MFS° 529 SAVINGS PLAN CHANGE FORM



To Change: • Designated Beneficiary Complete Sections 1, 2 and 5.

- Account Owner Complete Sections 1, 3 and 5. A Medallion Signature Guarantee is required.
- Successor Account Owner Complete Sections 1, 4 and 5.

1. Account Information (For the account being changed or transferred.)

SOCIAL SECURITY NUMBER
SOCIAL SECURITY NUMBER
STATE ZIP CODE
rom making additional purchases into this account.

REGISTERED REPRESENTATIVE'S NAME

REGISTERED REPRESENTATIVE'S PHONE NUMBER

2. Change the Beneficiary Note:

- This section must be completed when designating a new beneficiary on the account.
- If transferring an account(s) to more than one beneficiary, please complete a separate form for each new beneficiary.
- You cannot change the beneficiary on an account established as an UTMA/UGMA account.

Complete this section to change the beneficiary and transfer the account balance from your current MFS 529 Savings Plan account to an MFS 529 Savings Plan account for the new beneficiary. The Designated Beneficiary of the account receiving the transferred funds must be a Member of the Family (as defined in the Program Disclosure Booklet) of the Designated Beneficiary of the account from which the funds are transferred in order to avoid any adverse state or federal income, estate, gift or transfer tax consequences.

A. Amounts to transfer from the current account to the new beneficiary.

Identify the account(s) and the portion of the account(s) to transfer by checking the option that applies. If the amount(s) is/ are to be transferred to a new MFS Account, please complete a new MFS 529 Savings Plan Account Application.

F	UND N	UMBE	R	ACCOUNT NUMBER	AMOUNT	UNI	TS	SELECT ONE: DOLLARS	ALL
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					 	C)	\bigcirc	\bigcirc

B. New beneficiary's name.

BENEFICIARY'S FIRST NAME	MI	LAST NAME	
The Designated Beneficiary's address is the s OR Designated Beneficiary address (if differe		t Owner Address provided	d in Section 1,
BENEFICIARY'S MAILING ADDRESS			
CITY		STATE	ZIP CODE
SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/Y	YYY)	

Is the new beneficiary a U.S. Person residing in the United States? (A U.S. person is a citizen or resident alien of the United States. If the new beneficiary is a non-U.S. person, the account will be restricted from making additional purchases into this account.)

🔾 Yes 🔵 No

C. Investment instructions for the new beneficiary

If there is not already an existing account for the new beneficiary, complete this form and a new MFS 529 Savings Plan Account Application. Mail this form with your new account application. Please provide investment instructions on the new 529 Savings Plan Application. Please proceed to the next applicable section of this form.

If the new beneficiary has an existing MFS 529 Savings Plan account, either select the option to choose the same investment options as the current beneficiary's account (the account being transferred), or provide allocations below.

Maintain the same investment allocations as the account for the current beneficiary

Or

Allocation instructions

Total allocation must equal the total amount indicated in section 2A or 100%. If you need additional space, attach a separate piece of paper.

				SELECT ONE.	
FUND NUMBER	ACCOUNT NUMBER	AMOUNT	UNITS	DOLLARS	ALL
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			\bigcirc	\bigcirc	\bigcirc
			\bigcirc	\bigcirc	\bigcirc
			\bigcirc	\bigcirc	\bigcirc

SELECT ONE.

3. Change the Account Owner (for account in Section 1)

Complete Section A or B below to specify the reason for the change of the Account Owner. Attach a new MFS 529 Savings Plan Application completed by the new Account Owner. A new account number will be assigned. **A Medallion Signature Guarantee is required in Section 5.** If the current Account Owner is deceased or unable to sign, please call the MFS Savings Plan at 1-888-529-0063 for instructions on completing Section 5.

Note: Please see the MFS 529 Savings Plan Participant Agreement & Disclosure Statement for details/restrictions in changing the Account Owner.

NEW ACCOUNT OWNER'S FIRST NAME	MI	LAST NAME		
NEW ACCOUNT OWNER'S MAILING ADDRESS				
CITY			STATE	ZIP CODE
SOCIAL SECURITY NUMBER	PHONE NUMBE	R		

Is the new Account Owner a U.S. Person residing in the United States? (A U.S. person is a citizen or resident alien of the United States. If the new Account Owner is a non-U.S. person or has a non-U.S. address, the account will be restricted from making additional purchases into this account.)

🔾 Yes 🔵 No

A. Death of Account Owner

Choose the appropriate option if the change of Account Owner is due to death of the Account Owner. Contact MFS at 1-888-529-0063 for specific additional documentation that may apply for each particular situation.

Select this option if the Current Account Owner is deceased and the named Successor Account Owner is assuming ownership of this MFS 529 Savings Plan. A completed MFS 529 Savings Plan Application is required along with a certified copy of the death certificate.

Select this option if the Current Account Owner is deceased and a Successor Account Owner is not on file for this MFS 529 Savings Plan. The Account Owner shall be: (1) the Executor of the Owner's Estate, or if (1) does not apply, (2) the Designated Beneficiary, if the Designated Beneficiary has reached the age of majority in accordance with the laws of the state in which the Designated Beneficiary resides, or if (1) and (2) do not apply, (3) the legal guardian of the Designated Beneficiary. A completed MFS 529 Savings Plan Application is required along with a certified copy of the death certificate.

B. Beneficiary Reached Age of Majority

Check below if the ownership change is due to the Beneficiary becoming Age of Majority in their resident state. This Change Form must be accompanied by a MFS 529 Savings Plan Application.

O Beneficiary has reached age of majority in their resident state.

4. Change or Add a Successor Account Owner (for account in Section 1)

A Successor Account Owner is an individual, trust or other entity who assumes control of the account upon the death or resignation of the Individual Account Owner.

This new designation will cancel previous designations you have made for this MFS 529 Savings Plan Account.

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

Is the new Successor Account Owner a U.S. person residing in the United States? (A U.S. person is a citizen or resident alien of the United States. If the new Account Owner is a non-U.S. person or has a non-U.S. address, the account will be restricted from making additional purchases.)

🔾 Yes 🔾 No

5. Authorization Must be signed by the current account owner or successor account owner, indicating the capacity in which you are acting, if the account owner is deceased.

As the Account Owner, I authorize the change(s) requested on this form. I certify that the information contained herein is correct and that I have read the MFS 529 Savings Plan Participant Agreement & Disclosure Statement.

SIGNATURE

Date (MM/DD/YYYY)

PRINT NAME

Medallion Signature Guarantee

A Medallion Signature Guarantee is required if you are changing the Current Account Owner of the MFS 529 Savings Plan.

AFFIX GUARANTEE STAMP HERE

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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. Medallion Signature Guarantees shall be accepted in accordance with policies established by the MFS 529 Savings Plan. Notarization by a Notary Public is not acceptable in lieu of a Medallion Signature Guarantee provided by one of the eligible guarantor institutions listed above.

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