

MFS[®] 529 SAVINGS PLAN DISTRIBUTION AUTHORIZATION FORM



For The MFS 529 Savings Plan

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

MAILING ADDRESS

CITY

STATE

ZIP CODE

□ □ □ - □ □ - □ □ □ □

SOCIAL SECURITY NUMBER

DAYTIME PHONE NUMBER WITH AREA CODE

REGISTERED REPRESENTATIVE'S NAME

REGISTERED REPRESENTATIVE'S PHONE NUMBER WITH AREA CODE

This is my new address; please update my account information. (Your signature must be guaranteed in Section 6.)

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

2. Designated Beneficiary Information

NAME OF THE DESIGNATED BENEFICIARY

MAILING ADDRESS

CITY

STATE

ZIP CODE

□ □ / □ □ / □ □ □ □

DESIGNATED BENEFICIARY'S DATE OF BIRTH

□ □ □ - □ □ - □ □ □ □

SOCIAL SECURITY NUMBER

3. Distribution Information

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. See the MFS 529 Savings Plan Participant Agreement and Disclosure Statement for more information.

- 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.
- Trustee-to-Trustee Rollover: Indicate the name of the receiving 529 Plan in Section 4C.
- Distribution is due to the death of the Designated Beneficiary. You must select one of the following choices, and unless previously sent to MFS, a certified copy of the death certificate must be attached to this form.
 - I wish to transfer to the Contingent Beneficiary designated on my Account. (A new MFS 529 Savings Plan Application is required.)
 - I did not designate a Contingent Beneficiary and wish to transfer to a new Designated Beneficiary. (A new MFS 529 Savings Plan Application is required.)
 - Distribute the assets as indicated in Section 4.
- The distribution is due to the disability of the Designated Beneficiary.
- The distribution is due to the receipt of a qualified scholarship by 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. INDICATE WITHDRAWAL INFORMATION:

Indicate the Investment Fund number and the account number from which you wish to withdraw and the amount to be distributed. If the amount of distribution requested exceeds the amount available in the fund, then all shares in that fund will be distributed.

Please note that if you elect to redeem all shares from any of your MFS accounts, any existing Automatic Investment or Exchange Options on the redeemed accounts will be discontinued.

FUND NUMBER	ACCOUNT NUMBER	AMOUNT	SELECT ONE:		
			SHARES	DOLLARS	ALL
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Payment and Mailing Instructions

Tax Reporting: Pursuant to IRS rules, tax reporting will be done under the Social Security Number of the Designated Beneficiary for any distributions made directly to the designated beneficiary or to an eligible educational institution for the benefit of the designated beneficiary. Any other distributions will be reported under the Social Security Number of the Account Owner.

Distribution checks for 529 UTMA and 529 UGMA accounts will be made payable as registered.

Please complete either Part A, Part B, or Part C.

A. Withdrawal by Check

- Make the check payable to the Account Owner.
- Make the check payable to the Designated Beneficiary (A signature guarantee is required in Section 5 for distributions to the beneficiary that exceed \$10,000).
- Make the check payable as registered because the account is a 529 UTMA or 529 UGMA.

All checks will be mailed to the address of record unless an alternate address is indicated below. If an alternate address is indicated, a signature guarantee is required in Section 5.

B. Electronic Deposit to a Bank Account

Direct deposit the proceeds to my bank account. I have attached a voided check and/or deposit slip.

Please select one of the following methods of deposit and provide bank account information below. A signature guarantee is required in Section 5.

- ACH
- Wire

BANK PHONE NUMBER WITH AREA CODE

BANK ROUTING NUMBER

BANK ACCOUNT NUMBER

BANK REGISTRATION

The bank information provided authorizes a one-time distribution from the account, unless the box below is checked.

- Please link my bank account to my MFS accounts to allow me to redeem shares from my MFS accounts to my bank account over the telephone via ACH. A signature guarantee is required in Section 5.

C. Qualified Withdrawal to an Educational Institution or Trustee of Another 529 Plan

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

- Make the check payable to an educational Institution for the benefit (FBO) the designated beneficiary. A signature guarantee stamp is required in Section 5 if the distribution amount exceeds \$100,000.

NAME OF EDUCATIONAL INSTITUTION

STUDENT IDENTIFICATION NUMBER

EDUCATIONAL INSTITUTION ADDRESS

- Make the check payable to trustee of another 529 plan FBO the designated beneficiary. A signature guarantee stamp is required in Section 5.

NAME OF 529 PLAN

529 PLAN TRUSTEE ADDRESS

5. Distribution Authorization (Sign exactly as account is registered.)

SIGNATURE OF THE ACCOUNT OWNER

DATE

Signature Guarantee

You may also obtain a Medallion Signature Guarantee in lieu of a signature guarantee. A signature guarantee stamp is required if:

- The total distribution is more than \$100,000.00 per account, or
- The check is to be payable to a name other than the Account Owner or an educational institution or
- The check is made payable to the Designated Beneficiary and the distribution is greater than \$10,000.00, 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, or
- MFS has been notified of an address change within the past 30 days.

Medallion Signature Guarantee

A Medallion Signature Guarantee is required if you are acting on behalf of the shareowner.

AFFIX GUARANTEE STAMP HERE

Signature guarantee stamp must not be dated. If a Medallion Guarantee is not provided, the proper form for execution is

SIGNATURE(S) GUARANTEED

NAME OF ELIGIBLE GUARANTOR INSTITUTION

BY

SIGNATURE OF AUTHORIZED PERSON

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 will be accepted in accordance with policies established by MFS Service Center, Inc. Notarization by a notary public is not acceptable in lieu of a 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