

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 WITH AREA CODE

REGISTERED REPRESENTATIVE'S NAME

REGISTERED REPRESENTATIVE'S PHONE 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

DAYTIME PHONE WITH AREA CODE

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 4.
- 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.
 - 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.

FUND NUMBER	ACCOUNT NUMBER	AMOUNT	SELECT ONE:		
			SHARES	DOLLARS	ALL
<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	_____	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	_____	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Payment Instructions (Check One.)

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.

- Make check payable to the **Account Owner**.
- Make check payable to the **Designated Beneficiary**. A Signature Guarantee Stamp (Section 6) is required for distributions to the beneficiary that exceed \$10,000.
- Make check payable to trustee of another 529 plan for the benefit of (FBO) the Designated Beneficiary. A Signature Guarantee Stamp (Section 6) is required.

NAME OF 529 PLAN

- Make check payable to an eligible **educational institution FBO the designated beneficiary**. A Signature Guarantee Stamp (Section 6) is required if the distribution amount exceeds \$100,000.

NAME OF EDUCATIONAL INSTITUTION

STUDENT IDENTIFICATION NUMBER

- Electronically deposit to my bank account via **ACH**. I have attached a voided check and/or preprinted deposit slip. A Signature Guarantee Stamp (Section 6) is required.
- Electronically deposit to my bank account via **Federal Bank Wire**. I have attached a voided check and/or preprinted deposit slip. A Signature Guarantee Stamp (Section 6) is required.

BANK PHONE NUMBER WITH AREA CODE

BANK ROUTING NUMBER

BANK ACCOUNT NUMBER

BANK REGISTRATION

- 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 6.

5. Mailing Instructions

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

- Mail to Address of Educational Institution. A Signature Guarantee Stamp (Section 6) is required if the distribution amount exceeds \$100,000.
- Mail to an Alternate Address. A Signature Guarantee Stamp (Section 6) is required.

MAIL CHECK TO:

6. 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 as registered, 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 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