach **Form A**, upon which you may indicate your investment instructions, leaving the fields below blank.)
- ☐ Invest in my existing MFS Roth IRA(s) as follows (also indicate any additional MFS fund choices below).

Percentages must total 100%

FUND NUMBER	PERCENTAGE (%)	FUND NUMBER	PERCENTAGE (%)	FUND 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"/>	_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____

**5. Tax Withholding Election**

IRS regulations require the custodian of the IRA from which you are converting to withhold federal taxes, unless you elect not to have taxes withheld. Withholding will apply to the entire amount of the conversion, even if nondeductible contributions to the IRA have been made. You may still reinvest the entire conversion amount by replacing the amount withheld with other assets. Any amounts withheld and not replaced into the new MFS Roth IRA Conversion account within 60 days may be subject to a 10% early withdrawal penalty if you are under 59½ years old. Even if you elect not to have federal income tax withheld, you are liable for payment of federal income tax on the taxable portion of your converted amount. Certain state and local taxes may also apply to the converted amount.

- ☐ Yes, withhold 10% for federal taxes.  
If you want more than 10% withheld for federal taxes, indicate the total percentage here: \_\_\_\_\_%.
- ☐ No, do not withhold federal taxes.

**6. Authorization to Convert**

**Important:** Contact the resigning trustee or custodian of the IRA you are converting to see whether a signature guarantee or other documentation is required. (If held at MFS, no signature guarantee is required.)

I authorize and request the trustee/custodian or its agents of my IRA specified above in Section 3 to make the above-requested conversion distribution from my IRA to my MFS Roth IRA Conversion account. I acknowledge that this transaction will be a taxable event that will be reported to the Internal Revenue Service by the current IRA trustee or custodian. I understand that I will be subject to income taxes on the amount converted from my IRA to an MFS Roth IRA Conversion account to the extent that the converted amount is includable in my income.

\_\_\_\_\_  
INVESTOR'S SIGNATURE\_\_\_\_\_  
DATE (MM/DD/YYYY)**Signature guaranteed by:**\_\_\_\_\_  
NAME OF FIRM\_\_\_\_\_  
SIGNATURE OF AUTHORIZED PERSON**7. Trustee Acceptance** [for MFS use only]

MFS Heritage Trust Company is willing to accept the assets described above and credit them to the MFS Roth Individual Retirement Account Trust for which it is trustee. MFS Heritage Trust Company agrees to the redemption and conversion to a Roth IRA Conversion account as authorized above.

\_\_\_\_\_  
AUTHORIZED MFS SIGNATURE ON BEHALF OF MFS HERITAGE TRUST COMPANY\_\_\_\_\_  
DATE (MM/DD/YYYY)



## **WE BELIEVE IN THE POWER OF ACTIVE MANAGEMENT<sup>SM</sup>**

MFS® is a global investment manager committed to skilled active management as the most powerful way to meet investors' need for strong returns over the long term. We bring you the value of our insights and expertise through:

### **Integrated Research**

Taking advantage of the depth and reach of our research teams around the world and across equity, fixed income and quantitative disciplines, we uncover investment opportunities and thoroughly analyze our best ideas to develop a full perspective on the securities we select for our portfolios.

### **Global Collaboration**

We believe good decision making, driven by our ability to work together, share information and actively debate different viewpoints, leads to better investment outcomes for our clients.

### **Active Risk Management**

To help protect capital and generate alpha, we seek segments where risk is appropriately rewarded, focus on selecting investments with the potential to hold their value through challenging markets and apply systematic risk reviews on multiple levels.

### **Long-Term Conviction**

Developing our insights, differentiating meaningfully from the benchmark and staying true to our convictions over the long term allows the market time to potentially reward our investment ideas.

# MFS® FAMILY OF FUNDS



FUND NAME	FUND NUMBER (BY CLASS)	
	A	C

## U.S. EQUITY

Massachusetts Investors Trust	12	312
Massachusetts Investors Growth Stock Fund	13	313
MFS® Blended Research® Core Equity Fund	84	384
MFS® Blended Research® Growth Equity Fund	1062	1362
MFS® Blended Research® Mid Cap Equity Fund	1067	1367
MFS® Blended Research® Small Cap Equity Fund	1063	1363
MFS® Blended Research® Value Equity Fund	1061	1361
MFS® Core Equity Fund	91	391
MFS® Equity Income Fund	1054	1354
MFS® Equity Opportunities Fund	1040	1340
MFS® Growth Fund	07	307
MFS® Low Volatility Equity Fund	1023	1323
MFS® Mid Cap Growth Fund	83	383
MFS® Mid Cap Value Fund	1024	1324
MFS® New Discovery Fund	97	397
MFS® New Discovery Value Fund <sup>1</sup>	1050	1350
MFS® Research Fund	14	314
MFS® Technology Fund	98	398
MFS® Utilities Fund	35	335
MFS® Value Fund	93	393

## FIXED INCOME

MFS® Corporate Bond Fund	11	311
MFS® Emerging Markets Debt Fund	33	333
MFS® Emerging Markets Debt Local Currency Fund	1052	1352
MFS® Global Bond Fund	1043	1343
MFS® Global High Yield Fund	70	370
MFS® Government Securities Fund	26	326
MFS® High Income Fund	18	318
MFS® Inflation-Adjusted Bond Fund	1031	1331
MFS® Limited Maturity Fund	36	336
MFS® Strategic Income Fund	34	334
MFS® Total Return Bond Fund	78	378

## GLOBAL/INTERNATIONAL EQUITY

MFS® Blended Research® Emerging Markets Equity Fund	1066	1366
MFS® Blended Research® Global Equity Fund	1065	1365
MFS® Blended Research® International Equity Fund	1064	1364
MFS® Emerging Markets Equity Fund	85	385
MFS® Global Equity Fund	04	304
MFS® Global Growth Fund	09	309
MFS® Global New Discovery Fund	1053	1353
MFS® International Diversification <sup>SM</sup> Fund	1032	1332
MFS® International Growth Fund	86	386
MFS® International New Discovery Fund	74	374
MFS® International Intrinsic Value Fund <sup>1</sup>	87	387
MFS® Low Volatility Global Equity Fund	1025	1325
MFS® Research International Fund	99	399

FUND NAME	FUND NUMBER (BY CLASS)	
	A	C

## MULTI-ASSET

MFS® Aggressive Growth Allocation Fund	1029	1329
MFS® Conservative Allocation Fund	1026	1326
MFS® Diversified Income Fund	1039	1339
MFS® Global Total Return Fund	24	324
MFS® Growth Allocation Fund	1028	1328
MFS® Lifetime® 2020 Fund	1036	1336
MFS® Lifetime® 2025 Fund	1056	1356
MFS® Lifetime® 2030 Fund	1037	1337
MFS® Lifetime® 2035 Fund	1057	1357
MFS® Lifetime® 2040 Fund	1038	1338
MFS® Lifetime® 2045 Fund	1058	1358
MFS® Lifetime® 2050 Fund	1047	1347
MFS® Lifetime® 2055 Fund	1059	1359
MFS® Lifetime® 2060 Fund	1068	1368
MFS® Lifetime® Income Fund	1034	1334
MFS® Managed Wealth Fund	1060	1360
MFS® Moderate Allocation Fund	1027	1327
MFS® Prudent Investor Fund	1069	1369
MFS® Total Return Fund	15	315

## MONEY MARKET

MFS® U.S. Government Cash Reserve Fund	01	301
MFS® U.S. Government Money Market Fund	10	N/A

## SPECIALTY/ALTERNATIVE

MFS® Commodity Strategy Fund	1042	1342
MFS® Global Alternative Strategy Fund	1041	341
MFS® Global Real Estate Fund	59	359

<sup>1</sup> MFS New Discovery Value Fund and MFS International Intrinsic Value Fund are closed to new investors subject to certain exceptions. Please see the prospectus for additional information.