



MFS[®] COVERDELL ESA CHANGE FORM

1. Account Information

Current Responsible Person's Name _____

Mailing Address _____ Daytime Phone # (_____) _____ - _____

City _____ State _____ Zip Code _____

Current Beneficiary Name _____ Social Security Number _____ - _____ - _____

Registered Rep's Name _____ Reg. Rep's Phone # (_____) _____ - _____

All Coverdell ESA accounts under the above Social Security Number will be updated.

2. Beneficiary (An eligible person for whose benefit the account is established) – This new designation will cancel previous designations you have made for this Coverdell ESA. **A signature guarantee is required in Section 7.**

New Beneficiary's Name _____ Social Security Number _____ - _____ - _____

New Beneficiary's Date of Birth (Required) _____ / _____ / _____

3. Contingent Beneficiary (A person for whose benefit the account passes on upon the death of the beneficiary) – This new designation will cancel previous designation you have made for this Coverdell ESA. For additional contingent beneficiaries attach a separate list.

Contingent Beneficiary's Name _____ Social Security Number _____ - _____ - _____

Contingent Beneficiary's Date of Birth (Required) _____ / _____ / _____

4. Responsible Person (A person of legal age who establishes and controls the account) – This designation will cancel previous designations you have made for this Coverdell ESA. **A signature guarantee is required in Section 7.**

New Responsible Person's Name _____ Daytime Phone # (_____) _____ - _____

Mailing Address _____

City _____ State _____ Zip Code _____

5. Successor Responsible Person (A person who, upon the death of the responsible person, assumes control of the account) – This new designation will cancel all previous designations you have made for this Coverdell ESA.

Successor Responsible Person's Name _____

Mailing Address _____ Daytime Phone # (_____) _____ - _____

City _____ State _____ Zip Code _____

6. Additional Mail - If you would like additional statements to be received by another party, please indicate mailing instructions.

Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

7. Authorization – (Must be signed by current Responsible Person)

As Responsible Person, I authorize the change(s) requested on this form and certify that the Beneficiary of this Coverdell ESA meets the age and relationship requirements, as outlined in the MFS Coverdell ESA Trust Agreement and Disclosure Statement.

Responsible Person's Signature

Date

Signature Guarantee

A signature guarantee is required if:

- ✓ You are changing the Beneficiary of the Coverdell ESA, or
- ✓ You are changing the Responsible Person of the Coverdell ESA.

Signature Guarantee

AFFIX GUARANTEE 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 Retirement Plan Services Department, any business day, at 1-800-637-1255.

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