

MFS® IRA TRANSFER AUTHORIZATION DUE TO DIVORCE



1. Account Information

IRA OWNER'S FIRST NAME _____ MI _____ LAST NAME _____

SOCIAL SECURITY NUMBER _____ PHONE NUMBER _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

REGISTERED REPRESENTATIVE'S NAME _____ REGISTERED REPRESENTATIVE'S PHONE NUMBER _____

2. Former Spouse Information (Receiving Party)

FORMER SPOUSE'S NAME _____ SOCIAL SECURITY NUMBER _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

Transfer assets to (check one):

An existing MFS IRA for the former spouse.

FUND NUMBER _____ ACCOUNT NUMBER _____ PERCENTAGE _____

FUND NUMBER _____ ACCOUNT NUMBER _____ PERCENTAGE _____

If the transfer is to be made to more than two account numbers, please attach a letter of instruction listing the Fund and Account numbers, as well as percentage each is to receive.

A new MFS IRA. Please attach a completed MFS IRA Application.

An IRA at another financial institution. Please provide the information below.

Account Type Traditional Roth SIMPLE SEP/SARSEP

NEW FIRM NAME _____ ACCOUNT NUMBER _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

3. Transfer Instructions

Identify your account(s) and the portion of the account(s) to transfer by checking the option that applies. Please check only one option per fund and account.

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

4. Account Owner Authorization

As the owner of the IRA, I authorize this transfer and certify that the transfer is to my former spouse under the terms of a divorce decree.

SIGNATURE DATE (MM/DD/YYYY)

PRINT NAME

Medallion Signature Guarantee

A Medallion Signature Guarantee is required for all requests.

AFFIX GUARANTEE 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. Medallion Signature Guarantees shall be accepted in accordance with policies established by MFSC. 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