# MFS® SIMPLE IRA PLAN SERVICE FORM



To add Telephone Withdrawal Privilege or eDelivery to your existing SIMPLE IRA

# 1. Investor Information (Required)

ACCOUNT OWNER'S FIRST NAME	MI	LAST NAME		
SOCIAL SECURITY NUMBER		PHONE NUMBER		MOBILE NUMBER
MAILING ADDRESS				
CITY		STATE	ZIP CODE	
This is my new address; please update my account	unt informatior	٦.		
<b>Note:</b> If the new address is a non-U.S. address, you wi exchanges into and out of this account.	ll be restricted fro	om making additional p	urchases into this acco	unt and

REGISTERED REPRESENTATIVE'S NAME

REGISTERED REPRESENTATIVE'S PHONE NUMBER

## 2. Identify Your Account(s) (Required)

Please provide your fund and account number(s). They are printed on your Investment Summary statement. The fund number is the first four digits before the hyphen, and the account number follows the hyphen.

Please update all SIMPLE IRA accounts under my Social Security number

## Or

Make the update only to the account(s) listed below:

FUND NUMBER	ACCOUNT NUMBER

# 3. Link Your Checking or Savings Account to Your Fund Account

Linking your checking/ savings account with your MFS account allows you to conveniently, quickly, and securely sell shares in your MFS funds over the telephone. Your withdrawals will be sent directly to your bank account via Automated Clearing House (ACH) and/or Federal bank wire as specified below. Please confirm eligibility, fees, and applicable routing number(s) for ACH and/or Federal bank wire with your financial institution. Please also attach a voided check or preprinted deposit slip.

By completing Section 3, I authorize withdrawals by phone from my MFS account(s) to my bank account. I understand that the fund will follow reasonable procedures to confirm that each telephone transaction is authentic and authorized. I agree that I bear the risk of loss for unauthorized or fraudulent telephone transactions and that none of the MFS Funds, MFS Service Center, Inc., or their affiliated companies, or their directors, trustees, or employees will be liable for any loss, damage, or expense as a result of action upon, and will not be responsible for the authenticity of, any telephone transaction instructions that they reasonably believe to be authentic and authorized.

## Signature authentication is required in Section 5 for all requests.

- If an original voided check or preprinted deposit slip is provided, a Notary Public Stamp, Signature Guarantee, or Medallion Signature Guarantee stamp must be provided in Section 5.
- In lieu of an original voided check or deposit slip, you may submit a letter from your bank on their letterhead providing the name(s) on the account, routing number, and account number. If a letter from the bank is provided, a Medallion Signature Guarantee must be provided in Section 5.

**Note:** Requests to distribute funds to a bank within 30 days of a change to banking information requires an MFS IRA Distribution Authorization Form with a Medallion Signature Guarantee.

Please provide the details of your banking information below. Please complete all fields as the information provided on the form will be compared with the voided check or preprinted deposit slip to ensure accuracy.

Please indicate whether the bank information below is to be added to your account in addition to the existing information or to change the existing information.

Add new Change existing

**Note:** If "Change existing" was selected and the previous bank information was used for an active systematic withdrawal plans, the bank information provided below will be applied to those systematic agreements.

For your security, the bank information provided must have an owner in common with the MFS account registration.

**Withdrawal by phone:** You must select by what method you would like MFSC to remit your withdrawal proceeds directly to your bank account.

○ ACH ○ Federal bank wire

Please note that if both ACH and Federal bank wire are selected, your bank routing numbers may be different per method. When providing bank information, ensure you provide MFSC with the appropriate bank routing numbers for each method.

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.

**Note:** Only preprinted deposit slips will be accepted for savings accounts. In order to sell over the automated telephone system and/or on MFS Access, you must activate these services.

# 4. eDelivery

I consent to the delivery of all MFS Fund documents electronically ("eDelivery"). I understand that this election constitutes a consent for all current and future Fund and account documents that MFS provides and is able to furnish to me via eDelivery including prospectuses, shareholder reports and other fund-related or account-related communications and disclosures, but excludes proxy notices and materials unless I elect below to receive such documents also via eDelivery. When possible, documents that MFS does not currently provide via eDelivery will also be provided to me via eDelivery subject to this consent.

I understand that MFS will send an email notifying me of when these documents are available for viewing. I understand that all accounts in MFS Funds registered under my Social Security number/TIN will be enrolled for eDelivery. This consent is effective immediately and will remain in effect until I revoke it. I may revoke my consent at any time by submitting a request in writing to MFSC or by visiting MFS Access and clicking on "eDelivery Preferences" under "Account Settings." I understand that the revocation of my consent will result in the discontinuance of eDelivery for all documents covered by this consent. I may request paper copies of any documents MFS is required to deliver to me at any time for no additional charge. I will notify MFS promptly of any changes to my email address by either submitting a request in writing or through MFS Access by clicking on "eDelivery Preferences" under "Account Settings." I understand that if MFS cannot obtain a valid email address, documents will be delivered to me by USPS.

I acknowledge that I have Internet access, an email address, and all the software\* necessary to receive and view documents electronically. I acknowledge that while eDelivery is free, Internet access and telephone charges may apply.

I would like to receive the fund's documents via eDelivery at the following email address:

EMAIL ADDRESS

Please check here if you also consent to receive MFS Fund proxy notices and materials via eDelivery at the above email address. Otherwise, proxy notices and materials will be sent via USPS.

\*That is to say, appropriate browser software such as Microsoft<sup>®</sup> Edge<sup>®</sup> or the equivalent as well as email software and communications access to the Internet. In order to print materials that have been delivered electronically you must also have access to a printer. Some documents may be available to view in the Portable Document Format (PDF). In order to view these documents you must have Adobe<sup>®</sup> Acrobat<sup>®</sup> Reader<sup>®</sup> software. Adobe<sup>®</sup> Acrobat<sup>®</sup> is a registered trademark of Adobe Systems, Incorporated.

#### Account Statements

In addition, you can sign up for eDelivery of account statements or transaction details through MFS Access. Log in with your user name and password, and then click on "eDelivery Preferences" under "Account Settings." If you do not currently have an account on MFS Access, you can sign up by going to **mfs.com/Access**.

**Note:** eDelivery of statements is not available for all types of mutual fund accounts. If you own your MFS Fund shares through a financial institution, or for certain retirement plans, eDelivery of statements may not be available to you.

## 5. Authorization (Required)

I authorize MFS Service Center, Inc., and its affiliates and the fund to act on any instructions believed to be genuine for any service authorized on this form. I agree they will not be held liable for any resulting loss. It is understood that this authorization may be terminated by me at any time by written notification to the fund(s). Any such notification shall be effective only with respect to entries made after the receipt of such notification and a reasonable amount of time to act on it.

ACCOUNT OWNER'S SIGNATURE

DATE (MM/DD/YYYY)

PRINT NAME

#### Signature Authentication

Signature authentication is required if electing to link your checking or savings account to your MFS account.

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

**Overnight mail** 

MFS Service Center, Inc. P.O. Box 219341 Kansas City, MO 64121-9341

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