

MFS[®] COVERDELL ESA CHANGE FORM



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

1. Account Information

CURRENT RESPONSIBLE PERSON'S NAME

DAYTIME PHONE WITH AREA CODE

MAILING ADDRESS

CITY

STATE

ZIP CODE

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 and exchanges into and out of this account.

CURRENT BENEFICIARY NAME

SOCIAL SECURITY NUMBER

REGISTERED REPRESENTATIVE'S NAME

REGISTERED REPRESENTATIVE'S PHONE WITH AREA CODE

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 made for this Coverdell ESA. The new beneficiary must be under 30 years of age, and must be a "member of the family" as defined in the Coverdell CESA Disclosure Statement.

A signature guarantee is required in Section 6.

NEW BENEFICIARY'S NAME

SOCIAL SECURITY NUMBER

NEW BENEFICIARY'S DATE OF BIRTH (MM/DD/YYYY) **REQUIRED**

3. Contingent Beneficiary (A person for whose benefit the account passes to upon the death of the beneficiary)

This new designation will cancel previous designations 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 (MM/DD/YYYY) **REQUIRED**

4. Responsible Person (A person of legal age who establishes and controls the account.)

This designation will cancel previous designations made for this Coverdell ESA.

A signature guarantee is required in Section 6.

NEW RESPONSIBLE PERSON'S NAME

DAYTIME PHONE WITH AREA CODE

MAILING ADDRESS

CITY

STATE

ZIP CODE

- -

SOCIAL SECURITY NUMBER

/ /

DATE OF BIRTH (MM/DD/YYYY)

RESIDENTIAL ADDRESS, IF DIFFERENT FROM 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 made for this Coverdell ESA.

SUCCESSOR RESPONSIBLE PERSON'S NAME

DAYTIME PHONE WITH AREA CODE

MAILING ADDRESS

CITY

STATE

ZIP CODE

6. 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 (MM/DD/YYYY)

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.

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 Retirement Plans Service Department, any business day, at 1-800-637-1255.

Mail completed form to:

Regular mail

MFS Service Center, Inc.
P.O. Box 55824
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Overnight mail

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