

Contributions to be recharacterized:

Fund Number	Account Number	Exact Date of the Contribution (MM/DD/YYYY)	Dollar Amount
<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"/>	_____	_____	\$ _____

3. Recharacterization Authorization

ACCOUNT OWNER'S SIGNATURE

DATE (MM/DD/YYYY)

PRINT NAME

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

Fax completed form to 1-877-654-3204 or 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.
801 Pennsylvania Ave., Suite 219341
Kansas City, MO 64105-1307