

MFS[®] EMPLOYER 403(b) PLAN (THE “PLAN”) DISTRIBUTION AUTHORIZATION



For Individual Accounts Using MFS Heritage Trust Company as Custodian

1. Employer/Plan Administrator

PLAN NAME

PLAN MAILING ADDRESS

CITY

STATE

ZIP CODE

PLAN ADMINISTRATOR'S OR CONTACT'S NAME

PLAN ADMINISTRATOR'S OR CONTACT'S PHONE NUMBER

This is the Plan's new address. Please update the account information. (A Medallion Signature Guarantee is required in Section 8.)

2. Participant in Plan

PARTICIPANT'S FIRST NAME

MI

LAST NAME

□□□ - □□ - □□□□□□

PARTICIPANT'S SOCIAL SECURITY NUMBER

□□, □□, □□□□

PARTICIPANT'S DATE OF BIRTH (MM/DD/YYYY)

3. Reason for Distribution

For Permissive Service Credit skip to Section 4.

- Reached age 59½*
- Termination/Retirement*
- Disability*
- Plan Termination*
- Death*
- Financial Hardship**
- Required Minimum Distribution**

□□, □□, □□□□

PARTICIPANT'S DATE OF DEATH (MM/DD/YYYY) (REQUIRED)

- Qualified Reservist*
 - Qualified birth or adoption distribution*
- Note:** To establish a series of ongoing payments, complete the Employer 403(b) Installment Distribution Authorization Form.

*These distributions are generally rollover-eligible.

These distributions are generally **not rollover-eligible.

4. Permissive Service Credit If applicable, please check the box.

If this reason for distribution is checked, then complete Sections 5 and 8 of this form. A Medallion Signature Guarantee is required in Section 8.

I am a participant in a defined benefit governmental plan (as defined in IRS Code Section 414(d)) and request a distribution for the purpose of funding permissive service credits in such plan. This is a non-taxable transfer. I understand that the check will be made payable to the indicated Retirement Board and mailed to the Employer or Plan Administrator for distribution.

NAME OF RETIREMENT BOARD

SIGNATURE OF PARTICIPANT

5. Distribution Instructions

If your request includes recently purchased shares, MFS Service Center, Inc. (MFSC) may delay the payment of redemption proceeds of those shares for a period of up to seven business days in order to enable MFSC to confirm that the funding has cleared. These redemption proceeds will generally be sent separately.

Choose one.

Full distribution of all 403(b) fund/accounts registered to the participant in the Plan

Or

Partial Distribution

Indicate the fund and the account number(s) from which you want to withdraw and the amount to be distributed. If the distribution amount requested exceeds the account balance, all shares in the account will be sold.

Note: If partial distribution instructions are provided below, any instructions above for a full distribution will be disregarded.

FUND NUMBER	ACCOUNT NUMBER	AMOUNT	SELECT ONE:		
			SHARES	DOLLARS	ALL
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Withholding/Rollover Instructions Please complete A, B, or C.

Eligible rollover distributions made to the participant or surviving spouse/non-spouse designated beneficiary are subject to 20% mandatory federal income tax withholding. Non-eligible rollover distributions such as Required Minimum Distributions, Hardship withdrawals, or payments due to death to a non-spouse designated beneficiary that is not an individual (such as a charity or estate) are subject to voluntary tax withholding and Section 6B must be completed for these distribution types only. Please note that the amount requested for distribution in Section 5 will be reduced by the amount withheld for taxes.

SECTION 6 CONTINUES ON NEXT PAGE

A. Make a single payment of the amount(s) indicated in Section 5, subject to mandatory 20% federal income tax withholding to the participant or surviving spouse/non-spouse designated beneficiary as specified in Section 7. Distributions which are subject to federal income tax withholding and which are paid to residents of AR¹, CA, DE, IA², KS, ME, MD, MA, MN³, NE, NC, OK⁴, OR, VT, and VA are subject to mandatory state income tax withholding (the list of states may change as a result of changing state legislation). If your state requires withholding, MFS will withhold at least the minimum state tax regardless of your election. Distributions paid to residents of all other states will not have any state income taxes withheld. (The withholding is mandatory and you cannot elect out of it.)

Withhold _____% (if more than 20%) for federal income taxes.

¹ Residents of AR are required to have federal and state income tax withholding applied to eligible rollover distributions.

² Residents of IA will have state income taxes withheld unless you qualify for the retirement income exclusion.

³ Residents of MN will have state income taxes withheld regardless of whether you've elected federal income tax withholding unless you submit or have submitted a completed Form W-4MNP for a periodic or non-periodic distribution. If not already submitted, a Form W-4MNP should be submitted with this distribution request. If you have not submitted a completed W-4MNP at the time of your distribution request, MFSC will withhold based on the applicable state tax rate in accordance with state statute.

⁴ Residents of OK will have state income taxes withheld regardless of federal income tax withholding unless you submit a completed Form OK-W-4-R for a periodic or partial distribution with this request.

B. Make a single payment of the amount(s) indicated in Section 5, subject to a voluntary tax withholding rate of 10% because the payment is not an eligible rollover distribution (Required Minimum Distribution, Hardship withdrawal, or distribution due to death to a non-spouse designated beneficiary that is not an individual).

Note: If a withholding election is not made, 10% withholding will be applied to the distribution.

Withhold _____% (0%-100%) for federal income taxes.

If the recipient is a resident of AR¹, CA, DE, IA², KS, ME, MA, MN³, NE, NC, OK⁴, OR, VT, and VA state income tax will be withheld also (the list of states may change as a result of changing state legislation). If your state requires withholding, MFS will withhold at least the minimum state tax regardless of your election. Distributions paid to residents of all other states will not have any state income taxes withheld.

¹ Residents of AR will have state income taxes withheld regardless of federal income tax withholding elections. To opt out of AR state income tax withholding you must submit a completed Form AR4P.

² Residents of IA will have state income taxes withheld unless you qualify for the retirement income exclusion.

³ Residents of MN will have state income taxes withheld regardless of whether you've elected federal income tax withholding unless you submit or have submitted a completed Form W-4MNP for a periodic or non-periodic distribution. If not already submitted, a Form W-4MNP should be submitted with this distribution request. If you have not submitted a completed W-4MNP at the time of your distribution request, MFSC will withhold based on the applicable state tax rate in accordance with state statute.

⁴ Residents of OK will have state income taxes withheld regardless of federal income tax withholding unless you submit a completed Form OK-W-4-R for a periodic or partial distribution with this request.

C. Directly roll over the amount(s) indicated in Section 5, (direct rollovers are not subject to tax withholding) to:

- A **new** MFS traditional or Roth IRA. An MFS IRA Application completed by the participant or spouse beneficiary is attached.
- A **new** MFS Beneficial IRA. An MFS Beneficial IRA Application completed by the non-spouse designated beneficiary is attached.
- An **existing** MFS traditional or Roth IRA, or eligible MFS Retirement Plan for the participant or surviving spouse beneficiary, or an existing Beneficial IRA for the non-spouse designated beneficiary invested in the MFS Family of Funds.

FUND NUMBER		ACCOUNT NUMBER		PERCENTAGE		FUND NUMBER		ACCOUNT NUMBER		PERCENTAGE	

If the rollover is to be made to more than two account numbers, please attach a letter of instruction listing the fund and account numbers, along with the percentage each is to receive.

- A traditional or Roth IRA, or eligible Retirement Plan for the participant or surviving spouse beneficiary, or Beneficial IRA for the non-spouse designated beneficiary **held at another institution**. Please provide the name of the trustee or custodian and the name of the plan.

PLAN NAME

PLAN TYPE (IRA, ROTH IRA OR ELIGIBLE RETIREMENT PLAN)

TRUSTEE OR CUSTODIAN NAME

7. Payment Instructions

All checks will be mailed to the Employer or Plan Administrator for distribution. Checks will not be mailed to an address other than to the Employer or Plan Administrator, even if requested. If the check is to be made payable to a beneficiary, the beneficiary's address is needed for mailing IRS tax reporting forms.

Make payment to:

- Participant in Plan
- Trustee or custodian of an Individual Retirement Arrangement or eligible Retirement Plan. (Please select this option if Part 6C was completed. Please note that a check will not be produced for any assets directly rolled over to a traditional MFS IRA, MFS Beneficial IRA or MFS eligible Retirement Plan.)
- Beneficiary is an individual

BENEFICIARY'S NAME

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

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

BENEFICIARY MAILING ADDRESS (FOR MAILING IRS TAX REPORTING FORMS)

CITY

STATE

ZIP CODE

If there is more than one beneficiary for this account, please attach a signed letter of instruction indicating each beneficiary's name, Social Security number, address, and distribution instructions, as well as the percentage each beneficiary is to receive. Checks will be sent to the Employer or Plan Administrator.

- Beneficiary is not an individual

Please provide the name, address and taxpayer identification number (TIN) of the charity, organization, institution, trust, estate or other non-individual beneficiary to which the check is to be made payable.

BENEFICIARY'S NAME

□□□□□□□□□□
TIN

MAILING ADDRESS (FOR MAILING IRS TAX REPORTING FORMS)

CITY

STATE

ZIP CODE

8. Employer Authorization

I certify that (1) I am an authorized signer for this Plan; (2) this distribution is in accordance with the terms of the Plan; (3) the Plan Administrator has provided the participant or other distributee with a written explanation of the rules permitting direct rollover of eligible rollover distribution amounts to an eligible retirement plan and mandating 20% federal income tax withholding on distributions that are not directly rolled over, and has also complied with any other notice requirements that are applicable to this distribution (e.g., notices of annuity form of benefit, spousal consent, voluntary withholding, etc.); (4) all the distribution amounts that are being directly rolled over are eligible rollover distributions and are being rolled over to an eligible retirement plan that will accept them; (5) if a distributee receives an amount that is not an eligible rollover distribution and thus is subject to voluntary federal tax withholding, and any applicable state tax withholding, MFS Service Center Inc., and its affiliates may rely on my authorization for federal tax withholding and any applicable state tax withholding; and (6) the Employer/Plan Administrator has not delegated to any other person or entity, by this form or otherwise, its income tax withholding duties and obligations under section 3405 of the Internal Revenue Code of 1986, as amended. MFS Service Center, Inc., and its affiliates, the MFS Funds and the Custodian, 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; (7) if the distribution is for financial hardship, the Participant has met and is subject to the related terms of the Plan and (8) if the distribution is for plan termination, the employer/plan sponsor hereby certifies that its 403(b) Plan has been terminated in compliance with the final 403(b) regulations and all of the contracts issued under the Plan at that time the Plan was terminated satisfied all of the applicable requirements of the final 403(b) regulations (other than the requirement that there be a written plan). I also agree to indemnify and hold harmless MFS Service Center, Inc., and its affiliates, the MFS Funds and the Custodian, MFS Heritage Trust Company, from and against any loss, liability, cost or expense (including, without limitation, counsel fees and expenses in connection with the contest or settlement of any claim) that any one of them might incur or sustain, or discover that they have incurred or sustained, by reason of any claim or claims which may be made against any of them as a result of this distribution.

SIGNATURE OF EMPLOYER/PLAN ADMINISTRATOR
(AUTHORIZED PERSON)

DATE (MM/DD/YYYY)

PRINT NAME

Medallion Signature Guarantee

A Medallion Signature Guarantee is **required** if:

- the value of the redemption is more than \$100,000, or
- the reason for distribution is permissive service credit (see Section 4), or
- you have notified MFS of an address change within the past 30 days

AFFIX STAMP HERE

*Medallion Signature Guarantee stamp must not be dated. 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. Medallion Signature Guarantees shall be accepted in accordance with policies established by MFS Service Center, Inc. Notarization by a Notary Public is not acceptable in lieu of a Medallion Signature Guarantee provided by one of the eligible guarantor institutions listed above.

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