

# MFS® CONTRIBUTION DIRECT

Enrollment/Change Form



## OVERVIEW

MFS Contribution Direct allows plan administrators and financial professionals to manage and submit investment plan contributions to MFS over a secure Internet site. Contribution Direct eliminates the need for mailing investment instructions and checks if funding your investments via Automated Clearing House (ACH). This process greatly reduces the amount of time it takes to build allocation spreadsheets and avoids delays in receiving the actual investment. However, if you believe that submitting a check is best for your plan, you may submit a check with the screen print from the Submit Roster Confirmation screen in Contribution Direct with all investment allocation submissions.

Please visit [cd.mfs.com](http://cd.mfs.com) for more information and step-by-step instructions on using the system.

## HOW TO ENROLL IN MFS CONTRIBUTION DIRECT

1. Complete the attached MFS Contribution Direct Enrollment Form and any new account applications for participants in the plan and send them to MFS.
2. After MFS receives the enrollment form, you will be sent an Operator ID and password via email within 10 days. This information will allow you to access your plan and begin the internet submission process.

**Note:** MFS Contribution Direct requires 256 byte Secure Socket Layer (SSL) encryption.

# MFS CONTRIBUTION DIRECT



## Enrollment/Change Form

Please allow 10 days for your Contribution Direct Operator ID and password to be established

### Select one option

- I'd like to establish my Plan or Group on MFS Contribution Direct.  
*(Complete all sections below)*
- I'd like to make changes to an existing MFS Contribution Direct Plan or Group.  
*(Complete all applicable sections below)*

## 1. Plan or Group information

PLAN NAME

- Please enroll my new retirement plan or group in MFS Contribution Direct. I have attached account applications for all new participating accounts and/or employees.

**Or**

- Please enroll/update my existing retirement plan or group in MFS Contribution Direct. Please provide the information below. The account number for one existing participant will be used to locate and verify the Plan.

PLAN ID NUMBER

ACCOUNT NUMBER FOR ONE EXISTING PARTICIPANT

PLAN MAILING ADDRESS

CITY

STATE

ZIP CODE

## 2. Plan Administrator

Complete this section to designate a Plan Administrator for a new plan, change the Plan Administrator on an existing plan, or update the contact information for the current Plan Administrator.

Only one Plan Administrator can be designated per plan. If this form is being used to make changes to your existing Plan Administrator, the previous designation will be replaced and a new Operator ID will be issued.

PLAN ADMINISTRATOR'S FIRST NAME

MI

LAST NAME

PLAN ADMINISTRATOR'S EMAIL ADDRESS  
(MFS CONTRIBUTION DIRECT OPERATOR ID AND PASSWORD WILL BE SENT TO THIS EMAIL ADDRESS.)

PHONE NUMBER

ALTERNATE EMAIL ADDRESS  
(MFS CONTRIBUTION DIRECT OPERATOR ID AND PASSWORD WILL BE SENT TO THIS EMAIL ADDRESS.)

If you currently administer another plan that uses MFS Contribution Direct and want to use the same ID, please complete the information below.

PLAN ID NUMBER

OPERATOR ID

### 3. Type of funding

Choose one.

**Bank draft**

**A voided check or preprinted deposit slip is required.** Please include it with this form and complete the bank account information below. The information will be compared to ensure accuracy.

\_\_\_\_\_  
NAME ON CHECKING/SAVINGS ACCOUNT **(REQUIRED)**

\_\_\_\_\_  
BANK NAME **(REQUIRED)**

\_\_\_\_\_  
BANK ACCOUNT NUMBER **(REQUIRED)**

\_\_\_\_\_  
BANK ROUTING NUMBER **(REQUIRED)**

#### Automatic draft plan provisions

The Employer agrees that the rights of the bank named above with respect to checks drawn on and debit entries initiated to the employer's account are the same as if they were checks drawn on the bank and signed by the employer. The employer agrees that the bank shall be fully protected and without any liability whatsoever in honoring or refusing to honor 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. or MFS Fund Distributors, Inc., without prior notice, if any check is not paid upon presentation or any debit entry not accepted. MFS Service Center, Inc. shall be under no obligation to notify the employer as to the nonpayment of any check or the non-acceptance of any debit entry. This service may be discontinued at any time by the employer by telephone or by writing to MFS Service Center, Inc.

**Check**

All checks must be made payable to MFS Service Center and mailed to one of the addresses below. Please attach the screen print from the Submit Roster Confirmation screen in Contribution Direct with all investment allocation submissions.

### 4. Authorization

As the authorized signer of the above mentioned Plan and bank account, I authorize any changes made to the Plan Administrator information in Section 2 and/or made to the bank account information in Section 3, and I also authorize all bank drafts initiated by the use of the MFS Contribution Direct website.

\_\_\_\_\_  
AUTHORIZED SIGNER'S SIGNATURE **(REQUIRED)**

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

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

Visit **cd.mfs.com** for more information and instructions for using the MFS Contribution Direct system. Fax this form to 1-877-654-3204 and you will receive an Operator ID and password via email within 10 business days, or mail 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