

# MFS<sup>®</sup> 529 SAVINGS PLAN CHANGE FORM

(Not to be used for UTMA /UGMA 529 accounts)



- To Change:**
- Designated Beneficiary** (Complete Sections 1, 2 and 6. A signature guarantee is required.)
  - Account Owner** (Complete Sections 1, 4 and 6. A signature guarantee is required.)
  - Contingent Beneficiary** (Complete Sections 1, 3 and 6.)
  - Successor Account Owner** (Complete Sections 1, 5 and 6.)

## 1. Account Information

For the account being changed or transferred.

\_\_\_\_\_  
CURRENT ACCOUNT OWNER'S NAME

□□□□-□□-□□□□□□  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
CURRENT DESIGNATED BENEFICIARY'S NAME

□□□□-□□-□□□□□□  
SOCIAL SECURITY NUMBER

MAILING ADDRESS

\_\_\_\_\_  
CITY STATE ZIP CODE

ACCOUNT OWNER'S DAYTIME TELEPHONE NUMBER WITH AREA CODE

□□□□ \_\_\_\_\_  
FUND NUMBER ACCOUNT NUMBER

REGISTERED REPRESENTATIVE'S NAME

REGISTERED REPRESENTATIVE'S TELEPHONE NUMBER WITH AREA CODE

## 2. Change the Beneficiary

Complete this section to change the beneficiary and transfer the account balance from your existing MFS 529 Savings Plan account to a MFS 529 Savings Plan account for your new beneficiary. **A signature guarantee is required in Section 6.** The Designated Beneficiary of the Account receiving the transferred funds must be a Member of the Family (as defined in Section C below) of the Designated Beneficiary of the Account from which the funds are transferred in order to avoid any adverse state or federal income, estate, gift or transfer tax consequences. *This section **must** be completed when designating a new beneficiary on the account. If transferring an account(s) to more than one beneficiary, please complete a separate form for each new beneficiary.*

### A. Amounts to transfer from the existing account to the new beneficiary.

Complete this section to indicate the amounts to transfer to the new beneficiary from the account in Section 1. If the amounts are to be transferred to a new MFS Account, please complete a new MFS 529 Savings Plan Account Application.

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

**B. New beneficiary's name.**

BENEFICIARY'S FIRST NAME

MI

LAST NAME

ADDRESS

CITY

STATE

ZIP CODE

□□□□ - □□□□ - □□□□□□

SOCIAL SECURITY NUMBER

□□/□□/□□□□□□

DATE OF BIRTH (MM/DD/YYYY)

Is the new Beneficiary a US Person residing in the United States? (A US person is a citizen or resident alien of the United States. If the new beneficiary is a non-US person, the account will be restricted from making additional purchases into this account.)

- Yes     No

**C. Relationship between old and new beneficiaries.**

In order for the change of Designated Beneficiary to be nontaxable and penalty-free for federal income tax purposes, the New Designated Beneficiary of the Account must be a Member of the Family of the prior Designated Beneficiary. Is the new Beneficiary a "Member of the Family" to the original beneficiary under Code Section 529?

- Yes     No

If yes, please select below the "Member of the Family" relationship between your Current Beneficiary and your New Beneficiary:

- (1) the father or mother, or an ancestor of either
- (2) a son or daughter, or a descendent of either
- (3) a brother, sister, stepbrother or stepsister
- (4) a stepfather or stepmother
- (5) a stepson or stepdaughter
- (6) a son or daughter of the brother or sister (i.e., a nephew or niece)
- (7) a brother or sister of the father or mother (i.e., an aunt or uncle)
- (8) a son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, sister-in-law
- (9) the spouse of the Designated Beneficiary or the spouse of any of the individuals described above (1-8)
- (10) a first cousin

**D. Do you already have an existing account for your new beneficiary?**

- Yes. Complete part E.
- No. Complete this form and a new MFS 529 Savings Plan Account Application. Mail this form with your new account application.

**E. New beneficiary's account information.**

Complete this section if the new beneficiary has an existing MFS 529 account. Transfer the 529 per the instructions below. If you do not have enough space, indicate additional instruction on a separate piece of paper.

**From**

FUND NUMBER

ACCOUNT NUMBER

**To**

FUND NUMBER

ACCOUNT NUMBER

DOLLAR AMOUNT

OR PERCENTAGE (%)

**From**

FUND NUMBER

ACCOUNT NUMBER

**To**

FUND NUMBER

ACCOUNT NUMBER

DOLLAR AMOUNT

OR PERCENTAGE (%)

**From**

FUND NUMBER

ACCOUNT NUMBER

**To**

FUND NUMBER

ACCOUNT NUMBER

DOLLAR AMOUNT

OR PERCENTAGE (%)

**3. Change the Contingent Beneficiary** [for account in Section 1].

This new designation will cancel previous designations you have made for this MFS 529 Savings Plan Account.

NEW CONTINGENT BENEFICIARY'S NAME

MI

LAST NAME

 -  - 

SOCIAL SECURITY NUMBER

, , 

DATE OF BIRTH (MM/DD/YYYY)

Is the new Contingent Beneficiary a US Person residing in the United States? (A US person is a citizen or resident alien of the United States. If the new beneficiary is a non-US person, the account will be restricted from making additional purchases into this account.)

Yes     No



## 6. Authorization

*Must be signed by current Account Owner, unless deceased.* As the Account Owner, I authorize the change(s) requested on this form. I certify that the information contained herein is correct and that I have read the MFS 529 Savings Plan Participant Agreement & Disclosure Statement.

SIGNATURE

DATE (MM/DD/YYYY)

### Signature Guarantee

A signature guarantee is required if:

- You are changing the Current Account Owner of the MFS 529 Savings Plan.
- You are changing the Designated Beneficiary of the MFS 529 Savings Plan.

AFFIX GUARANTEE STAMP HERE

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 shall be accepted in accordance with policies established by MFSC. 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 Plans Service Department, any business day, at 1-866-529-1637.

### Mail completed form to:

#### 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