

MFS[®] COVERDELL ESA DISTRIBUTION AUTHORIZATION FORM



For Education Savings Accounts Trusteed by MFS Heritage Trust Company

1. Account Information

NAME OF RESPONSIBLE PERSON

DAYTIME PHONE WITH AREA CODE

MAILING ADDRESS

CITY

STATE

ZIP CODE

REGISTERED REPRESENTATIVE'S NAME

REGISTERED REPRESENTATIVE'S PHONE WITH AREA CODE

This is my new address; please update my account information. **(Your signature must be guaranteed in Section 5.)**
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.

2. Beneficiary Information

NAME OF THE BENEFICIARY

, ,

BENEFICIARY'S DATE OF BIRTH

SOCIAL SECURITY NUMBER

3. Distribution Information

Indicate the fund and the account number from which you wish to withdraw and the amount to be distributed. If the amount of the distribution requested exceeds the amount available in the fund, all shares in that fund will be distributed.

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

Please note that if you elect to redeem all shares from any of your MFS accounts, any existing Automatic Investment or Exchange Options on the redeemed accounts will be discontinued.

4. Mailing Instructions (Check one.)

- Make check payable to me as the **responsible person** and mail to my address of record.
- Make check payable to a special payee and/or mail to a special address, as provided below.*

SPECIAL PAYEE

SPECIAL ADDRESS

CITY

STATE

ZIP CODE

- Wire proceeds to a bank account. I have attached a voided check and/or deposit slip.*

BANK TELEPHONE WITH AREA CODE

***Requires Signature Guarantee Stamp (See Section 5)**

5. Distribution Authorization (Sign exactly as account is registered.)

SIGNATURE OF RESPONSIBLE PERSON

DATE (MM/DD/YYYY)

Signature Guarantee Stamp

A signature guarantee stamp is required if:

- Your total distribution is more than \$100,000, or
- You request your check be made payable to a name other than the Responsible Person, or
- You request your check be mailed to an address other than the address of record we have on file, or
- You request the proceeds to be wired to your bank account, or
- You have notified MFS of an address change within the past 30 days.

Signature Guarantee

AFFIX GUARANTEE STAMP HERE*

*Signature guarantee stamp must not be dated. If a Medallion Guarantee is not provided, the proper form for execution is

SIGNATURE(S) GUARANTEED
_____ NAME OF ELIGIBLE GUARANTOR INSTITUTION
BY _____ SIGNATURE OF AUTHORIZED PERSON

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 Service 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