

FEE LIQUIDATION AUTHORIZATION

To: **MFS Service Center**
2 Avenue de Lafayette
Boston, MA 02111-1738

The section below is to be completed by the Representative

Client name as it appears
on the account registration:

Client Social Security Number:

Account/Fund Number:

This account is a **Non-Qualified Account** – I understand this fee withdrawal is considered liquidation from my account and may result in service charges or penalties.

DO NOT WITHHOLD TAXES! The check requested is to be net of any required deductions.

TO WHOM IT MAY CONCERN:

Please accept this letter as your authorization to immediately liquidate, upon our receipt of this document, a sufficient number of shares in the above-referenced account to be equivalent to _____% of my total account value of all funds. At the time I signed this document, the specific dollar amount to be liquidated may be blank. This is because the quarter-end value of my account may not be known. In this event, I authorize Foy Financial Services, Inc. to complete the dollar amount, as shown below, on my behalf.

This is not a total liquidation. At this time, please liquidate sufficient shares to amount to \$_____ (this amount to be completed by Foy Financial Services, Inc.) for payment due.

Please remit check for this amount made payable and mailed to: Foy Financial Services, Inc
12501 Holdrege Street
Lincoln, NE 68527-9430

IF THERE IS ANY PROBLEM WITH THIS REQUEST PLEASE CALL: (402) 483-2004.

Client Signature

Date

Co-Client Signature

Date

Signature Guarantee Stamp