MFS® IRA REQUIRED MINIMUM DISTRIBUTION AUTHORIZATION FORM

For IRAs Trusteed by MFS Heritage Trust Company

Instructions

IRS regulations require that when you reach 70½, you must receive a minimum amount from your IRA account(s) by December 31st of each year. Your first distribution can be deferred until April 1st following the year you reach 70½. Life expectancies are calculated for installment distribution purposes in accordance with Treasury Regulation 1.72-9 of the Internal Revenue Code.

IRS regulations require the calculation of minimum distributions from each IRA trust you have established. You may, however, take the aggregate minimum distribution amount from just one of your IRA accounts. If you choose to take the aggregate minimum distribution from your MFS IRA, this form cannot be used. Please call us for instructions.

Under the 2002 Final Required Minimum Distribution Regulations, your required minimum distribution will be calculated using one of the two IRS life expectancy tables. The first table is called the Uniform Distribution Table, which provides a calculation using your life expectancy and the life expectancy of a hypothetical beneficiary exactly ten years younger. This table is used for all calculations that do not involve a spouse beneficiary more than ten years younger than you. The second table is only used if the sole primary beneficiary of your IRA is your spouse who is more than ten years younger than you. The IRS joint life expectancy tables will be used to calculate your minimum distribution in this instance.

If you would like MFS to calculate and distribute your minimum distribution please complete the appropriate sections on this form. We will calculate only on the amount invested in your MFS IRA, and will continue to do so until you inform us of a change. Although MFS may be calculating your Required Minimum Distribution, you are ultimately responsible for making sure that you withdraw enough to meet IRS guidelines. We strongly suggest that you contact your tax or financial advisor for assistance, as neither MFS nor any of its affiliates can provide tax or legal advice.

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1. Account Owner Information

IRA OWNER'S FIRST NAME _____ MI _____ LAST NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

☐ This is my new address; please update my account information. (Please check the box only if applicable.)
Note: If the new address is a non-U.S. address, you will be restricted from making additional purchases into this account and exchanges into and out of this account.

☐☐☐-☐☐-☐☐☐☐ SOCIAL SECURITY NUMBER

☐☐/☐☐/☐☐☐☐ DATE OF BIRTH (MM/DD/YYYY)

_____ DAYTIME PHONE NUMBER

Required Minimum Distributions will be taken proportionately from all IRAs open under your Social Security number. This includes Multi-Trust, SEP, SARSEP and SIMPLE IRAs. If you would like to have distributions processed from select accounts, use the IRA Distribution Authorization Form.

2. Spouse Beneficiary

☐ Check this box ONLY if:

- Your sole primary beneficiary is your spouse who is *more* than ten years younger than you.
- Your sole primary beneficiary is a qualified trust whose sole primary beneficiary is your spouse who is *more* than ten years younger than you.

If the box above was checked, please provide the name and date of birth of your spouse beneficiary in the space below.

_____ NAME

☐☐/☐☐/☐☐☐☐ DATE OF BIRTH (MM/DD/YYYY)

3. Deferral (Only complete this section if you wish to defer your first payment. Otherwise, skip to Section 4.)

I want to defer my first minimum distribution payment until the first quarter of the year following the year I reach age 70½. Please process the distribution in (choose one):

◯ January ◯ February ◯ March

Note: If you elect to defer your first payment, you will receive two payments the following year. Complete Section 4 for subsequent payments.

4. Payment Frequency (Choose one.)

If no day is provided, we will process the distribution on or about the 24th of the month. If no month is provided, annual distributions will be processed in December.

◯ Monthly ◯ Other (check months below)

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

Please start my withdrawals on the _____ (day) of _____ (starting month). Withdrawals can be processed between the **15th and 31st** 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.

☐ I have received my required minimum distribution for this year. Establish the minimum distribution service starting next year.

5. Transfers or Rollovers

Complete this section if you have transferred or rolled over assets into an MFS IRA this year and would like MFS to provide the minimum distribution service.

☐ My December 31st prior year balance was $_____.
If you check the above box, we will calculate and pay you the distribution due this year. If there was a transfer or rollover to MFS and no prior year balance is provided, we will use the amount transferred or rolled over to MFS.

6. Tax Withholding

Read the withholding notice and indicate election below. If not completed, applicable taxes will be withheld.

Notice of federal withholding. The distribution you receive is subject to federal income tax withholding at a rate of 10%, unless you elect not to have withholding apply. If you do not make a withholding election, federal income tax will be withheld on the gross amount of the payment because we are unable to determine amounts not subject to withholding. You can elect out of withholding by checking "No" in the "Tax Withholding Election" section of this form. Your election remains effective until you revoke it, and you can revoke your election at any time. 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 distribution. You may also be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are inadequate.

State income taxes. MFS will withhold state income taxes unless you elect not to have federal withholding apply if your address of record is in one of the following states: AR, CA, CT*, DE, IA, KS, ME, MA, NC, OK, OR, and VT. (The list of states may change from time to time as result of changing legislation.) Distributions paid to residents of all other states will not have any state income taxes withheld.

*Residents of CT will have state income taxes withheld regardless of federal income tax withholding unless you submit or have submitted a completed Form CT-W4P for a periodic or partial distribution.

◯ Yes, withhold 10% for federal taxes.
If you want more than 10% withheld for federal taxes, indicate total percentage here: _____%.

◯ No, do not withhold federal taxes.

7. Payment Instructions (Check one.)

◯ Make check payable to me and mail to my address of record. (Signature authentication is required in Section 8 if the address on the account has been changed within 30 days of the first draft.)

◯ Direct deposit proceeds to my bank account. I have attached a voided check and/or preprinted deposit slip. Signature authentication is required in section 8.

Type of account:

◯ Checking ◯ Savings

BANK NAME _____ NAME ON CHECKING/SAVINGS ACCOUNT _____

BANK ROUTING NUMBER _____ BANK ACCOUNT NUMBER _____

◯ I would like my minimum distribution invested in a non-IRA account.

◯ I have attached a new account application.

◯ I have an existing account with MFS, and the fund and account number is below.

Fund Number ☐☐☐☐ Account Number: _____

Note: If the IRA is invested in A or B shares, the funds will be invested in Class A shares in the non-IRA account. If the IRA is invested in C shares, the funds will be invested in Class C shares in the non-IRA account.

8. Distribution Authorization Sign exactly as account is registered.

As the owner of the referenced MFS IRA, I authorize this distribution, and certify that it is in accordance with the provisions of my MFS IRA Plan. MFS Fund Distributors Inc., MFS Service Center, Inc., and the MFS IRA Trustee, 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 understand that although MFS will be calculating payments based on IRS guidelines, I am ultimately responsible for making sure that I meet IRS minimum distribution requirements. **I understand that all dividends from my account(s) will be reinvested so that MFS can accurately calculate my minimum distribution. All cash dividends and capital gain payments will be discontinued and the required minimum distribution option will be established.** I also understand that the minimum distribution will be calculated on all funds within my MFS IRA Trust(s), as indicated in Section 1. I further certify that my Social Security number written in Section 1 is true and complete and that this number is my taxpayer identification number.

SIGNATURE

DATE (MM/DD/YYYY)

Signature Authentication

Signature authentication is required if:

- The check is to be mailed to the address of record and the address has been changed within 30 days of the first draft, or
- The proceeds are to be direct deposited to your bank account.

Notary Public Stamp, Signature Guarantee, or Medallion Signature Guarantee Stamp

AFFIX STAMP HERE

*Signature guarantee stamp must not be dated. If a Medallion Guarantee is not provided, the proper form for execution is

SIGNATURE(S) GUARANTEED

NAME OF ELIGIBLE GUARANTOR INSTITUTION

BY

SIGNATURE OF AUTHORIZED PERSON

EXAMPLE

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 MFSC. A notary public stamp can be obtained from a notary public signing agent.

If you have any questions about this form, please contact the MFS 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