

MFS® 529 SAVINGS PLAN ACCOUNT MAINTENANCE FORM



Use this form to update or add account privileges. For detailed information regarding the shareholder services offered on this form, please refer to the MFS 529 Savings Plan Participant Agreement and Disclosure Statement, which can be obtained from mfs.com.*

- Please complete Sections 1 and 2.
- Please also complete the sections for the services you are requesting.
- Sign in Section 7 to authorize the changes. Obtain signature authentication if required for the changes requested.

If the Account Owner has multiple beneficiaries, a separate form is required for each beneficiary. If you have any questions, please call 1-888-529-0063 Monday-Friday 8AM-7PM ET.

1. Account Information (Required)

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		PHONE NUMBER
<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"/>

MAILING ADDRESS

CITY	STATE	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>

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.

REGISTERED REPRESENTATIVE'S NAME	REGISTERED REPRESENTATIVE'S PHONE NUMBER
<input type="text"/>	<input type="text"/>

2. Identify Your Accounts (Required)

Please provide your fund number and account number(s). 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.

Please update all 529 accounts under my Social Security number for the beneficiary listed in Section 1.

Or, make the update only to the account(s) listed below:

FUND NUMBER	ACCOUNT NUMBER	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

A. Automatic Investment Plan

(Please complete bank account information in Section 4. Please allow up to 10 days for setup.)

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). Additional day(s): _____

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

Contribution Options (You may choose the Enrollment Year Investment Option, the Risk-Based Investment Fund Option or a combination of both Options.)

- Enrollment Year Investment Option (Please choose an investment option and amount to be automatically invested.)
- Risk-Based Investment Fund Option (Please choose an investment option and amount to be automatically invested.)

FUND NUMBER	DOLLAR AMOUNT	FUND NUMBER	DOLLAR AMOUNT
<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	_____	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	_____
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B. Automatic Exchange Plan

Exchanges may be made within the same MFS 529 Savings Plan in the same unit class for the same beneficiary. A \$2,000 minimum balance is required in the fund from which you are exchanging.

Frequency (Choose one. If no day or frequency is chosen, investments will be made on or about the seventh day of the month.)

Start on the _____ day of _____ (month). Additional day: _____

- Monthly
- Other than monthly (check the months below)
 - Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

Exchange

FROM FUND NUMBER	TO FUND NUMBER	DOLLAR AMOUNT
<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	\$ _____
<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	\$ _____
<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	\$ _____

4. Link Your Checking or Savings Account to Your Fund Account

Linking your checking/savings account with your MFS account allows you to conveniently, quickly and securely add money to your MFS funds directly from your bank or sell units in your MFS funds over the telephone. For some accounts, you may also be able to purchase units online on **mfs.com**. 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 eligibility, fees, and applicable routing number(s) for ACH and/or Federal bank wire with your financial institution. Please also attach an original voided check or preprinted deposit slip.

By providing bank information, I understand that the fund will follow reasonable procedures to confirm that each telephone and online transaction is authentic and authorized. I agree that I bear the risk of loss for unauthorized or fraudulent telephone and online transactions and that none of the MFS 529 Savings Program and Program Manager, their affiliated companies or their directors, trustees or employees will be liable for any loss, damage or expense as a result of action in regard to, and will not be responsible for the authenticity of, any telephone or online transaction instructions that they reasonably believe to be authentic and authorized.

Please either submit an initial investment check or establish an automatic investment plan to fund your new account. If you would like to make a one-time ACH purchase from your bank account, please call the MFS 529 Savings Program at least ten days after your new account is established.

For your security, the bank information provided must have an owner in common with the MFS account registration.

ACH **or** Wire (Choose one.)

Type of Account: Checking Savings

NAME ON CHECKING/SAVINGS ACCOUNT (REQUIRED)

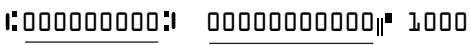
BANK NAME (REQUIRED)

BANK ACCOUNT NUMBER (REQUIRED)

BANK ROUTING NUMBER (REQUIRED)

Need help?

You can find your bank information on the bottom of one of your checks here:

	
Routing Number	Account Number

Attach an original 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.

Automatic Investment Plan Provisions

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 any liability whatsoever in honoring or refusing to honor 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 the MFS 529 Savings Program and Program Manager without prior notice, if any check is not paid upon presentation or any debit entry not accepted. The MFS 529 Savings Program 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 at any time to the MFS 529 Savings Program. 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 Participant Agreement and Disclosure for the appropriate sales charge levels for Right of Accumulation and for Letter of Intent.

List any existing MFS account holders and their respective Social Security numbers. If there are more account holders than space provided, please provide on an additional sheet.

To link accounts, they must be in the name of your spouse (or legal equivalent in certain states), your minor child, or a living trust for which one of you is the grantor.

Right of Accumulation (ROA) I qualify for the Right of Accumulation privilege as described in the prospectus. Please link accounts with the following Social Security numbers, taxpayer identification numbers, or broker identification numbers (BIN).

NAME

SOCIAL SECURITY/TAXPAYER ID NUMBER OR BROKER IDENTIFICATION NUMBER

NAME

SOCIAL SECURITY/TAXPAYER ID NUMBER OR BROKER IDENTIFICATION NUMBER

NAME

SOCIAL SECURITY/TAXPAYER ID NUMBER OR BROKER IDENTIFICATION NUMBER

NAME

SOCIAL SECURITY/TAXPAYER ID NUMBER OR BROKER IDENTIFICATION NUMBER

Letter of Intent (LOI)

New Replace Existing

If a selection is not made above, MFS 529 Savings Plan 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. 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

6. eDelivery

I consent to the delivery of all MFS 529 Savings Plan documents electronically ("eDelivery"). I understand that this election constitutes consent for all current and future Fund and account documents that the Program Manager provides and is able to furnish to me via eDelivery including transaction statements and other Plan-related communications and disclosures. When possible, documents that the Program Manager does not currently provide via eDelivery will also be provided to me via eDelivery subject to this consent.

I understand that the Program Manager will send an email notifying me of when these documents are available for viewing. I understand that all accounts in the Plan 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 the Program Manager or by visiting the MFS 529 Savings Plan Investor Portal. 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 the Program Manager is required to deliver to me at any time for no additional charge. I will notify the Program Manager promptly of any changes to my email address either by submitting a request in writing or through the MFS 529 Savings Plan online portal. I understand that if the Program Manager cannot obtain a valid email address, documents will be delivered to me by USPS.

In addition, you can sign up for eDelivery of account statements or transaction details through the MFS 529 Savings Plan Investor Portal. If you do not currently have online account access, you can sign up by going to **mfs.com**.

Note: eDelivery of statements is not available for all types of mutual fund accounts. If you own your MFS 529 Savings Plan units through a financial institution, eDelivery of statements may not be available to you.

I acknowledge that I have Internet access, an email address, and 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 MFS Savings Plan documents via eDelivery at the following email address:

EMAIL ADDRESS

7. Authorization (Required)

Please sign your name exactly as it appears on your account and in capacity for Trusts/Corporations/Scholarships.

I authorize MFS 529 Savings Plan 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 (MM/DD/YYYY)

PRINT NAME

Signature Authentication

The MFS 529 Savings Plan requires signature authentication for certain maintenance and non-financial requests for your protection. Signature authentication is required for Section 4.

Notary Public Stamp, Signature Guarantee, or Medallion Signature Guarantee Stamp

AFFIX STAMP HERE

Signature guarantees shall be accepted in accordance with policies established by the MFS 529 Savings Plan and must not be dated.

A notary public stamp can be obtained from a notary public signing agent. Both notary public signature and original notary stamp is required within the affix stamp box.

If you have any questions about this form, please contact the MFS 529 Savings Plan Service Team at 1-888-529-0063 Monday-Friday 8AM-7PM ET.

Mail completed form to:

Regular mail

MFS 529 Savings Plan
PO Box 534454
Pittsburgh, PA 15253- 4454

Overnight mail

MFS 529 Savings Plan
Attention: 534454
500 Ross Street, 154-0520
Pittsburgh, PA 15262