

MFS® 529 SAVINGS PLAN SERVICE FORM



This form should be used to update or add account privileges to any MFS 529 Savings Plan accounts. 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

Additional documentation may be required for Trust, Corporation or Scholarship account owners.

ACCOUNT OWNER'S FIRST NAME	MI	LAST NAME
<input type="text"/>	<input type="text"/>	<input type="text"/>
SOCIAL SECURITY NUMBER		
<input type="text"/>	<input type="text"/>	<input type="text"/>

BENEFICIARY'S FIRST NAME	MI	LAST NAME
<input type="text"/>	<input type="text"/>	<input type="text"/>
DATE OF BIRTH (MM/DD/YYYY)		SOCIAL SECURITY NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please provide your mailing address:

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

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

STREET ADDRESS		
<input type="text"/>	<input type="text"/>	<input type="text"/>
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
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

^{*} 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.)

Start on the _____ day of _____ (month).

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

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
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____

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.)

Start on the _____ day of _____ (month).

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

Exchange

FROM FUND NUMBER	TO FUND NUMBER	DOLLAR AMOUNT
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ _____
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ _____
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ _____
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ _____

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.

Note: ACH transactions will be permitted unless you select "The bank information I am providing is for Federal Wire withdrawals only."

The bank information I am providing is for Federal Wire withdrawals only.

Please indicate whether the bank information below is to be added to your account in addition to the existing information or to change the existing information.

Add New Change Existing

NAME ON CHECKING/SAVINGS ACCOUNT

Type of Account: Checking Savings

BANK NAME

BANK ACCOUNT NUMBER

ROUTING NUMBER (IF DIFFERENT FROM VOIDED CHECK)

Attach a voided check or preprinted deposit slip.

Note: Only preprinted deposit slips will be accepted for savings accounts. In order to buy or sell over the automated telephone system and/or at mfs.com, you must activate these services by setting up a PIN.

For Automatic Investment Programs

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 liability whatsoever in honoring or refusing to honor any 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 MFSC or MFS Fund Distributors, Inc., without prior notice, if any check is not paid upon presentation or any debit entry is not accepted. MFSC 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 to MFSC at any time. 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.

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SOCIAL SECURITY NUMBER

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SOCIAL SECURITY NUMBER

TAXPAYER ID NUMBER FOR THE ENTITY

TAXPAYER ID NUMBER FOR THE ENTITY

Letter of Intent (LOI)

- New Replace Existing

If a selection is not made above, MFSC will add a new Letter of Intent in the amount indicated below.

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 \$1,000,000 or more, the period is 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

I consent to the delivery of all MFS Fund documents electronically (“eDelivery”). I understand that this election constitutes a global consent for all current and future Fund and account documents that MFS provides and is able to furnish to me via eDelivery including prospectuses, shareholder reports and other fund-related communications and disclosures. When possible, documents that MFS does not currently provide via eDelivery will also be provided to me via eDelivery subject to this global consent.

I understand that MFS will send an e-mail notifying me of when these documents are available for viewing. I understand that all accounts in MFS Funds registered under my Social Security number/TIN will be enrolled for eDelivery. This consent is effective immediately and will remain in effect until I revoke it. I may revoke my consent at any time by submitting a request in writing to MFSC or by visiting MFS Access and clicking on “Setup/Change eDelivery.” I understand that the revocation of my consent will result in the discontinuance of eDelivery for all documents covered by this consent. I may 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 changes to my e-mail address by either submitting a request in writing or through MFS Access by clicking on “Setup/Change eDelivery.” I understand that if MFS cannot obtain a valid e-mail address, documents will be delivered to me by USPS.

I acknowledge that I have Internet access, an e-mail address, and all the software* necessary to receive and view documents electronically. I acknowledge that while eDelivery is free, Internet access and telephone charges may apply.

I would like to receive the fund’s documents via eDelivery at the following e-mail address:

*That is to say, appropriate browser software such as Microsoft® Internet Explorer® or the equivalent as well as e-mail software and communications access to the Internet. In order to print materials that have been delivered electronically you must also have access to a printer. Some documents may be available to view in the Portable Document Format (PDF). In order to view these documents you must have Adobe® Acrobat® Reader® software.

Account Statements

In addition, once your account is established, you can sign up for eDelivery of account statements or transaction details 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 do not 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 for 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.

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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

AUTHORIZED SIGNER OF BROKER/DEALER FIRM (REQUIRED)

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