MFS® 529 SAVINGS PLAN SERVICE FORM

For detailed information regarding the shareholder services offered on this form, please refer to the MFS 529 Savings Plan Participant Agreement and Disclosure Statement and its Supplement with expense overview, the appropriate fund's Prospectus and the Statement of Additional Information, which can be obtained from **mfs.com**.* Complete Sections 1 and 2, then only complete the sections for the services you are requesting. Be sure to sign the Authorization section (Section 6). When completed, return the form to MFS Service Center, Inc., P.O. Box 55824, Boston, MA 02205-5824. If you have questions, please call 1-866-529-1637 on any business day.

1. Account Owner

This form should be used to update or add account privileges to any MFS 529 Savings Plan accounts. Additional documentation may be required for Trust, Corporation or Scholarship account owners.

ACCOUNT OWNER'S FIRST NAME | MI | LAST NAME

☐☐☐-☐☐-☐☐☐☐
SOCIAL SECURITY NUMBER

BENEFICIARY'S FIRST NAME | MI | LAST NAME

☐☐/☐☐/☐☐☐☐
DATE OF BIRTH (MM/DD/YYYY)

☐☐☐-☐☐-☐☐☐☐
SOCIAL SECURITY NUMBER

Your Mailing Address:

◯ Check if new address

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

STREET ADDRESS

CITY | STATE | ZIP CODE

2. Identify Your Accounts

Please provide your fund and account numbers. They are printed on your Investment Summary statement. The fund number is the first four digits before the hyphen, and the account number follows the hyphen.

FUND NUMBER	ACCOUNT NUMBER
☐☐☐☐	
☐☐☐☐	
☐☐☐☐	
☐☐☐☐	

* You should consult a tax advisor or other financial professional to ensure that you obtain the desired tax benefits. Tax benefits of investing in a 529 plan depend on meeting distinct requirements. Keep in mind that withdrawals of earnings not used to pay for qualified higher education expenses are subject to tax and an additional 10% penalty. State taxes may also apply.

3. Automatic Investment Programs

Automatic Investment Plan. An Automatic Investment Plan allows you to add money to your account on a regular basis right from your checking/savings account. This service requires your checking/savings account to be linked to your MFS account. (Please complete bank account information in Section 4). Please allow 10 days for setup.

◯ Add new ◯ Change existing

Frequency (Choose one. If no day or frequency is chosen, investments will be made on the first business day of each month.)

◯ Monthly. Start on the _____ day of _____ month

◯ Other (Check months below.)

◯ Jan ◯ Feb ◯ Mar ◯ Apr ◯ May ◯ June ◯ July ◯ Aug ◯ Sept ◯ Oct ◯ Nov ◯ Dec

Day of month: _____ Additional day: _____

Contribution Options (You may choose the Age-Based Investment Option, the Individual Investment Fund Option or a combination of both options.)

◯ Age-Based Option $ _____ (You do not need to select a fund number if you choose the age-based option only.)

◯ Individual Investment Fund Option (Please choose a fund and amount to be automatically invested.)

FUND NUMBER	DOLLAR AMOUNT	FUND NUMBER	DOLLAR AMOUNT

Automatic Exchange Plan. An Automatic Exchange plan allows you to automatically exchange from one MFS fund to one or more MFS funds. A $2,000 minimum balance is required in the fund from which you are exchanging.

Exchanges may be made within the same MFS 529 Savings Plan in the same share class for the same beneficiary. All exchanges will occur on or about the seventh day of the month, if no day is provided.

Provide fund number and account number if an existing account

Frequency (Choose one.)

◯ Monthly. Start on the _____ day of _____ month

◯ Other (Check months below.)

◯ Jan ◯ Feb ◯ Mar ◯ Apr ◯ May ◯ June ◯ July ◯ Aug ◯ Sept ◯ Oct ◯ Nov ◯ Dec

Day of month: _____ Additional day: _____

From

FUND NUMBER	ACCOUNT NUMBER ($2,000 MINIMUM BALANCE REQUIRED)

To

FUND NUMBER	DOLLAR AMOUNT	FUND NUMBER	DOLLAR AMOUNT

To

FUND NUMBER	DOLLAR AMOUNT	FUND NUMBER	DOLLAR AMOUNT

4. Link your checking/savings account to your fund account

Linking your checking/savings account with your MFS account also allows you to conveniently, quickly and securely add money to your MFS funds directly from your bank or sell shares in your MFS funds over the telephone. Your withdrawals will be sent directly to your bank account via Automated Clearing House (ACH) and/or Federal bank wire as specified in this section. Please confirm with your financial institution eligibility, fees and applicable routing number(s) for ACH and/or Federal bank wire. Please also attach a voided check or pre-printed deposit slip.

By completing Section 4, I authorize investments by phone from my bank account to my MFS account(s) and I authorize withdrawals* by phone from my MFS account(s) to my bank account. I understand that the fund will follow reasonable procedures to confirm that each telephone transaction is authentic and authorized. I agree that I bear the risk of loss for unauthorized or fraudulent transactions and that none of the MFS funds, MFS Service Center, Inc., or their affiliated companies or their directors, trustees, or employees will be liable for any loss, damage, or expense as a result of action upon, and will not be responsible for the authenticity of, any telephone instructions that they reasonably believe to be authentic and authorized.

*Requires a Signature Validation Program (SVP) Stamp in Section 7.

If the bank information is in the name of the beneficiary, a Signature Validation Stamp Program (SVP) will be required in Section 7.

◯ ACH **or** ◯ Wire (Check one.)

NAME ON BANK ACCOUNT

Bank account type: ◯ Checking (A preprinted voided check must be attached.) ◯ Savings (A preprinted deposit slip must be attached.)

BANK NAME

BANK TELEPHONE NUMBER

MAILING ADDRESS

CITY STATE ZIP CODE

BANK ACCOUNT NUMBER ROUTING NUMBER (IF DIFFERENT FROM VOIDED CHECK)

Automatic Investment Plan Provisions

The investor agrees that the rights of the bank named above with respect to checks drawn on and debit entries initiated to the investor's account are the same as if they were checks drawn on the bank and signed by the investor. The investor agrees that the bank shall be fully protected and without any liability whatsoever in honoring or refusing to honor such check and in accepting or refusing to accept any such debit entry, whether with or without cause and whether intentionally or inadvertently. The privilege of making deposits under this service may be revoked by MFS Service Center, Inc. or MFS Fund Distributors, Inc. without prior notice, if any check is not paid upon presentation or any debit entry not accepted. MFS Service Center, Inc. shall be under no obligation to notify the investor as to the nonpayment of any check or the nonacceptance of any debit entry. This service may be discontinued by the investor by telephone or by written notice at any time to MFS Service Center, Inc. Instructions must be received 10 days prior to the next draft to be effective for that draft.

5. Ways to Reduce Your Sales Charge on Class A Shares

Please refer to the prospectus for the appropriate sales charge levels for Right of Accumulation and for Letter of Intent.

◯ **Right of Accumulation (ROA)** I qualify for the Right of Accumulation privilege as described in the Prospectus and Statement of Additional Information. Please link accounts with the following Social Security or Taxpayer ID numbers.

SOCIAL SECURITY NUMBER

SOCIAL SECURITY NUMBER

TAXPAYER ID NUMBER FOR THE ENTITY

TAXPAYER ID NUMBER FOR THE ENTITY

◯ **Letter of Intent (LOI)** To qualify for a reduced sales charge, I agree to the Letter of Intent, including the escrow agreement, as described in the prospectus and Statement of Additional Information. Although I am not obligated, it is my intention to invest within a 13-month period in shares of one or more of the MFS funds in an aggregate amount (among qualifying accounts) at least equal to:

◯ $50,000

◯ $100,000

◯ $250,000

◯ $500,000

◯ $1,000,000

If you intend to invest $1 million or more, the period is extended to 36 months.

6. Authorization

Please sign your name exactly as it appears on your account and in capacity for Trusts/Corporations/Scholarships.

I authorize MFS Service Center, Inc. (MFSC), and its affiliates and the fund to act on any instructions believed to be genuine for any service authorized on this form. I agree they will not be held liable for any resulting loss. It is understood that this authorization may be terminated by me at any time by written notification to the fund(s). Any such notification shall be effective only with respect to entries made after the receipt of such notification and a reasonable amount of time to act on it.

ACCOUNT OWNER'S SIGNATURE

DATE

7. Signature Validation Program (SVP)

MFSC requires an original SVP stamp imprint on certain maintenance and non-financial requests for your protection. An SVP stamp is required for some options in Section 4. If you cannot obtain an SVP stamp, we will accept a signature guarantee stamp in lieu of it.

AFFIX GUARANTEE STAMP HERE

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.

8. eDelivery

Sign me up to receive fund documents online.

I consent to delivery of the selected documents by e-mail (eDelivery). I understand that when a new document is available, MFS will send me an e-mail notifying me where these documents can be viewed and printed. I understand that all accounts in MFS funds registered under my Social Security Number/TIN will be enrolled for this service. This consent is effective immediately and will remain in effect until I revoke it. I may revoke my consent or request paper copies of any documents MFS is required to deliver to me at any time for no additional charge. I will notify MFS promptly of any change to my e-mail address. I understand that if MFS cannot obtain a valid e-mail address, documents may be delivered to me by US mail. I have Internet access and an e-mail address to receive documents electronically (plus a printer or other device to print or save documents I may wish to retain). eDelivery is free, but Internet access and telephone charges may apply.

I would like to receive the following documents via eDelivery:

- ◯ Prospectuses/Annual and Semiannual Reports/Supplements
- ◯ Proxies
- ◯ All fund documents
- ◯ Check if new e-mail address

E-MAIL ADDRESS (IF COMPLETED, EDELIVERY WILL BE ADDED TO YOUR ACCOUNT)

In addition, you can sign up for eDelivery of quarterly statements through MFS Access. Log in with your user name and password, and then click the **Setup/Change eDelivery** link on the left-hand navigation bar. If you don't currently have an account on MFS Access, you can sign up by going to **mfs.com** and clicking on MFS® Access. **Please note:** eDelivery of statements is not available on all types of mutual fund accounts. If you own your MFS fund shares through a financial institution, or for certain retirement plans, eDelivery of statements may not be available to you.

9. Dealer Change Authorization

Please contact your financial advisor for the branch number and Registered Representative number.

FIRM NAME

FIRM NUMBER

REGISTERED REPRESENTATIVE'S FIRST NAME

MI

LAST NAME

BRANCH STREET ADDRESS

CITY

STATE

ZIP CODE

BRANCH NUMBER

REGISTERED REPRESENTATIVE'S NUMBER

REGISTERED REPRESENTATIVE'S PHONE NUMBER

REGISTERED REPRESENTATIVE'S E-MAIL ADDRESS

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