

Application



MFS[®] 529 Savings Plan

MFS® 529 SAVINGS PLAN

HOW TO OPEN YOUR ACCOUNT

1. To establish an MFS 529 Savings Plan account, complete the appropriate sections of the enclosed MFS 529 Savings Plan Application.
2. Make your check(s) payable to MFS 529 Savings Plan. The minimum initial contribution is \$250 per investment option/account.
3. If you are rolling over assets from (1) another 529 plan, (2) a Coverdell Education Savings Account (an Education IRA), or (3) the sale of a US Savings Bond, you must provide the Cost Basis (amounts contributed) and Earnings in Section 6. When submitting this application, you must include a statement that shows the contribution basis and earnings portion of the rollover. If a transaction statement is not provided, the rollover contribution will be classified as 100% earnings.
4. The MFS 529 Savings Plan may not accept contributions that cause the aggregate balance in plans sponsored by the Oregon 529 College Savings Network to exceed \$400,000 per beneficiary. If the aggregate value plus the amount of your contribution is greater than this limit, your contribution will be returned to you.
5. Be sure to specify your investment option and unit class. **Note that Class I units are only available for certain account owners.** See the MFS 529 Savings Plan Participant Agreement and Disclosure Statement for an explanation.
6. After your initial investment, generally you can change investment selections twice per calendar year. See the MFS 529 Savings Plan Participant Agreement and Disclosure Statement for an explanation.
7. Successor Account Owner designations are not available for Uniform Gifts/Transfers to Minors Act (UGMA/UTMA) accounts.
8. Additional MFS® forms are available to change the Designated Beneficiary, add account privileges and distribute money from the account. They can be downloaded at mfs.com.

Mail all forms with your check(s), made payable to MFS 529 Savings Plan:

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

If you have any questions, please call toll free 1-888-529-0063 Monday-Friday 8AM-7PM ET or visit our website at mfs.com.

Be sure to keep the MFS 529 Savings Plan Participant Agreement and Disclosure Statement along with a copy of your application for your records.

MFS® 529 SAVINGS PLAN APPLICATION

The MFS 529 Savings Plan is generally only available to U.S. Residents classified as U.S. Persons (citizens or resident aliens of the United States) for federal tax purposes. Both the residential address and mailing address provided must be a U.S. address.

Use this form to establish a new MFS 529 Savings Plan account. For a more detailed description of terms, please refer to the MFS 529 Savings Plan Participant Agreement and Disclosure Statement available on mfs.com.

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

You must provide the following information for each person listed on the new account: name, Social Security number, date of birth and residential address (a post office box is not acceptable). Include information for each trustee or court-appointed fiduciary, if applicable. If the account owner is an entity, (e.g., corporation, partnership, etc.) please provide the entity's name, taxpayer identification number and street address. If there is not enough space on the account application, please attach an additional page. We cannot establish your account without this information.

1. Account Owner (Complete Part A, B, or C.)

A. Individual Ownership Please refer to the MFS 529 Savings Plan Participant Agreement and Disclosure Statement for requirements for individual ownership. An individual owner must be at least 18 years of age and a U.S. Person and a U.S. resident.

Account Owner is a U.S. Person and a U.S. resident.

ACCOUNT OWNER'S FIRST NAME _____ MI _____ LAST NAME _____
 - - / / _____
SOCIAL SECURITY NUMBER DATE OF BIRTH (MM/DD/YYYY) PHONE NUMBER

ACCOUNT OWNER'S MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

RESIDENTIAL ADDRESS (IF DIFFERENT FROM MAILING ADDRESS — P.O. BOX NOT ACCEPTED) _____

CITY _____ STATE _____ ZIP CODE _____

B. UGMA/UTMA Ownership For transferred or rollover accounts only. For UGMA/UTMA ownership, the minor assumes control of the account upon attaining the Age of Majority under UGMA/UTMA in the state named in the registration; see the MFS 529 Savings Plan Participant Agreement and Disclosure Statement for details. The minor's information must be indicated in Section 2.

The account will be funded via a transfer or rollover from an UGMA or UTMA account (Required for UGMA/UTMA ownership).

UGMA **or** UTMA (Choose one.)

Custodian is a U.S. Person and a U.S. resident.

CUSTODIAN'S FIRST NAME _____ MI _____ LAST NAME _____

____-____-____
SOCIAL SECURITY NUMBER

____/____/____
DATE OF BIRTH (MM/DD/YYYY)

PHONE NUMBER

STATE OF UGMA/UTMA AGREEMENT

Note: UGMA/UTMA MFS 529 Savings Plan accounts must have the custodian's address listed as the Account Owner Address.

CUSTODIAN'S MAILING ADDRESS

CITY

STATE

ZIP CODE

RESIDENTIAL ADDRESS (IF DIFFERENT FROM MAILING ADDRESS — P.O. BOX NOT ACCEPTED)

CITY

STATE

ZIP CODE

If I am funding this account with cash proceeds from the sale of assets held in an UGMA/UTMA custodial account for the benefit of the Designated Beneficiary of this account, I am doing so in my capacity as custodian for the Designated Beneficiary. I understand that, as custodian for the MFS 529 Savings Plan, I will not be able to change the Designated Beneficiary for this account or to make withdrawals other than for the benefit of the Designated Beneficiary as permitted under the laws governing the UGMA/UTMA custodial account.

I understand that these same restrictions apply to other contributions made into this account, regardless of the source of funds.

C. Other (Corporation, Trust or Scholarship) If the owner is a Trust, include date of the trust instrument as well as the first and last page of the trust, listing the trustee. List the Trustee(s) if he/she/they is/are to be named within the account registration. If there are multiple trustees, please provide the information below for each trustee. You may provide additional information on a separate piece of paper.

NAME OF CORPORATION, TRUST OR SCHOLARSHIP

TAXPAYER ID NUMBER FOR THE TRUST/CORPORATION/SCHOLARSHIP

____/____/____
DATE OF TRUST (REQUIRED IF APPLICABLE) — (MM/DD/YYYY)

NAMED TRUSTEE(S)

____-____-____
TRUSTEE'S SOCIAL SECURITY NUMBER

____/____/____
TRUSTEE'S DATE OF BIRTH (MM/DD/YYYY)

TRUSTEE'S TELEPHONE NUMBER

CORPORATION, TRUSTEE, OR SCHOLARSHIP MAILING ADDRESS

CITY

STATE

ZIP CODE

RESIDENTIAL ADDRESS (IF DIFFERENT FROM MAILING ADDRESS — P.O. BOX NOT ACCEPTED)

CITY

STATE

ZIP CODE

2. Designated Beneficiary (An eligible person for whose benefit the account is established.)

Beneficiary is a U.S. Person and a U.S. resident.

BENEFICIARY'S FIRST NAME

MI

LAST NAME

□□□□ - □□ - □□□□□□

BENEFICIARY'S SOCIAL SECURITY NUMBER

□□□□ / □□□□ / □□□□□□

DATE OF BIRTH (MM/DD/YYYY)

The Designated Beneficiary's address is the same as the Account Owner Address provided in Section 1, OR Designated Beneficiary address (if different).

MAILING ADDRESS

CITY

STATE

ZIP CODE

3. Successor Account Owner

Successor Account Owner (An individual, trust or other entity who assumes control of the account upon the death or resignation of the Individual Account Owner. A Successor Account Owner is not allowed for UGMA/UTMA accounts.)

Successor Account Owner is a U.S. Person and a U.S. resident.

SUCCESSOR ACCOUNT OWNER'S NAME (FIRST/MI/LAST) OR NAME OF TRUST OR OTHER ENTITY

□□□□ - □□ - □□□□□□

SOCIAL SECURITY NUMBER/TAXPAYER ID NUMBER (TIN)

□□□□ / □□□□ / □□□□□□

DATE OF BIRTH OR TRUST DATE (MM/DD/YYYY)

4. Dealer Information

MFS cannot accept an account application without all of the dealer information completed. This includes the signature of an authorized person from the firm.

We authorize the Program Manager, Vestwell State Savings, LLC ("Vestwell"), to act as our agent in connection with transactions under this authorization form and agree to notify the Program Manager of any purchase made under the Letter of Intent or Right of Accumulation. We hereby consent to the incorporation of the terms of the MFS 529 Savings Plan Supplement to Dealer Agreement (or MFS 529 Savings Plan Supplement to Mutual Fund Agreement, as applicable) into the terms of our Dealer Agreement with MFS Fund Distributors, Inc. (or the Mutual Fund Agreement, as applicable) by reference, and also consent to the incorporation of the Dealer Agreement and MFS 529 Savings Plan Supplement to Dealer Agreement (or the Mutual Fund Agreement and MFS 529 Savings Plan Supplement to Mutual Fund Agreement, as applicable) herein by reference.

We guarantee the investors' signature and certify that we have verified the identity of the investors.

REGISTERED REPRESENTATIVE'S FIRST NAME

MI

LAST NAME

FIRM NAME

FIRM NUMBER

BRANCH STREET ADDRESS

CITY

STATE

ZIP CODE

BRANCH NUMBER

REGISTERED REPRESENTATIVE'S NUMBER

REGISTERED REPRESENTATIVE'S TELEPHONE NUMBER

REGISTERED REPRESENTATIVE'S EMAIL ADDRESS

BROKERAGE ACCOUNT NUMBER (If applicable)

AUTHORIZED SIGNER OF BROKER/DEALER FIRM (REQUIRED)

DATE (MM/DD/YYYY)

Class I unit Eligibility (optional)

This unit class is not available to all investors; this section is required to confirm that the Account Owner is eligible to purchase Class I units. In order to invest in Class I units, the Financial Professional must indicate in what capacity the investor is eligible to purchase these units by checking the applicable category below:

- The Financial Intermediary (Dealer) has entered into an agreement with the Program Distributor to offer Class I units.
- Investor is an employee or former employee of MFS and its subsidiaries who were employed by MFS or its subsidiaries on or after January 1, 2013.
- Investor is a trustee or former trustees of any investment company for which MFD serves as a distributor and who served as trustee on or after January 1, 2013.

5. Source of Funding

MFS 529 Savings Plan Contribution (Make your check payable to MFS 529 Savings Plan and/or complete Section 9 for an Automatic Investment Plan.)

Wiring Contributions to MFS

The funds to open this account will be wired according to the instructions below.

Wire funds to: Bank of New York Mellon, N.A.
ABA # 011001234
Account # 638919

For further credit to MFS 529 Savings Plan for:

DESIGNATED BENEFICIARY'S NAME

Wire order trade placed through my financial professional _____
CONFIRMATION NUMBER

Rollover from a Coverdell Education Savings Account (an education IRA), another Section 529 qualified tuition program or proceeds from the sale of US Savings Bonds. **Contact your current program manager and determine their requirements to complete the rollover.** Please provide the name of your current program manager if they require a letter of acceptance from the MFS 529 Savings Plan in order to complete your rollover request from their plan to the MFS 529 Savings Plan. Please also complete Section 6, Basis and Earnings.

NAME OF ACCOUNT OWNER OF THE ACCOUNT TO BE ROLLED OVER TO MFS

ACCOUNT NUMBER OF THE ACCOUNT TO BE ROLLED OVER TO MFS

NAME OF THE FBO (BENEFICIARY) OF THE ACCOUNT TO BE ROLLED OVER TO MFS

NAME OF CURRENT CUSTODIAN

ADDRESS OF CURRENT CUSTODIAN

CITY

STATE

ZIP CODE

- Transfer from an existing MFS 529 account due to an owner or beneficiary change. A 529 Savings Plan Change Form is included with this application.

The minimum initial contribution is \$250 per investment option/account. There is no minimum for additional contributions.

6. Basis and Earnings (Applicable for rollover contributions)

Provide a breakdown of the basis (contributions) and earnings below. This form along with a statement that shows the contribution basis and earnings portion of the rollover must be included.

\$ _____
BASIS (CONTRIBUTIONS)

\$ _____
EARNINGS

Contributions and rollovers will be accepted only to the extent that they do not exceed the maximum limit described in the MFS 529 Savings Plan Participant Agreement and Disclosure Statement. If a transaction statement is not provided, the rollover contribution will be classified as 100% earnings.

7. Contribution Instructions

The MFS 529 Savings Plan provides a two-tiered approach to investment options. You may choose the Enrollment Year Investment Option, the Risk-Based Investment Option or a combination of both options. Indicate the investment option(s) and investment amount(s) desired.

- To choose both the Enrollment Year Investment Option and the Risk-Based Investment Option, please complete both Part I and Part II.
- To choose only the Enrollment Year Investment Option, please complete Part I only.
- To choose only the Risk-Based Investment Option, please complete Part II only. **Note that Class I units are only available for certain account owners.** See the MFS 529 Savings Plan Participant Agreement and Disclosure Statement for an explanation.
- If "Transfer" was chosen in Section 5 due to an Account Owner change, the accounts will be transferred using the same investment option(s) and allocation(s) as the transferred account, unless otherwise indicated on the next page.

I. Enrollment Year Investment Option

Unit class: Class A Unit class: Class I

Choosing the Enrollment Year Investment Option requires that you select a unit class. The initial purchase of units under this option should be allocated based on the Designated Beneficiary's age and their projected enrollment year. Indicate the amount or percentage you wish to contribute to each Enrollment Year Investment Option by identifying the fund number. For a complete list of all MFS 529 Savings Plan Investment Options and fund numbers refer to the 529 Savings Plan investment option list attached to this application.

II. Risk-Based Investment Option

Unit class: Class A Unit class: Class I

Choosing the Risk-Based Investment Option(s) requires that you select a unit class. Indicate the amount or percentage you wish to contribute to each Risk-Based Investment Option by identifying the fund number. For a complete list of all MFS 529 Savings Plan Investment Options and fund numbers refer to the 529 Savings Plan investment option list attached to this application.

FUND NUMBER	FUND NAME	PERCENTAGE		DOLLAR AMOUNT
<input type="text"/>	<input type="text"/>	<input type="text"/>	OR	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	OR	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	OR	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	OR	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	OR	<input type="text"/>

Total amount invested in Investment Option(s). If you are listing percentages to allocate the total amount invested the total percentage must equal 100%. \$

8. Ways to Reduce Your Sales Charge on Class A Units

Please refer to the MFS 529 Savings Plan Participant Agreement and Disclosure Statement 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.

Right of Accumulation

I qualify for the Right of Accumulation privilege as described in the MFS 529 Savings Plan Participant Agreement and Disclosure Statement. Please link accounts with the following Social Security numbers, taxpayer identification numbers, or broker identification numbers (BIN) to this new account.

<input type="text"/>	<input type="text"/>
NAME	SOCIAL SECURITY/TAXPAYER ID NUMBER OR BROKER ID NUMBER
<input type="text"/>	<input type="text"/>
NAME	SOCIAL SECURITY/TAXPAYER ID NUMBER OR BROKER ID NUMBER
<input type="text"/>	<input type="text"/>
NAME	SOCIAL SECURITY/TAXPAYER ID NUMBER OR BROKER ID NUMBER

Letter of Intent (LOI)

To qualify for a reduced sales charge, I agree to the Letter of Intent, including the escrow agreement, as described in the MFS 529 Savings Plan Participant Agreement and Disclosure Statement. Although I am not obligated, it is my intention to invest over a 13-month period in units of one or more of the MFS funds in an aggregate amount (among qualifying accounts) at least equal to:

- \$50,000 \$500,000
- \$100,000 \$1,000,000
- \$250,000

9. Automatic Investment Programs

A. Automatic Investment Plan

(Please complete bank account information in Section 10. 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 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 type="text"/>	<input type="text"/>	_____	<input type="text"/>	<input type="text"/>	_____
<input type="text"/>	<input type="text"/>	_____	<input type="text"/>	<input type="text"/>	_____

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 type="text"/>	<input type="text"/>	\$ _____
<input type="text"/>	<input type="text"/>	\$ _____
<input type="text"/>	<input type="text"/>	\$ _____

10. Link Your Checking/Savings Account to Your MFS 529 Savings Plan Account

Linking your checking/savings account with your MFS account allows you to conveniently, quickly and securely add money to your MFS 529 Savings Plan account directly from your bank or sell units in your MFS Investment Options 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.

11. eDelivery

I consent to the delivery of all MFS 529 Savings Plan documents electronically (“eDelivery”). I understand that this election constitutes a 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 Investor Portal. I understand that if the Program Manager cannot obtain a valid email address, documents will be delivered to me by USPS.

In addition, once your account is established, 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

12. Signature and Certification

I hereby establish an Account in the MFS 529 Savings Plan and (1) acknowledge that I am of legal age; (2) acknowledge that I have received and read the current prospectus(es) for the fund(s) chosen in Section 7, as well as the MFS 529 Savings Plan Participant Agreement and Disclosure Statement; (3) agree that an annual maintenance fee of \$25 may be deducted from my account if not paid separately; (4) certify that, under the penalty of perjury, the Social Security number(s) shown above is/are correct. I understand that the Program Manager may be required to use information provided in this application to verify the identity of investors. In the event that the Program Manager, on behalf of the fund, is unable to verify the identity of investors, the Program Manager reserves the right to take additional steps, up to and including closing the account, if required by applicable law.

ACCOUNT OWNER'S SIGNATURE

DATE (MM/DD/YYYY)

PRINT NAME

Custodian must sign for UGMA/UTMA MFS 529 Savings Plans.

MFS® 529 SAVINGS PLAN

INVESTMENT OPTIONS



CLASS A

Enrollment year investment options that correspond with the beneficiary's expected college enrollment date.

BIRTH RANGE	FUND NAME	FUND NUMBER
9/1/1999 TO 8/31/2000	ENROLLMENT YEAR 2018 FUND	1002
9/1/2000 TO 8/31/2001	ENROLLMENT YEAR 2019 FUND	1003
9/1/2001 TO 8/31/2002	ENROLLMENT YEAR 2020 FUND	1004
9/1/2002 TO 8/31/2003	ENROLLMENT YEAR 2021 FUND	1005
9/1/2003 TO 8/31/2004	ENROLLMENT YEAR 2022 FUND	1006
9/1/2004 TO 8/31/2005	ENROLLMENT YEAR 2023 FUND	1007
9/1/2005 TO 8/31/2006	ENROLLMENT YEAR 2024 FUND	1008
9/1/2006 TO 8/31/2007	ENROLLMENT YEAR 2025 FUND	1009
9/1/2007 TO 8/31/2008	ENROLLMENT YEAR 2026 FUND	1010
9/1/2008 TO 8/31/2009	ENROLLMENT YEAR 2027 FUND	1011
9/1/2009 TO 8/31/2010	ENROLLMENT YEAR 2028 FUND	1012
9/1/2010 TO 8/31/2011	ENROLLMENT YEAR 2029 FUND	1013
9/1/2011 TO 8/31/2012	ENROLLMENT YEAR 2030 FUND	1014
9/1/2012 TO 8/31/2013	ENROLLMENT YEAR 2031 FUND	1015
9/1/2013 TO 8/31/2014	ENROLLMENT YEAR 2032 FUND	1016
9/1/2014 TO 8/31/2015	ENROLLMENT YEAR 2033 FUND	1017
9/1/2015 TO 8/31/2016	ENROLLMENT YEAR 2034 FUND	1018
9/1/2016 TO 8/31/2017	ENROLLMENT YEAR 2035 FUND	1019
9/1/2017 TO 8/31/2018	ENROLLMENT YEAR 2036 FUND	1020
9/1/2018 TO 8/31/2019	ENROLLMENT YEAR 2037 FUND	1021
9/1/2019 TO 8/31/2020	ENROLLMENT YEAR 2038 FUND	1022
9/1/2020 TO 8/31/2021	ENROLLMENT YEAR 2039 FUND	1023
9/1/2021 TO 8/31/2022	ENROLLMENT YEAR 2040 FUND	1024
9/1/2022 TO 8/31/2023	ENROLLMENT YEAR 2041 FUND	1025
9/1/2023 TO 8/31/2024	ENROLLMENT YEAR 2042 FUND	1033

The following risk-based fund investments are also available.

RISK-BASED FUND NAME	FUND NUMBER
AGGRESSIVE GROWTH ALLOCATION FUND	1026
GROWTH ALLOCATION FUND	1027
MODERATE ALLOCATION FUND	1028
CONSERVATIVE ALLOCATION FUND	1029
LIFETIME INCOME FUND	1030
LIMITED MATURITY FUND	1031
US GOVT CASH RESERVE FUND	1032

MFS® 529 SAVINGS PLAN

INVESTMENT OPTIONS



CLASS I

Enrollment year investment options that correspond with the beneficiary's expected college enrollment date. **Note that Class I units are only available for certain account owners.** See the MFS 529 Savings Plan Participant Agreement and Disclosure Statement for an explanation.

BIRTH RANGE	FUND NAME	FUND NUMBER
9/1/1999 TO 8/31/2000	ENROLLMENT YEAR 2018 FUND	8002
9/1/2000 TO 8/31/2001	ENROLLMENT YEAR 2019 FUND	8003
9/1/2001 TO 8/31/2002	ENROLLMENT YEAR 2020 FUND	8004
9/1/2002 TO 8/31/2003	ENROLLMENT YEAR 2021 FUND	8005
9/1/2003 TO 8/31/2004	ENROLLMENT YEAR 2022 FUND	8006
9/1/2004 TO 8/31/2005	ENROLLMENT YEAR 2023 FUND	8007
9/1/2005 TO 8/31/2006	ENROLLMENT YEAR 2024 FUND	8008
9/1/2006 TO 8/31/2007	ENROLLMENT YEAR 2025 FUND	8009
9/1/2007 TO 8/31/2008	ENROLLMENT YEAR 2026 FUND	8010
9/1/2008 TO 8/31/2009	ENROLLMENT YEAR 2027 FUND	8011
9/1/2009 TO 8/31/2010	ENROLLMENT YEAR 2028 FUND	8012
9/1/2010 TO 8/31/2011	ENROLLMENT YEAR 2029 FUND	8013
9/1/2011 TO 8/31/2012	ENROLLMENT YEAR 2030 FUND	8014
9/1/2012 TO 8/31/2013	ENROLLMENT YEAR 2031 FUND	8015
9/1/2013 TO 8/31/2014	ENROLLMENT YEAR 2032 FUND	8016
9/1/2014 TO 8/31/2015	ENROLLMENT YEAR 2033 FUND	8017
9/1/2015 TO 8/31/2016	ENROLLMENT YEAR 2034 FUND	8018
9/1/2016 TO 8/31/2017	ENROLLMENT YEAR 2035 FUND	8019
9/1/2017 TO 8/31/2018	ENROLLMENT YEAR 2036 FUND	8020
9/1/2018 TO 8/31/2019	ENROLLMENT YEAR 2037 FUND	8021
9/1/2019 TO 8/31/2020	ENROLLMENT YEAR 2038 FUND	8022
9/1/2020 TO 8/31/2021	ENROLLMENT YEAR 2039 FUND	8023
9/1/2021 TO 8/31/2022	ENROLLMENT YEAR 2040 FUND	8024
9/1/2022 TO 8/31/2023	ENROLLMENT YEAR 2041 FUND	8025
9/1/2022 TO 8/31/2023	ENROLLMENT YEAR 2042 FUND	8033

The following risk-based fund investments are also available.

RISK-BASED FUND NAME	FUND NUMBER
AGGRESSIVE GROWTH ALLOCATION FUND	8026
GROWTH ALLOCATION FUND	8027
MODERATE ALLOCATION FUND	8028
CONSERVATIVE ALLOCATION FUND	8029
LIFETIME INCOME FUND	8030
LIMITED MATURITY FUND	8031
US GOVT CASH RESERVE FUND	8032

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 or visit our website at mfs.com.

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



The MFS[®] 529 Savings Plan is a flexible college investing plan sponsored by the state of Oregon, acting by and through the Oregon 529 College Savings Board and is part of the Oregon 529 College Savings Network. Vestwell State Savings, LLC (“Vestwell”) is the Program Manager. MFS 529 Savings Plan accounts are considered municipal fund securities.

Depending on your state of residence and the state of residence of the beneficiary, an investment in the MFS 529 Savings Plan may not afford you or your beneficiary state tax benefits or other benefits only available for investments in such state’s qualified tuition program. See your tax advisor to be sure you understand the tax issues related to a 529 plan. Withdrawals of earnings not used to pay for qualified higher education expenses are subject to an additional 10% federal tax penalty. State taxes may also apply.

There is a \$25 annual account fee associated with the MFS 529 Savings Plan. This annual fee is waived for Oregon residents. Investments in 529 plans involve investment risks. You should consider your financial needs, goals, and risk tolerance prior to investing.

Before investing in the MFS 529 Savings Plan, consider the investment objectives, risks, charges, and expenses. For a Participant Agreement and Disclosure Statement, contact the Program Manager or view online at mfs.com. Read it carefully.

Neither MFS nor the Program Manager provide legal, tax, or accounting advice. Individuals should not use or rely upon the information provided herein without first consulting with their tax or legal professional about their particular circumstances. Any statement contained in this communication (including any attachments) concerning US tax matters was not intended or written to be used, and cannot be used, for the purpose of avoiding penalties under the Internal Revenue Code. This communication was written to support the promotion or marketing of the transaction(s) or matter(s) addressed.