

# MFS<sup>®</sup> 529 SAVINGS PLAN SYSTEMATIC WITHDRAWAL PLAN FORM



## 1. Account Information

Additional documentation may be required if the Account Owner is a trust, corporation, scholarship or other entity.

NAME OF THE ACCOUNT OWNER

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SOCIAL SECURITY NUMBER

DAYTIME PHONE WITH AREA CODE

FUND NUMBER

ACCOUNT NUMBER

□□□□ □□□□□□

REGISTERED REPRESENTATIVE'S NAME

REGISTERED REPRESENTATIVE'S PHONE WITH AREA CODE

Please provide your mailing address.

MAILING ADDRESS

CITY

STATE

ZIP CODE

This is my new address; please update my account information.

**Note:** If the new address is a non-US address, you will be restricted from making additional purchases into this account.

## 2. Designated Beneficiary Information

NAME OF THE DESIGNATED BENEFICIARY

DAYTIME PHONE WITH AREA CODE

MAILING ADDRESS

CITY

STATE

ZIP CODE

This is the beneficiary's new address; please update the account information.

**Note:** If the new address is a non-US address, you will be restricted from making additional purchases into this account.

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DESIGNATED BENEFICIARY'S DATE OF BIRTH

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SOCIAL SECURITY NUMBER

### 3. Distribution Information

Certain distributions may be subject to Contingent Deferred Sales Charge.

#### A. INDICATE WITHDRAWAL TYPE:

**NOTE:** The earnings portion of a distribution, other than a Qualified Distribution, is subject to federal income tax and may be subject to a 10% additional federal tax penalty. The earnings portion of the distribution (qualified or non-qualified) may also be subject to state income tax. If the reason for withdrawal changes, it's the responsibility of the Account Owner to notify MFS. See the MFS 529 Savings Plan Participant Agreement and Disclosure Statement for more information. Refer to the Prospectus and Statement of Additional Information for a description of the systematic withdrawal plan.

- The withdrawal is to be used for qualified higher education expenses of the Designated Beneficiary.
- The withdrawal is not to be used for qualified higher education expenses of the Designated Beneficiary.

**UGMA/UTMA Distribution Certification** (Required for distributions from UGMA/UTMA MFS 529 Plan accounts only.)

- I certify that the distribution proceeds are being used for the benefit of the minor.

#### B. SYSTEMATIC WITHDRAWAL PLAN (SWP) \$5,000 minimum value per fund account:

**Frequency** (Choose one.) If no day or frequency is chosen, withdrawals will be made on or about the 24th of each month.

Start on the \_\_\_\_\_ day of \_\_\_\_\_ (month). Additional Days \_\_\_\_\_

- Monthly
- Other than monthly (Check months below)
  - Jan  Feb  Mar  Apr  May  June  July  Aug  Sept  Oct  Nov  Dec

Make the withdrawal from fund number \_\_\_\_\_ for the following amount.

\$\_\_\_\_\_ per payment (\$50 minimum if made by check).

For Class 529 A, Class 529 B and Class 529 C shares, annual withdrawals of up to 10% of the account value can be made without Contingent Deferred Sales Charge (CDSC), if applicable.

Class 529 A, Class 529 B, and Class 529 C CDSC is calculated based on the account value on the date of the first payment and on the anniversary each year after. Effective January 4, 2016, for Class 529 A shares, you may incur a CDSC when Class 529 A shares are redeemed under the plan (or plans if more than one plan is established) if greater than 10% of the value of your account is withdrawn under the plan(s) in any one year (determined at the time of your first withdrawal under the plan(s), or January 4, 2016, whichever is later). Class 529 A, Class 529 B, and Class 529 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.

### 4. Payment Instructions (Check one.)

- Make check payable to the **Account Owner**. (A Signature Validation Program Stamp is required in Section 6 if the address on the account has been changed within 30 days of the first draft.)
- Make check payable to the **Designated Beneficiary**. A Signature Validation Program Stamp (Section 6) is required.
- Electronically deposit to my bank account via **ACH**. I have attached a voided check and/or preprinted deposit slip.\* A Signature Validation Program Stamp (Section 6) is required if the bank information provided is not yet on file.
- Make check payable to an eligible **educational institution FBO the designated beneficiary**.

\_\_\_\_\_  
NAME OF EDUCATIONAL INSTITUTION

\_\_\_\_\_  
STUDENT IDENTIFICATION NUMBER

\* When providing bank information, please ensure that you provide MFSC with the appropriate bank routing number for the method of delivery.

## 5. Mailing Instructions (Check one.)

All checks will be mailed to the address of record unless an alternate address is indicated below.

- Mail to Address of Educational Institution.
- Mail to an Alternate Address. A Signature Validation Program Stamp (Section 6) is required.

MAIL CHECK TO:

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## 6. Distribution Authorization (Sign exactly as account is registered.)

\_\_\_\_\_  
SIGNATURE OF THE ACCOUNT OWNER

\_\_\_\_\_  
DATE

### Signature Validation Program (SVP)

A SVP stamp is required if:

- The check is to be payable to a name other than the Account Owner as registered, or
- The check is to be mailed to the address of record and the address has been changed within 30 days of the first draft, or
- The check is to be mailed to an address other than either the address of record we have on file or an educational institution, or
- The proceeds are to be direct deposited to your bank account and the bank account is not yet on file.

### Signature Validation Program (SVP)

AFFIX GUARANTEE STAMP HERE

**Signature Validation Program (SVP)**  
MFSC requires an original SVP stamp imprint on certain maintenance and non-financial requests for your protection. If you cannot obtain an SVP stamp, we will accept a signature guarantee stamp in lieu of it. The following institutions may be able to provide an SVP stamp or signature guarantee stamp: eligible bank, broker, dealer, credit union, national securities exchange registered securities association, clearing agency, or savings association. SVP stamps or signature guarantees shall be accepted in accordance with policies established by MFS Service Center, Inc. Notarization by a Notary Public is not acceptable in lieu of an SVP stamp or signature guarantee provided by one of the eligible guarantor institutions listed above.

If you have any questions about this form, please contact the MFS 529 Plan Service Department, any business day, at 1-866-529-1637.

#### Regular mail

MFS Service Center, Inc.  
P.O. Box 55824  
Boston, MA 02205-5824

#### Overnight mail

MFS Service Center, Inc  
c/o Boston Financial Data Services  
30 Dan Road  
Canton, MA 02021-2809