

MFS[®] EMPLOYER INSTALLMENT DISTRIBUTION AUTHORIZATION



From Qualified Plan Participant Accounts Trusteed by MFS Heritage Trust Company

Instructions:

All sections are required.

- For Required Minimum installment distributions, please complete Section 6A.
- For all other installment distributions to participants, please complete Section 6B.
- For installment distributions to beneficiaries, please complete Section 6C.

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

2. Type of Plan

Choose one.

- Profit Sharing Plan
- Money Purchase Pension Plan
- 401(k) Plan

3. Participant in Plan

PARTICIPANT'S FIRST NAME

MI

LAST NAME

□□□-□□-□□□□

SOCIAL SECURITY NUMBER

□□/□□/□□□□

DATE OF BIRTH (MM/DD/YYYY)

4. Reason for Installment Distribution

Choose one.

- Termination/Retirement
- Death
DATE OF DEATH (MM/DD/YYYY)
- Disability
- Plan Termination
- Required Minimum Distribution (Complete Sections 6A and 8B.)

Note: Certain distributions may be subject to Contingent Deferred Sales Charge.

5. Payment Instructions

Installment distributions will be made on a pro rata basis for each mutual fund in the participant's account.

Please make payment(s) to

Choose one:

- Participant in Plan
- Beneficiary (This option is applicable to beneficiaries that are individuals.)

_____ SPOUSE OTHER _____
BENEFICIARY'S NAME RELATIONSHIP

- -
BENEFICIARY'S SOCIAL SECURITY NUMBER

/ /
BENEFICIARY'S DATE OF BIRTH (MM/DD/YYYY) PERCENTAGE

If there are additional primary beneficiaries, please complete a separate form for each beneficiary.

- Estate, trust, or other entity beneficiary

ESTATE, TRUST, OR ENTITY BENEFICIARY NAME TAXPAYER IDENTIFICATION NUMBER

Please mail payment(s) to:

MAILING ADDRESS

_____ CITY STATE ZIP CODE

6. Details Related to the Installment Distribution Please complete A, B, or C.

A. Required Minimum Distribution. Complete this section if the installment distribution is to satisfy the participant's Required Minimum Distribution (RMD).

Choose one:

- There is more than one primary beneficiary, the participant's beneficiary is not his or her spouse, or the beneficiary is the participant's spouse and is not more than ten years younger than the participant.
- The sole primary beneficiary is the participant's spouse who is more than ten years younger than the participant.

NAME OF SPOUSE BENEFICIARY

- -
BENEFICIARY'S SOCIAL SECURITY NUMBER

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

Deferral Only complete this part if you wish to defer your first payment. Otherwise, skip to Section 7.

I want to defer my first minimum distribution payment until the first quarter of the year following the year I reach age 73. Please process the distribution in (choose one):

- January February March

Please note that if you elect to defer your first payment, you will receive two payments the following year. Complete Section 7 for subsequent payments.

B. Installment Distribution Period for Participant. Complete this section if the participant is living and the distribution is not due to a Required Minimum Distribution. Choose one:

- Calculate payments using the participant’s life expectancy.
- Calculate payments using the joint life expectancy of the participant and the beneficiary listed below.
- Pay the total balance over _____ years (may not exceed the life expectancy of either the participant or that of the participant and beneficiary listed below.)

_____ SPOUSE OTHER _____
 BENEFICIARY’S NAME RELATIONSHIP

□□□□ - □□□□ - □□□□□□ □□□□ / □□□□ / □□□□□□
 BENEFICIARY’S SOCIAL SECURITY NUMBER BENEFICIARY’S DATE OF BIRTH (MM/DD/YYYY)

C. Installment Distribution Period for Beneficiary Complete this section if the distribution is to be paid to a beneficiary.

Change to Required Minimum Distribution Rules for Designated Beneficiaries. As a general rule, for a participant who died on or after January 1, 2020 the assets in the plan must be distributed to the designated beneficiary by the end of the tenth calendar year following the calendar year of the participant’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 participant, a child of the participant 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 participant. 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, beginning in (month) _____ (year) _____ (may not be later than December 31st of the calendar year immediately following the calendar year in which the participant died).
- 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), beginning in (month) _____ (year) _____ (may not be later than December 31st of the calendar year immediately following the calendar year in which the participant 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 calendar year in which the participant died. Pay the total account balance over _____ years (may not exceed 10 years from the date of death of the owner), beginning in (starting month) _____.

Note: If the participant 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 participant’s date of death.

- Life Expectancy:** Pay the total account balance over the beneficiary’s life expectancy, beginning in (month) _____ (year) _____ (may not be later than December 31st of the calendar year immediately following the calendar year in which the participant died).

Note: If Life Expectancy is chosen, the entire account balance must be paid out by the 10th year from the participant’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 participant died. Pay the total account balance over _____ years (may not exceed five), beginning in (starting month) _____ NUMBER.
- The Decedent's Remaining Life Expectancy:** Pay the total account balance over the decedent's remaining life expectancy, beginning in (month) _____ (year) _____ (may not be later than December 31st of the calendar year immediately following the calendar year in which the participant died).

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

7. Payment Instructions

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 installment distributions to start drafting.

If no frequency is indicated, 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.

Choose frequency.

Monthly

Or

Other than monthly (check month(s) below)

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

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

For Class A, Class B and Class C shares, annual withdrawals of up to 10% of the account value can be made without Contingent Deferred Sales Charge (CDSC).

Class A, Class B, and Class C CDSC is calculated based on the account value on the date of the first payment and on the anniversary each year after. Class A, Class B, and Class C CDSC calculation — if CDSC is due, payments will be net of CDSC (payment will be for the amount requested and additional shares will be sold to cover the CDSC) unless you notify us otherwise by checking the box below.

Payment amount should be reduced by any CDSC due.

8. Distribution and Income Tax Withholding Instructions

Choose one.

- A. This installment distribution is for a period less than 10 years and is subject to mandatory withholding of 20% for federal income tax purposes. Distributions which are subject to federal income tax withholding and which are paid to residents of AR¹, CA, CT², DE, IA³, KS, ME, MD, MA, MN⁴, NE, NC, OK⁵, 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.

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 Distributions paid to residents of CT are subject to state income tax withholding regardless of federal withholding election unless a completed Form CT-W4P is on file and the request is not redeeming the entire plan balance.

³ Residents of IA will have state income taxes withheld unless you qualify for the retirement income exclusion.

⁴ 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.

⁵ 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. This installment distribution is either a Required Minimum Distribution (RMD), payment to a non-spouse beneficiary that is not an individual, or an installment distribution for a period of 10 years or more. It is subject to a voluntary withholding rate of 10% for federal income tax purposes.

The amount requested for distribution will be reduced by the amount withheld for taxes.

Note: If a withholding election is not made below, 10% withholding will be applied to the distribution (plus any state taxes will be withheld if applicable).

Withhold _____% (0%-100%) for federal income taxes. Please note, if the participant has indicated to not withhold for federal income taxes, you must indicate 0% here.

If the recipient is a resident of AR¹, CA, CT², DE, IA³, KS, ME, MA, MN⁴, NE, NC, OK⁵, 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.

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 Distributions paid to residents of CT are subject to state income tax withholding regardless of federal withholding election unless a completed Form CT-W4P is on file and the request is not redeeming the entire plan balance.

³ Residents of IA will have state income taxes withheld unless you qualify for the retirement income exclusion.

⁴ 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.

⁵ 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.

9. Employer Authorization

I certify that (1) this distribution is in accordance with the terms of the Plan; (2) the Plan Administrator has provided the participant or other distributee with the Special Tax Notice Regarding Plan Payments which provides 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, spouse consent, voluntary withholding, etc.); (3) 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; and (4) 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 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 MFS trustee, 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. I also agree to indemnify and hold harmless MFS Service Center, Inc., and its affiliates, the MFS Funds, and the MFS trustee, 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

Signature Authentication

Signature authentication is required for all requests.

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