

# MFS® IRA PLANS SERVICE FORM

Use this form to update or add account attributes and privileges.



For detailed information regarding the shareholder services offered on this form, please refer to the appropriate fund's prospectus and Statement of Additional Information. This form is only for MFS trustee traditional IRA, Roth IRA, SEP IRA, and SARSEP IRAs. For updates to SIMPLE IRAs, please use the SIMPLE IRA Plan Service Form.

- Please complete Sections 1 and 2.
- Please also complete the sections for the services you are requesting.
- Sign in Section 7 to authorize the changes. Obtain signature authentication if required for the changes requested.

## 1. About You (Required)

ACCOUNT OWNER'S FIRST NAME

MI

LAST NAME

-   -

SOCIAL SECURITY NUMBER

PHONE NUMBER

MOBILE 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. Identify Your Accounts (Required)

Please indicate either all IRA accounts under the Social Security Number provided above or provide your fund and account number(s) you would like updated. They are printed on your Investment Summary statement. The fund number is the first four digits before the hyphen, and the account number follows the hyphen.

Please update all IRA accounts under my Social Security number.

**Or**

Make the update only to the account(s) listed below:

FUND NUMBER

ACCOUNT NUMBER

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 3. Ways to Reduce Your Sales Charge on Class A Shares

Please refer to the prospectus for the appropriate sales charge levels and account types eligible to be linked for Right of Accumulation and for Letter of Intent.

To link accounts, they must be in the name of your spouse (or legal equivalent in certain states), your child under the age of 21, or a living trust for which one of you is the grantor.

List existing MFS account holders and their respective Social Security numbers, Taxpayer ID numbers, or Broker ID numbers that are eligible to be linked for Right of Accumulation and/or Letter of Intent. 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 identification numbers, or broker identification numbers (BIN).

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

#### Letter of Intent (LOI)

New       Replace Existing

If a selection is not made above, MFSC will add a new Letter of Intent in the amount indicated below.

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 within 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

### 4. Link Your Checking or 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. 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 an original voided check or preprinted deposit slip.

By completing Section 4, I authorize investments by phone from my bank account to my MFS account(s) and I authorize withdrawals by phone from my MFS account(s) to my bank account. I understand that the fund will follow reasonable procedures to confirm that each telephone transaction is authentic and authorized. I agree that I bear the risk of loss for unauthorized or fraudulent 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.

**Signature authentication is required in Section 7 for all requests.**

- If an original voided check or preprinted deposit slip is provided, a Notary Public Stamp, Signature Guarantee, or Medallion Signature Guarantee Stamp must be provided in Section 7.
- In lieu of an original voided check or deposit slip, you may submit a letter from your bank on their letterhead providing the name(s) on the account, routing number, and account number. If a letter from the bank is provided, a Medallion Signature Guarantee must be provided in Section 7.

Please also complete this section if you elect to establish or replace an Automatic Investment Plan in Section 5.

**Note:** Requests to distribute funds to a bank within 30 days of a change to banking information requires an MFS IRA Distribution Authorization Form with a Medallion Signature Guarantee.

Please provide the details of your banking information below. Please complete all fields as the information provided on the form will be compared with the voided check or preprinted deposit slip to ensure accuracy.

Please indicate whether the bank information below is to be added to your account in addition to the existing information or to change the existing information.

Add new    Change existing

**Note:** If “Change existing” was selected and the previous bank information was used for an active automatic investment plan or systematic withdrawal plan, the bank information provided below will be applied to those systematic agreements.

For your security, the bank information provided must have an owner in common with the MFS account registration.

**Withdrawal by phone:** You must select by what method you would like MFSC to remit your withdrawal proceeds directly to your bank account.

ACH    Federal bank wire

Please note that if both ACH and Federal bank wire are selected, your bank routing numbers may be different per method. When providing bank information, ensure you provide MFSC with the appropriate bank routing numbers for each method.

Type of Account:    Checking    Savings

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

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

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

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

**Attach an original voided check or preprinted deposit slip.**

**Note:** Only preprinted deposit slips will be accepted for savings accounts. In order to buy or sell over the automated telephone system and/or on MFS Access, you must activate these services.

**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 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 at any time to MFSC. Instructions must be received 10 days prior to the next draft to be effective for that draft.

## 5. Automatic Investment and Exchange Options

**A. Automatic Investment Plan** allows you to invest money to your account on a regular basis from your checking/savings account. This service requires your checking/savings account to be linked to your MFS account (complete Section 4). Please allow up to 10 days for setup.

Add new                       Change existing

**Frequency** (indicate frequency below.) If no day or frequency is chosen, investments will be made into the selected funds on the first business day of each month.

Monthly

**Or**

Other than monthly (check the month(s) below)

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

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

FUND NUMBER	ACCOUNT NUMBER	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"/>	_____	\$ _____

**B. Automatic Exchange Plan** allows you to automatically exchange from one MFS fund to one or more MFS funds. A \$2,000 minimum balance is required in the fund from which you are exchanging. Exchanges must be within the same share class and under the same registration.

Add new                       Change existing

**Frequency** (indicate frequency below.) If no day or frequency is chosen, exchanges will be made into the selected fund(s) on or about the seventh day of each month.

Monthly

**Or**

Other than monthly (check the month(s) 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
<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"/>	\$ _____

## 6. eDelivery

I consent to the delivery of all MFS Fund documents electronically (“eDelivery”). I understand that this election constitutes a 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 or account-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 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 “eDelivery Preferences” under “Account Settings.” 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 “eDelivery Preferences” under “Account Settings.” 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® Edge® 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, 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 on “eDelivery Preferences” under “Account Settings.” If you do not currently have an account on MFS Access, you can sign up by going to **[mfs.com/Access](https://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.

## 7. Authorization (Required)

Please sign your name exactly as it appears on your account.

I authorize MFS Service Center, Inc. (MFSC) and its affiliates and the fund to act on any instructions believed to be genuine for any service authorized on this form. I agree they will not be held liable for any resulting loss. It is understood that this authorization may be terminated by me at any time by written notification to the fund(s). Any such notification shall be effective only with respect to entries made after the receipt of such notification and a reasonable amount of time to act on it.

\_\_\_\_\_  
ACCOUNT OWNER'S SIGNATURE

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

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

### Signature Authentication

MFSC requires signature authentication on certain maintenance and non-financial requests for your protection. Signature authentication is required for Section 4.

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

AFFIX STAMP HERE

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 MFS Service Center, Inc. and must not be dated. A notary public stamp can be obtained from a notary public signing agent. Both notary public signature and original notary stamp is required within the affix stamp box.

If you have any questions about this form, please contact the 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.  
801 Pennsylvania Ave., Suite 219341  
Kansas City, MO 64105-1307