



**Contributions to be recharacterized:**

<b>Fund Number</b>	<b>Account Number</b>	<b>Exact Date of the Contribution (MM/DD/YYYY)</b>	<b>Dollar Amount</b>
<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