

# MFS<sup>®</sup> EMPLOYER 403(b) PLAN (THE “PLAN”) INSTALLMENT DISTRIBUTION AUTHORIZATION



From Individual Accounts Using MFS Heritage Trust Company as Custodian

## Instructions

All sections are required.

- For Required Minimum installment distributions, please complete Section 4A.
- For all other installment distributions to participants, please complete Section 4B or 4C.
- For installment distributions to beneficiaries, please complete Section 4D.

## 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. Participant in Plan

PARTICIPANT'S FIRST NAME

MI

LAST NAME

□□□-□□-□□□□□□

PARTICIPANT'S SOCIAL SECURITY NUMBER

□□/□□/□□□□□□

DATE OF BIRTH (MM/DD/YYYY)

## 3. Reason for Distribution

Choose one:

- Reached age 59½
- Termination/Retirement
- Disability
- Death (Complete Section 4D.)
- Required Minimum Distribution (Complete Section 4A.)
- Qualified Reservist

□□/□□/□□□□□□

DATE OF DEATH (MM/DD/YYYY)

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

**4. Details Related to the Installment Distribution** Please complete A, B, C, or D.

For all installment distributions, dividends and capital gains will be reinvested.

**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 sole primary beneficiary is not his or her spouse, or the sole primary beneficiary is the participant's spouse and is not more than ten years younger than the participant.
- The sole primary beneficiary listed below 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 the participant wishes to defer their first payment. Otherwise, skip to Section 5.

The participant wants to defer the first minimum distribution payment until the first quarter of the year following the year the participant reaches age 73 or retires, whichever is later. Please process the distribution in: (Choose one.)

- January
- February
- March

**Please note that if the participant elects to defer the first payment, they will receive two payments the following year. Complete Section 5 for subsequent payments.**

**B. Installment Distribution Period for Participant.** Complete this part if the participant is living and the distribution is not due to a Required Minimum Distribution.

- 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.)  
NUMBER

\_\_\_\_\_  SPOUSE  OTHER \_\_\_\_\_  
BENEFICIARY'S NAME RELATIONSHIP

-   -      
BENEFICIARY'S SOCIAL SECURITY NUMBER

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

**C. Installment distributions of a fixed dollar amount**

**Note:** Mandatory 20% federal income tax withholding will apply.

To establish this option on an account, a \$5,000 minimum account value (per fund account) is required.

**When the participant reaches Required Minimum Distribution age or the calendar year in which they retire from employment, whichever is later, they may be required to increase the dollar amount of the installment payments to meet their Required Minimum Distribution amount.**

FUND NUMBER	ACCOUNT NUMBER	AMOUNT PER DISTRIBUTION	FUND NUMBER	ACCOUNT NUMBER	AMOUNT PER DISTRIBUTION
<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"/>	_____	\$ _____

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 shares, 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.

#### D. Installment Distribution Period for a Beneficiary of a 403(b) Participant

As a general rule, the assets in the plan must be distributed to the designated beneficiary by the end of the tenth calendar year following the 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.

If the beneficiary intends to assign a different financial professional firm to the inherited account, please complete and submit a Financial Professional Change Authorization Form, which can be found at [mfs.com/forms](https://mfs.com/forms), with this request.

#### Eligible Designated Beneficiary (as defined above):

**Life Expectancy:** Pay the total account balance over the beneficiary's life expectancy, beginning in

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_. The beneficiary's date of birth is \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_.  
MONTH YEAR (MM/DD/YYYY)

(May be no later than December 31st of the calendar year immediately following the 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 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_.  
NUMBER MONTH YEAR

(May be no later than December 31st of the calendar year immediately following the 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:** The beneficiary intends to deplete the account by the end of the 10th year following the year in which the participant died. Pay the total account balance over \_\_\_\_\_ years (may not exceed 10 years from the year of death of the participant) beginning in \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_.  
NUMBER 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 end of 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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_. The beneficiary's date of birth is \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_.  
MONTH YEAR (MM/DD/YYYY)

**Note:** If Life Expectancy is chosen, the entire account balance must be paid out by the end of the 10th year from the participant's year 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:** The beneficiary intends to deplete the account by the end of the 5<sup>th</sup> year following the year in which the participant 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 participant died).
- MONTH                      YEAR

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

**5. Payment Frequency for Installment Distributions.**

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 indicated, withdrawals will be made monthly. If no day is chosen, withdrawals will be made on or about the 24<sup>th</sup>.

**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 \_\_\_\_\_ of \_\_\_\_\_.

DAY                      STARTING MONTH

**6. Distribution and Income Tax Withholding Instructions** Please complete A, B, or C.

- 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 AR<sup>1</sup>, CA, DE, IA<sup>2</sup>, KS, ME, MD, MA, MN<sup>3</sup>, NE, NC, OK<sup>4</sup>, 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. Distributions paid to residents of all other states will not have any state income taxes withheld.
- Withhold \_\_\_\_\_% (if more than 20%) for federal income taxes.

<sup>1</sup> Residents of AR are required to have federal and state income tax withholding applied to eligible rollover distributions.

<sup>2</sup> Residents of IA will have state income taxes withheld unless you qualify for the retirement income exclusion.

<sup>3</sup> 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.

<sup>4</sup> 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, 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 and is subject to state income tax withholding only if paid to a resident of AR<sup>1</sup>, CA, DE, IA<sup>2</sup>, KS, ME, MA, MN<sup>3</sup>, NE, NC, OK<sup>4</sup>, OR, VT, and VA. (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 the election below. Distributions paid to residents of all other states will not have any state income taxes withheld.

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

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

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

<sup>1</sup> 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.

<sup>2</sup> Residents of IA will have state income taxes withheld unless you qualify for the retirement income exclusion.

<sup>3</sup> 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.

<sup>4</sup> 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.

- C.**  This installment distribution is for a period less than 10 years and is not subject to federal or state income tax withholding because each installment is being directly rolled over to:

- a **new** traditional MFS IRA. An MFS IRA Application completed by the participant or spouse beneficiary is attached.
- an **existing** traditional MFS IRA or eligible Retirement Plan for the participant or spouse beneficiary.

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FUND NUMBER

ACCOUNT NUMBER

- a traditional IRA or eligible Retirement Plan for the participant or spouse beneficiary **held at another institution**. Please provide the name of the trustee or custodian and the name of the plan.

\_\_\_\_\_  
TRUSTEE OR CUSTODIAN NAME

\_\_\_\_\_  
PLAN NAME

**Any rollover election will remain in effect until the Plan Administrator notifies MFS of any change in writing.**

## 7. Payment Instructions

### Please make payment(s) to

Choose one:

- Participant in Plan
- Trustee or Custodian of a traditional IRA or eligible Retirement Plan. (This option must be selected if Section 6C is checked.)
- Individual Beneficiary

\_\_\_\_\_  SPOUSE  OTHER \_\_\_\_\_  
BENEFICIARY'S NAME RELATIONSHIP

□□□□-□□□□-□□□□□□

BENEFICIARY'S SOCIAL SECURITY NUMBER

□□□□,□□□□,□□□□□□

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

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

- The beneficiary is a child of the 403(b) participant who has not attained the age of majority.
- Estate, trust, or other entity beneficiary

\_\_\_\_\_   
ESTATE, TRUST, OR ENTITY BENEFICIARY NAME TAXPAYER IDENTIFICATION NUMBER (TIN)

### Please mail payment(s) to:

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_ STATE ZIP CODE  
CITY

## 8. Employer Authorization

I certify that (1) I am an authorized signer for the Plan; (2) this distribution is in accordance with the terms of the Plan; (3) the Plan Administrator has provided the participant or other distributee with 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 to the participant that are applicable to this distribution (e.g., notices of annuity form of benefit, spousal consent, voluntary withholding, etc.); (4) 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; (5) 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; (6) 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 Custodian, 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 Custodian, 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