

# 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