

Forms Kit

For use in establishing IRA distribution accounts
for beneficiaries of deceased IRA owners
or qualified plan participants



MFS® Non-Spouse Beneficial IRA

Everything you need . . .

- to directly roll over your inherited qualified retirement plan account to an MFS Beneficial IRA
- to transfer your inherited non-MFS IRA account(s) to an MFS Beneficial IRA

MFS[®] BENEFICIAL IRA FORMS KIT

For use in establishing IRA distribution accounts for beneficiaries of deceased non-MFS IRA owners or qualified plan participants.

Note: A non-spouse beneficiary must not take receipt of the assets that are being moved from the decedent's account into a Beneficial IRA. The assets must be moved via a "transfer of assets" (between IRAs) or as a "direct rollover" (from a qualified plan to an IRA).

Spousal beneficiaries should not use this kit.

To open an MFS Beneficial IRA with a transfer from another Beneficial IRA, complete

Form A – to open the new account

Form B – to request a transfer from the current custodian

Form D – to set up future Required Minimum Distributions

To open an MFS Beneficial IRA with a direct rollover from an employer-sponsored qualified plan, complete

Form A – to open the new account

Form C – to request a rollover from the current plan sponsor (Check with the plan sponsor to determine if Form C or a form specific to the plan should be used to request a rollover distribution from the plan.)

Form D – to set up future Required Minimum Distributions

Complete and mail all appropriate forms 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

Visit our website at mfs.com or call our Retirement Plans Service Department at 1-800-637-1255 any business day if you have any questions about this form.

MFS® BENEFICIAL IRA APPLICATION

For use in establishing IRA distribution accounts for beneficiaries of deceased non-MFS IRA owners or qualified plan participants.

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

You must provide the following information for each person listed on the account: name, date of birth, Social Security number or taxpayer identification number, and residential address (a P.O. Box is not acceptable). We also may ask to see your driver’s license or other identifying documents. In the event that MFS Service Center (MFSC), on behalf of the fund, is unable to verify the identity of investors, MFSC and the fund reserve the right to take additional steps up to and including closing the account if required by applicable law.

Note: A non-spouse beneficiary must not take receipt of the assets that are being moved from the decedent’s account into a Beneficial IRA. The assets must be moved via a “transfer of assets” (between IRAs) or as a “direct rollover” (from a qualified plan to an IRA).

Note: If the named beneficiary is an Estate or Trust, the information requested in Section 1 must be provided by the Executor, Executrix or Trustee(s). If there are additional trustees or estate representatives, please provide an attached list with the information requested in Section 1 for each Trustee or Estate Representative. If the trust is not for the benefit of a natural person, or if the beneficiary is an entity, please include a completed MFS Legal Entity Certification Form in addition to this form to complete your request.

Spousal beneficiaries should not use this form if they want to treat the inherited IRA as their own.

Fill out a separate application for each type of IRA you are establishing.

1. Beneficial Owner Information

The MFS Family of Funds® is generally only available to U.S. residents classified as U.S. Persons for federal tax purposes. A U.S. Person is a citizen or resident alien of the United States. Both the residential address and mailing address provided must be a U.S. address.

| | | | |
|--|----------------------|---|---|
| BENEFICIAL OWNER'S FIRST NAME | MI | LAST NAME | |
| <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"/> |
| BENEFICIAL OWNER'S SOCIAL SECURITY NUMBER | | BENEFICIAL OWNER'S DATE OF BIRTH (MM/DD/YYYY) | PHONE NUMBER <input type="checkbox"/> MOBILE NUMBER |

STREET ADDRESS REQUIRED (NO P.O. BOXES)

| | | |
|------|-------|----------|
| CITY | STATE | ZIP CODE |
|------|-------|----------|

MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

| | | |
|------|-------|----------|
| CITY | STATE | ZIP CODE |
|------|-------|----------|

I am a minor (parent or guardian must sign this form).

2. Decedent and Account Type Information

| | | |
|---|----------------------|---|
| DECEDENT'S FIRST NAME | MI | LAST NAME |
| <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"/> |
| DECEDENT'S DATE OF BIRTH (MM/DD/YYYY) | | DECEDENT'S DATE OF DEATH (MM/DD/YYYY) |

Type of plan from which decedent’s account is being distributed (Choose one):

- Traditional IRA (including SEP and SIMPLE IRAs)
- Roth IRA
- Qualified retirement plan:
403(b), 401(k), profit sharing, pension, etc.
- Designated Roth account under a 401(k) or 403(b) plan

3. Fund Choice

Please see the MFS Family of Funds® listing at the back of this book for fund numbers. Percentages must total 100%.

| FUND NUMBER | FUND NAME | DOLLAR AMOUNT (\$) | OR | PERCENTAGE (%) |
|----------------------|----------------------|----------------------|----|----------------------|
| <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"/> |

Total amount invested .

If this relates to a wire order trade placed through your financial professional, provide the confirmation number:

Your transferred assets may qualify for a Letter of Intent or Right of Accumulation as described in the prospectus. List any existing MFS account holders and their respective Social Security numbers. If there are more account holders than space provided, please provide on an additional sheet.

NAME

SOCIAL SECURITY/TAXPAYER ID NUMBER OR BROKER IDENTIFICATION NUMBER

NAME

SOCIAL SECURITY/TAXPAYER ID NUMBER OR BROKER IDENTIFICATION NUMBER

4. Dealer Information

MFS cannot accept an account application without all of the dealer information completed. This includes the signature of an authorized person from the firm.

We authorize MFS Service Center, Inc. to act as our agent in connection with transactions under the authorization form and agree to notify the distributor of any transfer/rollover made under the Letter of Intent or Right of Accumulation. We guarantee the beneficial owner's signature and certify that we have verified the identity of the beneficial owner.

REGISTERED REPRESENTATIVE'S FIRST NAME

MI

LAST NAME

FIRM NAME

FIRM NUMBER

BRANCH STREET ADDRESS

CITY

STATE

ZIP CODE

BRANCH NUMBER

REGISTERED REPRESENTATIVE'S NUMBER

REGISTERED REPRESENTATIVE'S PHONE NUMBER

REGISTERED REPRESENTATIVE'S EMAIL ADDRESS

BROKERAGE ACCOUNT NUMBER (IF APPLICABLE)

MATRIX LEVEL (IF APPLICABLE)

AUTHORIZED SIGNATURE OF BROKER/DEALER FIRM (REQUIRED)

5. Successor Beneficiary Information

Please complete the fields below to designate your successor beneficiary(ies) to receive remaining amounts if the current recipient beneficiary dies before all amounts have been distributed. If you are naming more than one primary or secondary beneficiary, please indicate whole number percentages. Percentages must total 100%. If more than one beneficiary is named and no percentage is indicated, then equal shares will be assigned. If you have additional primary or secondary beneficiaries, attach a separate list and indicate percentage.

Primary Beneficiaries

| | | | |
|---|---|--|-------------------------|
| 1. BENEFICIARY'S NAME _____ | | | |
| RELATIONSHIP: <input type="radio"/> SPOUSE <input type="radio"/> OTHER | <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"/> | _____ PERCENTAGE (%) |
| DATE OF BIRTH/TRUST (MM/DD/YYYY) SOCIAL SECURITY NUMBER | | | |

| | | | |
|---|---|--|-------------------------|
| 2. BENEFICIARY'S NAME _____ | | | |
| RELATIONSHIP: <input type="radio"/> SPOUSE <input type="radio"/> OTHER | <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"/> | _____ PERCENTAGE (%) |
| DATE OF BIRTH/TRUST (MM/DD/YYYY) SOCIAL SECURITY NUMBER | | | |

| | | | |
|---|---|--|-------------------------|
| 3. BENEFICIARY'S NAME _____ | | | |
| RELATIONSHIP: <input type="radio"/> SPOUSE <input type="radio"/> OTHER | <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"/> | _____ PERCENTAGE (%) |
| DATE OF BIRTH/TRUST (MM/DD/YYYY) SOCIAL SECURITY NUMBER | | | |

**PRIMARY BENEFICIARY TOTAL
(MUST ADD UP TO 100%)**

Secondary Beneficiaries (if the primary beneficiary/ies should fail to survive me)

| | | | |
|---|---|--|-------------------------|
| 1. BENEFICIARY'S NAME _____ | | | |
| RELATIONSHIP: <input type="radio"/> SPOUSE <input type="radio"/> OTHER | <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"/> | _____ PERCENTAGE (%) |
| DATE OF BIRTH/TRUST (MM/DD/YYYY) SOCIAL SECURITY NUMBER | | | |

| | | | |
|---|---|--|-------------------------|
| 2. BENEFICIARY'S NAME _____ | | | |
| RELATIONSHIP: <input type="radio"/> SPOUSE <input type="radio"/> OTHER | <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"/> | _____ PERCENTAGE (%) |
| DATE OF BIRTH/TRUST (MM/DD/YYYY) SOCIAL SECURITY NUMBER | | | |

| | | | |
|---|---|--|-------------------------|
| 3. BENEFICIARY'S NAME _____ | | | |
| RELATIONSHIP: <input type="radio"/> SPOUSE <input type="radio"/> OTHER | <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"/> | _____ PERCENTAGE (%) |
| DATE OF BIRTH/TRUST (MM/DD/YYYY) SOCIAL SECURITY NUMBER | | | |

**SECONDARY BENEFICIARY TOTAL
(MUST ADD UP TO 100%)**

6. Trustee Acceptance

MFS® Heritage Trust CompanySM shall serve as Trustee under this IRA Trust only: (1) for the MFS Family of Funds®, (2) in accordance with the terms and conditions of the Trust Agreement, and (3) provided that the required forms are properly completed and received by the MFS Service Center. The Trustee's acceptance of your Beneficial IRA will be acknowledged by written confirmation from MFS® of your initial transfer/rollover. This confirmation will reference your account as "MFS Heritage Trust Company, Trustee, IRA A/C (Decedent Name) DCD FBO [your name]." If the decedent had a Roth Account, this confirmation will reference your account as "MFS Heritage Trust Company, Trustee, Roth IRA A/C (Decedent Name) DCD FBO [your name]."

7. Beneficial Owner Signature

I hereby establish an IRA Trust with MFS, appoint MFS Heritage Trust Company as Trustee, and: (1) acknowledge that I have received and read the current prospectus(es) for the funds chosen in Section 3 and the appropriate MFS Disclosure Statement and Individual Retirement Account Trust; (2) acknowledge that no further contributions may be made to my account; (3) agree that an annual trustee fee of \$25 may be deducted from my account; and (4) certify that, under the penalty of perjury, my Social Security number shown above is correct.

Check if you are not a U.S. citizen or resident alien. Please provide a W-8 BEN form.

If this box is checked, you will be restricted from making exchanges into and out of this account.

BENEFICIAL OWNER'S SIGNATURE
(Or signature of parent or guardian, if beneficial owner is a minor)

DATE (MM/DD/YYYY)

PRINT NAME

MFS® BENEFICIAL IRA TRANSFER FORM

Use this form to request that a letter of acceptance be sent for a transfer of assets from a beneficial IRA or beneficial Roth IRA account to an MFS beneficial IRA. **In order to expedite your request, please include a copy of the most recent statement.**

1. Beneficial Owner Information

| | | | | | | |
|---|----------------------|----------------------|--|----------------------|----------------------|----------------------|
| BENEFICIAL OWNER'S FIRST NAME | | | MI | LAST NAME | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| BENEFICIAL OWNER'S SOCIAL SECURITY NUMBER | | | | | | |
| DECEDENT'S FIRST NAME | | | MI | LAST NAME | | |
| REGISTERED REPRESENTATIVE'S NAME | | | REGISTERED REPRESENTATIVE'S PHONE NUMBER | | | |

2. Describe Beneficial IRA to be transferred

The IRA to be transferred is: (Choose one.) Traditional Rollover Roth Roth Rollover

The account to be transferred is presently invested or deposited in:

MFS funds

FUND NUMBERS: SEE THE MFS FAMILY OF FUNDS® LISTING AT THE BACK OF THIS BOOK.

A Non-MFS investment

NAME OF INSTITUTION

Other

NAME OF INSTITUTION

ACCOUNT NUMBER(S) CONTACT NAME (IF ANY)

NAME OF RESIGNING TRUSTEE/CUSTODIAN PHONE NUMBER

MAILING ADDRESS OF THE RESIGNING TRUSTEE/CUSTODIAN

CITY STATE ZIP CODE

I am requesting this transfer as an IRA Beneficiary. I understand that any annual Required Minimum Distribution (RMD) amount must be distributed from my existing Beneficial IRA prior to the transfer of assets to an MFS Beneficial IRA.

3. Transmittal Instructions

Important: Please select either "Transfer in kind" or "Liquidate." Contact the resigning trustee or custodian for their requirements before completing this section.

To resigning trustee/custodian

Transfer in kind

I am requesting a transfer of shares from a brokerage firm or bank IRA presently invested in the MFS fund(s) as indicated in Section 2.

All **OR** Part (\$ _____) of the account described in Section 2 to my MFS Beneficial IRA.

Liquidate

All **OR** Part (\$ _____) of the account described in Section 2 to my MFS Beneficial IRA.

For Non-MFS Money Market IRAs Only:

I also wish to transfer my non-MFS Money Market Beneficial IRA from the firm listed in Section 2 to MFS.

To resigning trustee/custodian: If this box is checked, please liquidate any non-MFS money market shares and send to the address below.

Send assets as follows:

Mail check Make check payable to MFS Heritage Trust Company, Trustee for _____ Beneficial IRA (or Beneficial Roth IRA, if applicable).
NAME

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

Wire funds
State Street Bank and Trust Co.
Boston, MA 02101
ABA #011000028
Credit MFS DDA Number 99034795

For further credit to Beneficial IRA/Roth IRA for _____
NAME

4. Investment Instructions

Choose one.

- Open a new MFS Beneficial IRA. Complete and attach Form A, upon which you may indicate your investment instructions.
- Invest in my existing MFS Beneficial IRA. Complete and attach Form A, Section 3.

5. Authorization to Transfer

Important: Contact the resigning trustee or custodian of the IRA you are transferring to see if a signature guarantee or other documentation is required. Space is provided below for a signature guarantee, if required.

Please transfer my Beneficial IRA or Beneficial Roth IRA as described in Section 2, in accordance with the above instructions.

BENEFICIAL OWNER'S SIGNATURE

DATE (MM/DD/YYYY)

PRINT NAME

Signature guaranteed by:

NAME OF FIRM

SIGNATURE OF AUTHORIZED PERSON

6. Trustee Acceptance [For MFS use only]

MFS® Heritage Trust CompanySM is willing to accept the assets described above and credit them to the MFS Individual Retirement Account Trust or MFS Roth Individual Retirement Account Trust, as applicable, for which it is trustee. MFS Heritage Trust Company agrees to the redemption and transfer from fiduciary to fiduciary as authorized above.

A letter of acceptance from MFS is included with this form to facilitate the transaction.

MFS® BENEFICIAL IRA DIRECT ROLLOVER FORM

This form may not be accepted by the decedent's existing plan. Plan-specific paperwork may be required. Contact the plan administrator for the plan's requirements.

Use this form to request that a letter of acceptance be sent for a direct rollover of assets from an eligible retirement plan to an MFS Beneficial Traditional IRA, or from a designated Roth account in an eligible retirement plan to an MFS Beneficial Roth IRA. (If making a rollover to both a Beneficial Traditional and a Beneficial Roth IRA, complete a separate form for each.)

In order to expedite your rollover request, please include a copy of your most recent statement.

1. Beneficial Owner Information

| | | | |
|--|--|-----------|-------|
| _____ | | _____ | _____ |
| BENEFICIAL OWNER'S FIRST NAME | MI | LAST NAME | |
| <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"/> | | | |
| BENEFICIAL OWNER'S SOCIAL SECURITY NUMBER | | | |
| _____ | | _____ | _____ |
| DECEDENT'S FIRST NAME | MI | LAST NAME | |
| _____ | | _____ | |
| REGISTERED REPRESENTATIVE'S NAME | REGISTERED REPRESENTATIVE'S PHONE NUMBER | | |

2. Current Plan Trustee/Custodian Information

The rollover will be made from: (Choose one.)

- an eligible qualified retirement plan
- a designated Roth account in an eligible qualified retirement plan

The account to be rolled over is presently invested or deposited in:

- MFS funds

| | | | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <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"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

FUND NUMBERS: SEE THE MFS FAMILY OF FUNDS® LISTING AT THE BACK OF THIS BOOK.
- A Non-MFS investment

| |
|---------------------|
| _____ |
| NAME OF INSTITUTION |
- Other

| |
|---------------------|
| _____ |
| NAME OF INSTITUTION |

| | | | |
|--|-----------------------|----------|-------|
| _____ | | _____ | |
| ACCOUNT NUMBER(S) | CONTACT NAME (IF ANY) | | |
| _____ | | _____ | |
| NAME OF RESIGNING TRUSTEE/CUSTODIAN | PHONE NUMBER | | |
| _____ | | | |
| MAILING ADDRESS OF RESIGNING TRUSTEE/CUSTODIAN | | | |
| _____ | | _____ | _____ |
| CITY | STATE | ZIP CODE | |

I am requesting this direct rollover as a Beneficiary. I understand that any annual Required Minimum Distribution (RMD) amount must be distributed from my existing beneficial qualified retirement plan account prior to the direct rollover of assets to an MFS Beneficial IRA.

3. Transmittal Instructions

Important: Please select either "Rollover in kind" **or** "Liquidate." Contact the resigning trustee or custodian for their requirements before completing this section.

To resigning trustee/custodian

Rollover in kind

I am requesting a rollover of shares from a brokerage firm or eligible retirement plan presently invested in the MFS Fund(s) as indicated in Section 2.

Liquidate

All **OR** Part (\$ _____) of the account described in Section 2 to my MFS Beneficial IRA.

For Non-MFS Money Market Qualified Monies Only:

I wish to also roll over my non-MFS Money Market Beneficial qualified monies from the firm listed in Section 2 to MFS. **To resigning trustee/custodian:** If this box is checked, please liquidate any non-MFS money market shares and send to the address below.

Send assets as follows:

Mail check

Make check payable to MFS Heritage Trust Company, Trustee for _____
NAME

Beneficial IRA (or Beneficial Roth IRA, if applicable)

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

Wire funds

State Street Bank and Trust Co.
Boston, MA 02101
ABA #011000028
Credit MFS DDA Number 99034795

For further credit to Beneficial IRA/Roth IRA for _____
NAME

4. Investment Instructions

Choose one.

- Open a new MFS Beneficial IRA. Complete and attach Form A, upon which you may indicate your investment instructions.
- Invest in my existing MFS Beneficial IRA. Complete and attach Form A, Section 3.

5. Authorization to Roll Over

Important: Contact the resigning trustee or custodian of the eligible retirement plan you are rolling over to see if a signature guarantee or other documentation is required. Space is provided below for a signature guarantee, if required.

By effecting this rollover, I agree that I will be responsible for tracking any portion of the rollover attributable to after-tax contributions or, if applicable, Roth contributions, and I also understand that, if this is a rollover to an MFS Beneficial Roth IRA, the five-year period used in determining whether a distribution is a “qualified distribution” from my Beneficial Roth IRA will be computed without regard to the period of participation in the designated Roth account of the employer’s eligible retirement plan.

BENEFICIAL OWNER’S SIGNATURE

DATE (MM/DD/YYYY)

PRINT NAME

Signature guaranteed by:

NAME OF FIRM

SIGNATURE OF AUTHORIZED PERSON

6. Trustee Acceptance (For MFS use only)

MFS® Heritage Trust CompanySM is willing to accept the assets described above and credit them to the MFS Individual Retirement Account Trust or the MFS Roth Individual Retirement Account Trust, as applicable, for which it is trustee. MFS Heritage Trust Company agrees to the redemption and rollover from fiduciary to fiduciary as authorized above.

A letter of acceptance from MFS is included with this form to facilitate the transaction.

MFS[®] BENEFICIAL IRA DISTRIBUTION AUTHORIZATION

For use in establishing installment distributions.

For non-spouse beneficiaries of deceased IRA, Roth IRA owners or qualified plan participants.

Please review the Tax Withholding Information at the end of the form and, if applicable, complete and sign the attached Form W-4R.

1. Beneficial Account Information

| | | |
|---|---|---|
| BENEFICIAL OWNER'S FIRST NAME | MI | LAST NAME |
| <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> |
| BENEFICIAL OWNER'S SOCIAL SECURITY NUMBER | DATE OF BIRTH (MM/DD/YYYY) | PHONE NUMBER |

Original type of account

Type of plan from which decedent's account is being distributed (Choose one):

- Traditional IRA (including SEP and SIMPLE IRAs) Roth IRA
- Qualified retirement plan: 403(b), 401(k), profit sharing, pension, etc. Designated Roth Account under a 401(k) or 403(b) plan

The December 31st prior year balance was \$_____.

The beneficiary is a child of the IRA owner who has not attained the age of majority.

2. Decedent Information

| | | |
|---|---|---|
| DECEDENT'S FIRST NAME | MI | LAST NAME |
| <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> |
| DECEDENT'S DATE OF BIRTH (MM/DD/YYYY) (REQUIRED FOR CALCULATING REQUIRED MINIMUM DISTRIBUTION) | DECEDENT'S DATE OF DEATH (MM/DD/YYYY) | |

3. Installment Distributions/Required Minimum Distribution

Please complete either Part A or Part B.

Required Minimum Distributions (RMDs): IRS rules govern when a beneficiary must begin taking distributions from an IRA, Roth IRA, or qualified retirement plan and the amount of those distributions. Please consult your tax advisor or IRS Publication 590-B to determine how these rules apply to you.

An RMD is not eligible to be rolled over. If the decedent was due an RMD for the year of death and died before it was distributed, or if you as beneficiary must receive an RMD for the year in which the rollover is taking place or any prior year, such amount may not be included in the amount rolled over.

If the Beneficial IRA is invested in more than one mutual fund, pro rata installment distributions will be made from each fund.

Beneficiaries that are entities (not individuals):

IRAs: If the non-spouse beneficiary of an IRA is an entity (e.g., the estate, a charity, or a non-qualified trust) rather than a person, the entire account must be distributed using the 5-year period option if either (1) the Traditional IRA owner died before the required beginning date for age 73 required distributions, or (2) the IRA is a Roth IRA. If the Traditional IRA owner died after the required beginning date, distributions to the entity may be made over the remaining single life expectancy of the owner starting in the year after the year in which the owner died. Certain trusts named as beneficiaries may be eligible to base distributions on the beneficiaries' life expectancies; consult your tax advisor for more information.

Qualified retirement plans: Generally, if the beneficiary of an interest in a qualified retirement plan is an entity rather than a person, a rollover to an IRA is not permitted. However, certain trusts named as beneficiaries may roll over to an IRA if the trust beneficiaries meet the requirements to be treated as designated beneficiaries under IRS rules; consult your tax advisor for additional information.

Other qualified retirement plan beneficiaries: Under 2007 IRS guidance, amounts rolled over from a qualified retirement plan generally retain the plan's RMD requirements. Consult the plan administrator to determine whether the decedent had attained his/her required beginning date (RBD) under the plan and, for decedents that had not reached their RBD, whether the 5-year rule or life-expectancy rule applies for determining RMD. Consult with your tax advisor for additional information.

A. For IRA Owners who Died on or After January 1, 2020.

As a general rule, for an IRA owner who died on or after January 1, 2020 the assets in the traditional or Roth IRA must be distributed to the designated beneficiary by the end of the tenth calendar year following the year of the IRA owner's death. However, if the beneficiary is an "eligible designated beneficiary," such beneficiary may receive RMDs calculated with reference to his or her life expectancy. An "eligible designated beneficiary" is any individual who is the surviving spouse of the IRA owner, a child of the IRA owner who has not attained the age of majority (upon such child attaining the age of majority any remaining assets must be distributed no later than the end of the tenth calendar year after the calendar year in which the child reaches the age of majority); certain disabled and chronically ill individuals, and an individual not listed above who is less than 10 years younger than the IRA owner. Please consult with your tax advisor to determine if you qualify as an eligible designated beneficiary.

Eligible Designated Beneficiary (as defined above):

Life Expectancy: Pay the total account balance over the beneficiary's life expectancy commencing in _____ . The beneficiary's date of birth is _____ .
MONTH YEAR DATE OF BIRTH (MM/DD/YYYY)

Note: May be no later than December 31st of the calendar year immediately following the year in which the IRA owner died.

Period Certain: Pay the total account balance over _____ years (may not exceed the number of years that
NUMBER
 would be calculated under the Life Expectancy method) commencing in _____ .
MONTH YEAR

Note: May be no later than December 31st of the calendar year immediately following the year in which the IRA owner died.

Designated Beneficiary (an individual or qualified trust who is not an eligible designated beneficiary as defined above):

10-Year Period: I intend to deplete the account by the end of the 10th year following the year in which the IRA owner died. Pay the total account balance over _____ years (may not exceed 10 years from the date of
NUMBER
 death of the owner) beginning in _____ .
STARTING MONTH

Note: If the owner died on or after receiving RMD, the beneficiary must take RMD payments in years 1-9 depleting the account by the 10th year after the IRA owner's date of death.

Life Expectancy: Pay the total account balance over the beneficiary's life expectancy commencing in _____ . The beneficiary's date of birth is _____ .
MONTH YEAR DATE OF BIRTH (MM/DD/YYYY)

Note: If Life Expectancy is chosen, the entire account balance must be paid out by the 10th year from the IRA owner's date of death. In the event your life expectancy is longer than 10 years, you must request the final payout in year ten.

Entity Beneficiary (e.g., the estate, a charity, or a non-qualified trust):

5-Year Period: I intend to deplete the account by the end of the 5th year following the year in which the IRA owner died. Pay the total account balance over _____ years (may not exceed five) beginning in _____.

NUMBER

STARTING MONTH

The decedent's remaining life expectancy: Pay the total account balance over the decedent's remaining life expectancy beginning in _____ . (May be no later than December 31st of the calendar year immediately following the year in which the IRA owner died.)

MONTH YEAR

Note: This option is only available if the IRA owner died after the required beginning date.

B. For Non-Spouse Beneficiaries of IRA owners who Died in 2019 (or earlier)

Note: The Life Expectancy and Period Certain options are only available if distributions from the account began by December 31st of the year following the calendar year the IRA owner died.

Life Expectancy: Pay the total account balance over the applicable life expectancy beginning in _____.

STARTING MONTH

Determine life expectancy using

the beneficiary's life expectancy. (This option is not available for beneficiaries who are entities.)

The beneficiary's date of birth is _____.

DATE OF BIRTH (MM/DD/YYYY)

the decedent's remaining life expectancy. (This option is available only if the IRA owner died after the required beginning date.)

Period Certain: Pay the total account balance over _____ years (may not exceed the number of years that would be calculated under the Life Expectancy method) commencing in _____.

NUMBER

STARTING MONTH

5-Year Period: I intend to deplete the account by the end of the 5th year following the year in which the IRA owner died. Pay the total account balance over _____ years (may not exceed five) beginning in _____.

NUMBER

STARTING MONTH

Note: Under the Coronavirus Aid, Relief, and Economic Security Act (the "CARES Act") provision waiving Required Minimum Distributions (RMDs) for calendar year 2020, the year 2020 can be disregarded for purposes of applying the 5-year distribution rule. If the IRA owner died in 2019 and you wish to disregard the year 2020 when distributing from the account, the total account balance must be depleted by the end of the 6th year following the year in which the IRA owner died.

4. Payment Frequency for Installment Distributions

Withdrawals can be processed between the **15th and 31st** day of the month. Installment distributions will occur at the frequency indicated and will be processed on or about the same day of the month. Please allow at least 10 days from the day the form is mailed for the systematic withdrawal plan to start drafting.

If no frequency is chosen, withdrawals will be made monthly. If no day is chosen, or if a day that is not between the 15th and 31st is chosen, withdrawals will be made on or about the 24th.

Please start my withdrawals on the _____ (day) of _____ (starting month).

Choose frequency.

Monthly

Or

Other than monthly (check month(s) below)

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

5. Payment Instructions

Choose one.

- Make check payable to me and mail to the address of record.
- Direct deposit proceeds to my bank account. I have attached an original voided check and/or preprinted deposit slip. For your security, the bank information provided must have an owner in common with the MFS account registration. Signature authentication is required in Section 6 if you select this option. In lieu of an original voided check or deposit slip, you may submit a letter from your bank providing the registration, routing number, and account number with a Medallion Signature Guarantee in Section 6. The letter from the bank must be on their letterhead.

If direct deposit was selected, please indicate the type of account and provide bank account information below, which will be compared to the voided check or preprinted deposit slip to ensure accuracy.

All fields below must be completed to send the funds via direct deposit.

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.

6. Distribution Authorization

As the Beneficial Owner of the above MFS IRA/Roth IRA, I authorize this distribution and certify that it is in accordance with the provisions of the IRA Plan. The trustee of the MFS IRA/Roth IRA and any MFS affiliates 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. I have also read the enclosed Tax Withholding Information. I further certify that my Social Security number written above is true and complete and that this number is my taxpayer identification number.

Check if you are not a U.S. citizen or resident alien. Please provide a W-8 BEN form.

If this box is checked, you will be restricted from making exchanges into and out of this account.

BENEFICIAL OWNER'S SIGNATURE

DATE (MM/DD/YYYY)

PRINT NAME

Signature authentication

Signature authentication is required if you request the proceeds to be direct deposited to your bank account (see Section 5).

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 forms 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

MFS® FAMILY OF FUNDS



| FUND NAME | FUND NUMBER (BY CLASS) | | FUND NAME | FUND NUMBER (BY CLASS) | |
|---|------------------------|------|---|------------------------|------|
| | A | C | | A | C |
| U.S. EQUITY | | | MFS® Low Volatility Global Equity Fund | 1025 | 1325 |
| Massachusetts Investors Trust | 12 | 312 | MFS® Research International Fund | 99 | 399 |
| Massachusetts Investors Growth Stock Fund | 13 | 313 | MULTI-ASSET | | |
| MFS® Blended Research® Core Equity Fund | 84 | 384 | MFS® Aggressive Growth Allocation Fund | 1029 | 1329 |
| MFS® Blended Research® Growth Equity Fund | 1062 | 1362 | MFS® Conservative Allocation Fund | 1026 | 1326 |
| MFS® Blended Research® Mid Cap Equity Fund | 1067 | 1367 | MFS® Diversified Income Fund | 1039 | 1339 |
| MFS® Blended Research® Small Cap Equity Fund | 1063 | 1363 | MFS® Global Total Return Fund | 24 | 324 |
| MFS® Blended Research® Value Equity Fund | 1061 | 1361 | MFS® Growth Allocation Fund | 1028 | 1328 |
| MFS® Core Equity Fund | 91 | 391 | MFS® Lifetime® 2025 Fund | 1056 | 1356 |
| MFS® Equity Income Fund | 1054 | 1354 | MFS® Lifetime® 2030 Fund | 1037 | 1337 |
| MFS® Growth Fund | 07 | 307 | MFS® Lifetime® 2035 Fund | 1057 | 1357 |
| MFS® Intrinsic Value Fund | 1030 | 1330 | MFS® Lifetime® 2040 Fund | 1038 | 1338 |
| MFS® Low Volatility Equity Fund | 1023 | 1323 | MFS® Lifetime® 2045 Fund | 1058 | 1358 |
| MFS® Mid Cap Growth Fund | 83 | 383 | MFS® Lifetime® 2050 Fund | 1047 | 1347 |
| MFS® Mid Cap Value Fund | 1024 | 1324 | MFS® Lifetime® 2055 Fund | 1059 | 1359 |
| MFS® New Discovery Fund | 97 | 397 | MFS® Lifetime® 2060 Fund | 1068 | 1368 |
| MFS® New Discovery Value Fund ¹ | 1050 | 1350 | MFS® Lifetime® 2065 Fund | 1073 | 1373 |
| MFS® Research Fund | 14 | 314 | MFS® Lifetime® Income Fund | 1034 | 1334 |
| MFS® Value Fund | 93 | 393 | MFS® Moderate Allocation Fund | 1027 | 1327 |
| EQUITY SECTOR | | | MFS® Prudent Investor Fund | 1069 | 1369 |
| MFS® Technology Fund | 98 | 398 | MFS® Total Return Fund | 15 | 315 |
| MFS® Utilities Fund | 35 | 335 | MONEY MARKET | | |
| FIXED INCOME | | | MFS® U.S. Government Cash Reserve Fund ¹ | 01 | 301 |
| MFS® Core Bond Fund | 1074 | 1374 | MFS® U.S. Government Money Market Fund ¹ | 10 | N/A |
| MFS® Corporate Bond Fund | 11 | 311 | SPECIALTY/ALTERNATIVE | | |
| MFS® Emerging Markets Debt Fund | 33 | 333 | MFS® Commodity Strategy Fund | 1042 | 1342 |
| MFS® Emerging Markets Debt Local Currency Fund | 1052 | 1352 | MFS® Global Alternative Strategy Fund | 1041 | 1341 |
| MFS® Global Opportunistic Bond Fund | 1043 | 1343 | MFS® Managed Wealth Fund | 1060 | 1360 |
| MFS® Global High Yield Fund | 70 | 370 | | | |
| MFS® Government Securities Fund | 26 | 326 | | | |
| MFS® High Income Fund | 18 | 318 | | | |
| MFS® Income Fund | 34 | 334 | | | |
| MFS® Inflation-Adjusted Bond Fund | 1031 | 1331 | | | |
| MFS® Limited Maturity Fund | 36 | 336 | | | |
| MFS® Total Return Bond Fund | 78 | 378 | | | |
| GLOBAL/INTERNATIONAL EQUITY | | | | | |
| MFS® Blended Research® Emerging Markets Equity Fund | 1066 | 1366 | | | |
| MFS® Blended Research® International Equity Fund | 1064 | 1364 | | | |
| MFS® Emerging Markets Equity Fund | 85 | 385 | | | |
| MFS® Emerging Markets Equity Research Fund | 1071 | 1371 | | | |
| MFS® Global Equity Fund | 04 | 304 | | | |
| MFS® Global Growth Fund | 09 | 309 | | | |
| MFS® Global New Discovery Fund | 1053 | 1353 | | | |
| MFS® Global Real Estate Fund | 59 | 359 | | | |
| MFS® International Diversification SM Fund | 1032 | 1332 | | | |
| MFS® International Equity Fund | 60 | N/A | | | |
| MFS® International Growth Fund | 86 | 386 | | | |
| MFS® International Large Cap Value Fund | 1070 | 1370 | | | |
| MFS® International New Discovery Fund ¹ | 74 | 374 | | | |
| MFS® International Intrinsic Value Fund ¹ | 87 | 387 | | | |

¹ MFS U.S. Government Cash Reserve Fund, MFS U.S. Government Money Market Fund, MFS New Discovery Value Fund, MFS International Intrinsic Value Fund, and MFS International New Discovery Fund are closed to new investors subject to certain exceptions. Please see the prospectus for additional information.

TAX WITHHOLDING INFORMATION



Please complete and sign the attached Form W-4R to make a withholding election. Refer also to the list of states on the following page and submit the appropriate state form in addition to the Form W-4R, if applicable. The amount requested for distribution will be reduced by any tax withholding selected.

IRA Accounts

If a tax withholding choice is not made on the attached Form W-4R, applicable taxes will be withheld. Federal tax withholding will not be withheld from Roth IRAs.

Notice of federal withholding. The distribution you receive is subject to a federal income tax withholding rate of 10%, unless you elect on the Form W-4R not to have withholding apply. If you do not make a withholding election on the attached Form W-4R and sign the form, federal income tax at a rate of 10% will be withheld on the gross amount of the payment because we are unable to determine amounts not subject to withholding. You can elect out of withholding by entering 0% on line 2 on Form W-4R. You may also elect a different percentage (between 1% and 100%) on line 2. Even if you elect not to have federal income tax withheld, you are liable for payment of federal income tax on the taxable portion of your distribution. You may also be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are inadequate. MFS will also withhold state income taxes unless you elect not to have federal withholding apply if your address of record is in a state that requires state withholding (refer to the State income tax information on the next page).

Note: Distributions from Roth IRAs are not subject to federal tax withholding. For all Roth IRA distribution requests, if no withholding election is made, taxes will not be withheld.

403(b) Accounts

A. Mandatory withholding for eligible rollover distributions

Federal law requires MFS Service Center, Inc. to withhold federal income tax from your distribution at the rate of 20% unless it is rolled over directly to an IRA or other eligible retirement plan. You may also elect to withhold more than 20% on line 2 of the attached Form W-4R. The withholding is mandatory; you may not waive it. Please review the enclosed notice for additional information. Distributions which are not rolled over directly to an IRA or other eligible retirement plan and which are paid to residents of states that require state withholding (refer to the State income tax information on the next page) are subject to mandatory state income tax withholding. If your state requires withholding, MFS will withhold at least the minimum state tax regardless of your election. The mandatory withholding will automatically be applied to distributions paid directly to you unless the distribution is due to financial hardship or is due to Required Minimum Distribution.

B. For Required Minimum Distributions and Hardship distributions (Distributions not subject to mandatory 20% withholding)

To elect out of withholding or to request withholding at a rate other than 10%, you must complete and sign the attached Form W-4R.

Notice of federal withholding. The distribution you receive is subject to a federal income tax withholding rate of 10%, unless you elect on the attached Form W-4R not to have withholding apply. If you do not make a withholding election on the attached Form W-4R, federal income tax at a rate of 10% will be withheld on the gross amount of the payment because we are unable to determine amounts not subject to withholding. You can elect out of withholding by entering 0% on line 2 on Form W-4R. You may also elect a different percentage (between 1% and 100%) on line 2. Even if you elect not to have federal income tax withheld, you are liable for payment of federal income tax on the taxable portion of your distribution. You may also be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are inadequate. MFS will also withhold state income taxes unless you elect not to have federal withholding apply if your address of record is in a state that requires state withholding (refer to the State income tax information on the next page).



State income taxes

Refer to the chart below for state income tax information.

| For residents of: | State withholding information |
|------------------------------------|--|
| CA, DE, KS, MA, ME, NC, OR, and VT | MFS will withhold state income taxes on both IRA and 403(b) accounts unless you elect not to have federal withholding apply. |
| NE and VA | MFS will withhold state income taxes on 403(b) accounts unless you elect not to have federal withholding apply. MFS will not withhold state income taxes from IRA distributions. |
| AR | Residents of AR will have state income taxes withheld on IRA, non-qualified one-time ROTH IRA, and 403(b) distributions regardless of federal income tax withholding elections. To opt out of AR state income tax withholding you must submit a completed Form AR4P. |
| CT | Residents of CT will have state income taxes withheld on both IRA and 403(b) accounts regardless of federal income tax withholding unless you submit or have submitted a completed Form CT-W4P for a periodic or partial distribution. State income tax will also be applied to non-qualified one-time Roth IRA distributions without a completed CT-W4P on file. State withholding will not be applied to Systematic Withdrawal Plan (SWP) distributions from Roth IRAs. |
| IA | Residents of IA will have state income taxes withheld on both IRA and 403(b) accounts unless you qualify for the retirement income exclusion. |
| MD | MFS will withhold state income taxes on distributions from 403(b) accounts that are eligible rollover distributions. MFS will not withhold state income taxes from IRA distributions. |
| MN | Residents of MN will have state income taxes withheld on both IRA and 403(b) accounts 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, MFS will withhold based on the applicable state tax rate in accordance with state statute. State income tax will also be applied to non-qualified one-time Roth IRA distributions without a completed Form W-4MNP on file. State withholding will not be applied to Systematic Withdrawal Plan (SWP) distributions from Roth IRAs. |
| OK | Residents of OK will have state income taxes withheld on both IRA and 403(b) accounts 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. |
| All other states | MFS will not withhold state income taxes from IRA or 403(b) distributions. |

Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions

2025

Give Form W-4R to the payer of your retirement payments.

| | | |
|---|-----------|----------------------------------|
| 1a First name and middle initial | Last name | 1b Social security number |
|---|-----------|----------------------------------|

Address _____

City or town, state, and ZIP code _____

Your withholding rate is determined by the type of payment you will receive.

- For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100% on line 2. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its territories.
- For an eligible rollover distribution, the default withholding rate is 20%. You can choose a rate greater than 20% by entering the rate on line 2. You may not choose a rate less than 20%.

See page 2 for more information.

| | | |
|---|----------|---|
| 2 Complete this line if you would like a rate of withholding that is different from the default withholding rate. See the instructions on page 2 and the Marginal Rate Tables below for additional information. Enter the rate as a whole number (no decimals) | 2 | % |
|---|----------|---|

| | | |
|------------------|---|----------------------|
| Sign Here | _____ Your signature (This form is not valid unless you sign it.) | _____ Date |
|------------------|---|----------------------|

General Instructions

Section references are to the Internal Revenue Code.

Future developments. For the latest information about any future developments related to Form W-4R, such as legislation enacted after it was published, go to www.irs.gov/FormW4R.

Purpose of form. Complete Form W-4R to have payers withhold the correct amount of federal income tax from your nonperiodic payment or eligible rollover distribution from an employer retirement plan, annuity (including a commercial annuity), or individual retirement arrangement (IRA). See page 2 for the rules and options that are available for each type of payment. Don't use Form W-4R for periodic payments (payments made in installments at regular

intervals over a period of more than 1 year) from these plans or arrangements. Instead, use Form W-4P, Withholding Certificate for Periodic Pension or Annuity Payments. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. Your withholding choice (or an election not to have withholding on a nonperiodic payment) will generally apply to any future payment from the same plan or IRA. Submit a new Form W-4R if you want to change your election.

2025 Marginal Rate Tables

You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See page 2 for more information on how to use this table.

| Single or Married filing separately | | Married filing jointly or Qualifying surviving spouse | | Head of household | |
|--|---------------------------------------|--|---------------------------------------|---------------------------|---------------------------------------|
| <i>Total income over—</i> | Tax rate for every dollar more | <i>Total income over—</i> | Tax rate for every dollar more | <i>Total income over—</i> | Tax rate for every dollar more |
| \$0 | 0% | \$0 | 0% | \$0 | 0% |
| 15,000 | 10% | 30,000 | 10% | 22,500 | 10% |
| 26,925 | 12% | 53,850 | 12% | 39,500 | 12% |
| 63,475 | 22% | 126,950 | 22% | 87,350 | 22% |
| 118,350 | 24% | 236,700 | 24% | 125,850 | 24% |
| 212,300 | 32% | 424,600 | 32% | 219,800 | 32% |
| 265,525 | 35% | 531,050 | 35% | 273,000 | 35% |
| 641,350* | 37% | 781,600 | 37% | 648,850 | 37% |

* If married filing separately, use \$390,800 instead for this 37% rate.

General Instructions (continued)

Nonperiodic payments—10% withholding. Your payer must withhold at a default 10% rate from the taxable amount of nonperiodic payments **unless** you enter a different rate on line 2. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. Note that the default rate of withholding may not be appropriate for your tax situation. You may choose to have no federal income tax withheld by entering “-0-” on line 2. See the specific instructions below for more information. Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including “-0-”) on any payments to be delivered outside the United States and its territories.

Note: If you don't give Form W-4R to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer must withhold 10% of the payment for federal income tax and can't honor requests to have a lower (or no) amount withheld. Generally, for payments that began before 2025, your current withholding election (or your default rate) remains in effect unless you submit a Form W-4R.

Eligible rollover distributions—20% withholding. Distributions you receive from qualified retirement plans (for example, 401(k) plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over to an IRA or qualified plan are subject to a 20% default rate of withholding on the taxable amount of the distribution. You can't choose withholding at a rate of less than 20% (including “-0-”). Note that the default rate of withholding may be too low for your tax situation. You may choose to enter a rate higher than 20% on line 2. Don't give Form W-4R to your payer unless you want more than 20% withheld.

Note that the following payments are **not** eligible rollover distributions for purposes of these withholding rules:

- Qualifying “hardship” distributions;
- Distributions required by federal law, such as required minimum distributions;
- Distributions from a pension-linked emergency savings account;
- Eligible distributions to a domestic abuse victim;
- Qualified disaster recovery distributions;
- Qualified birth or adoption distributions; and
- Emergency personal expense distributions.

See Pub. 505 for details. See also *Nonperiodic payments—10% withholding* above.

Payments to nonresident aliens and foreign estates. Do not use Form W-4R. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, enter “-0-” on line 2. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Line 1b

For an estate, enter the estate's employer identification number (EIN) in the area reserved for “Social security number.”

Line 2

More withholding. If you want more than the default rate withheld from your payment, you may enter a higher rate on line 2.

Less withholding (nonperiodic payments only). If permitted, you may enter a lower rate on line 2 (including “-0-”) if you want less than the 10% default rate withheld from your payment. If you have already paid, or plan to pay, your tax on this payment through other withholding or estimated tax payments, you may want to enter “-0-”.

Suggestion for determining withholding. Consider using the Marginal Rate Tables on page 1 to help you select the appropriate withholding rate for this payment or distribution. The tables are most accurate if the appropriate amount of tax on all other sources of income, deductions, and credits has been paid through other withholding or estimated tax payments. If the appropriate amount of tax on those sources of income has not been paid through other withholding or estimated tax payments, you can pay that tax through withholding on this payment by entering a rate that is greater than the rate in the Marginal Rate Tables.

The marginal tax rate is the rate of tax on each additional dollar of income you receive above a particular amount of income. You can use the table for your filing status as a guide to find a rate of withholding for amounts above the total income level in the table.

To determine the appropriate rate of withholding from the table, do the following. Step 1: Find the rate that corresponds with your total income not including the payment. Step 2: Add your total income and the taxable amount of the payment and find the corresponding rate.

If these two rates are the same, enter that rate on line 2. (See *Example 1* below.)

If the two rates differ, multiply (a) the amount in the lower rate bracket by the rate for that bracket, and (b) the amount in the higher rate bracket by the rate for that bracket. Add these two numbers; this is the expected tax for this payment. To get the rate to have withheld, divide this amount by the taxable amount of the payment. Round up to the next whole number and enter that rate on line 2. (See *Example 2* below.)

If you prefer a simpler approach (but one that may lead to overwithholding), find the rate that corresponds to your total income including the payment and enter that rate on line 2.

Examples. Assume the following facts for *Examples 1* and *2*. Your filing status is single. You expect the taxable amount of your payment to be \$20,000. Appropriate amounts have been withheld for all other sources of income and any deductions or credits.

Example 1. You expect your total income to be \$65,000 without the payment. Step 1: Because your total income without the payment, \$65,000, is greater than \$63,475 but less than \$118,350, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$85,000, is greater than \$63,475 but less than \$118,350, the corresponding rate is 22%. Because these two rates are the same, enter “22” on line 2.

Example 2. You expect your total income to be \$61,000 without the payment. Step 1: Because your total income without the payment, \$61,000, is greater than \$26,925 but less than \$63,475, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$81,000, is

greater than \$63,475 but less than \$118,350, the corresponding rate is 22%. The two rates differ. \$2,475 of the \$20,000 payment is in the lower bracket (\$63,475 less your total income of \$61,000 without the payment), and \$17,525 is in the higher bracket (\$20,000 less the \$2,475 that is in the lower bracket). Multiply \$2,475 by 12% to get \$297. Multiply \$17,525 by 22% to get \$3,856. The sum of these two amounts is \$4,153. This is the estimated tax on your payment. This amount corresponds to 21% of the \$20,000 payment (\$4,153 divided by \$20,000). Enter "21" on line 2.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request additional federal income tax withholding from your nonperiodic payment(s) or eligible rollover distribution(s); (b) choose not to have federal income tax withheld from your nonperiodic payment(s), when permitted; or (c) change a previous Form W-4R (or a previous Form W-4P that you completed with respect to your nonperiodic payments or eligible rollover distributions). To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s).

Failure to provide a properly completed form will result in your payment(s) being subject to the default rate; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.