

# MFS® IRA BENEFICIARY CHANGE FORM



For MFS Traditional, Rollover, Roth, SEP, SARSEP, SIMPLE, and Roth SIMPLE IRAs Trusteed by MFS Heritage Trust Company

## 1. Account Owner Information

\_\_\_\_\_  
IRA OWNER'S FIRST NAME

\_\_\_\_\_  
MI

\_\_\_\_\_  
LAST NAME

□□□□ - □□ - □□□□□□  
SOCIAL SECURITY NUMBER

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

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

This is my new address; please update my account information.

**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.

\_\_\_\_\_  
REGISTERED REPRESENTATIVE'S NAME

\_\_\_\_\_  
REGISTERED REPRESENTATIVE'S PHONE NUMBER

## 2. Information About the Account

**A. Type of IRA** (Select all that apply.)

Traditional     Roth     SEP     SARSEP     SIMPLE

**B. Multiple Trusts** (Only complete Part 2B if applicable.)

A multiple IRA Trust is one in which the IRA owner designates different beneficiaries in different funds within the same IRA type. If you maintain multiple MFS IRA Trusts, provide the trust number for which this beneficiary designation applies. If you are unsure if you have a multiple trust, check for a trust number in the account registration shown on your account statement. If there is a trust number, then you have multiple IRA trusts. A separate form must be completed for each IRA trust, and the trust number for each separate account must be indicated. If you have multiple IRA trusts and you do not indicate the trust number, we will not be able to update your beneficiary designation.

\_\_\_\_\_  
MULTIPLE IRA TRUST NUMBER

### 3. Beneficiary Designation

This designation will cancel any previous designation you have made for the IRA indicated above.

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 default is that the beneficiary shall be the individual's surviving spouse or, if none, his or her surviving issue per stirpes or, if none, the individual's estate.) For the MFS SIMPLE IRA, the beneficiary designation default is the individual's estate as stated in the *Form 5305-S, SIMPLE Individual Retirement Trust Account*.

#### Primary Beneficiary

If you are naming more than one primary beneficiary, please indicate whole number 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 name more than two primary beneficiaries, attach a separate page with the information below and indicate percentages.

_____ 1. BENEFICIARY'S NAME			
RELATIONSHIP:	<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="radio"/> SPOUSE <input type="radio"/> OTHER	DATE OF BIRTH OR TRUST DATE (MM/DD/YYYY)	SOCIAL SECURITY NUMBER	PERCENTAGE (%)

_____ 2. BENEFICIARY'S NAME			
RELATIONSHIP:	<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="radio"/> SPOUSE <input type="radio"/> OTHER	DATE OF BIRTH OR TRUST DATE (MM/DD/YYYY)	SOCIAL SECURITY NUMBER	PERCENTAGE (%)

**PRIMARY BENEFICIARY TOTAL** \_\_\_\_\_  
(MUST ADD UP TO 100%)

#### Secondary Beneficiary

A secondary beneficiary is a person, estate, trust or organization named to receive the account in the event that there are no primary beneficiaries living at the time of the account owner's death or all primary beneficiaries have disclaimed their benefits. If you are naming more than one secondary beneficiary, please indicate whole number 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 name more than two secondary beneficiaries, attach a separate page with the information below and indicate percentages.

_____ 1. BENEFICIARY'S NAME			
RELATIONSHIP:	<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="radio"/> SPOUSE <input type="radio"/> OTHER	DATE OF BIRTH OR TRUST DATE (MM/DD/YYYY)	SOCIAL SECURITY NUMBER	PERCENTAGE (%)

_____ 2. BENEFICIARY'S NAME			
RELATIONSHIP:	<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="radio"/> SPOUSE <input type="radio"/> OTHER	DATE OF BIRTH OR TRUST DATE (MM/DD/YYYY)	SOCIAL SECURITY NUMBER	PERCENTAGE (%)

**SECONDARY BENEFICIARY TOTAL** \_\_\_\_\_  
(MUST ADD UP TO 100%)

## 4. Authorization

Consult your legal advisor to ensure that this form complies with your state's laws of testamentary disposition.

\_\_\_\_\_  
SIGNATURE OF ACCOUNT OWNER

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

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

\_\_\_\_\_  
WITNESS

(Testamentary dispositions are required to be witnessed in some jurisdictions)

\_\_\_\_\_  
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)

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

\_\_\_\_\_  
WITNESS

(Testamentary dispositions are required to be witnessed in some jurisdictions)

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

If you have any questions about this form, please contact the Retirement Plans Service Department at 1-800-637-1255 any business day.

### Send completed form by:

#### Regular mail

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

#### Overnight mail

MFS Service Center, Inc.  
801 Pennsylvania Ave., Suite 219341  
Kansas City, MO 64105-1307

#### Fax

1-877-654-3204