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 # (_____)_____-_____

Mailing Address _____

City _____ State _____ Zip Code_____

Registered Rep's Name _____ Registered Rep's Phone # (____)_____-_____

❑ 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 name 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 Name or Fund Number & Account Number	(Fill in amount or check "All") Amount	(Check one) Shares	Dollars	All
_____	_____	❒	❒	❒
_____	_____	❒	❒	❒
_____	_____	❒	❒	❒
_____	_____	❒	❒	❒

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: _____

_____

_____

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

Phone # of Bank (_____)_____-_____

*** REQUIRES SIGNATURE GUARANTEE STAMP (See Section 5)**

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

_____ _____ / _____ / _____

Signature of responsible person ***Date***

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 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 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