

MFS® 529 SAVINGS PLAN DEALER CHANGE AUTHORIZATION FORM



Use this form to change broker/dealer information on your MFS 529 Savings Plan account(s).
 If you have any questions, please call 1-888-529-0063 Monday-Friday 8AM-7PM ET.

1. Account Information

ACCOUNT REGISTRATION

MAILING ADDRESS

CITY

STATE

ZIP CODE

ACCOUNT OWNER'S PHONE NUMBER

- -

SOCIAL SECURITY NUMBER

Check if all accounts under your Social Security number or taxpayer identification number (TIN) above are to be changed.

OR

Check if only specific fund account(s) are to be changed and indicate the fund and account number(s) below.

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

2. Dealer Information

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	
AUTHORIZED SIGNER OF BROKER/DEALER FIRM (REQUIRED)	DATE (MM/DD/YYYY)	

3. Right of Accumulation (ROA)

Please refer to the prospectus for the appropriate sales charge levels for Right of Accumulation. I qualify for the Right of Accumulation privilege as described in the prospectus. Please link accounts with the Social Security numbers, taxpayer identification numbers, or broker identification numbers (BIN).

NAME	SOCIAL SECURITY/TAXPAYER ID OR BROKER ID NUMBER
NAME	SOCIAL SECURITY/TAXPAYER ID OR BROKER ID NUMBER
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4. Signature(s)

All registered owners must sign.

SIGNATURE	DATE (MM/DD/YYYY)
PRINT NAME	
SIGNATURE	DATE (MM/DD/YYYY)

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