

MFS® 529 SAVINGS PLAN DISTRIBUTION AUTHORIZATION FORM



1. Account Owner Information

Additional documentation may be required if the Account Owner is a trust, corporation, scholarship or other entity.

ACCOUNT OWNER'S FIRST NAME

MIDDLE INITIAL

LAST NAME

MAILING ADDRESS

CITY

STATE

ZIP CODE

This is my new address; please update my account information. (A Medallion Signature Guarantee is required 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.

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SOCIAL SECURITY NUMBER

PHONE NUMBER

REGISTERED REPRESENTATIVE'S NAME

REGISTERED REPRESENTATIVE'S PHONE NUMBER

2. Designated Beneficiary Information

DESIGNATED BENEFICIARY'S FIRST NAME

MIDDLE INITIAL

LAST NAME

MAILING ADDRESS

CITY

STATE

ZIP CODE

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.

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DESIGNATED BENEFICIARY'S DATE OF BIRTH

- -

SOCIAL SECURITY NUMBER

3. Distribution Information

A. INDICATE WITHDRAWAL TYPE:

Note: The earnings portion of a distribution, other than a Qualified Distribution, is subject to federal income tax and may be subject to a 10% additional federal tax penalty. The earnings portion of the distribution (qualified or non-qualified) may also be subject to state income tax. See the MFS 529 Savings Plan Participant Agreement and Disclosure Statement for more information.

- The withdrawal is to be used for qualified higher education expenses of the Designated Beneficiary.
- The withdrawal is not to be used for qualified higher education expenses of the Designated Beneficiary.
- Trustee-to-Trustee Rollover: Indicate the name of the receiving 529 Plan or **Roth IRA Custodian** in Section 4C.
- Distribution is due to the death of the Designated Beneficiary. Assets will be distributed as indicated in Section 4, and unless previously sent to MFS, a certified copy of the death certificate must be attached to this form.
- The distribution is due to the disability of the Designated Beneficiary.
- The distribution is due to the receipt of a qualified scholarship by the Designated Beneficiary.
- The withdrawal is to be used for the repayment of a qualified education loan.

Note: There is a lifetime maximum of \$10,000 per individual.

UGMA/UTMA Distribution Certification (Required for distributions from UGMA/UTMA MFS 529 Plan accounts only.)

I certify that the distribution proceeds are being used for the benefit of the minor.

B. INDICATE WITHDRAWAL INFORMATION:

Indicate the fund and account number(s) from which you wish to withdraw and the amount to be distributed. If the amount of the distribution requested exceeds the account balance, all units in the account will be sold. If your request includes recently purchased units, the Program Manager may delay the payment of redemption proceeds of those units for a period of up to seven business days in order to enable the Program Manager to confirm that the funding has cleared. These redemption proceeds will generally be sent separately in the form of a check.

Please note that if you elect to redeem all units from any of your MFS accounts, any existing Automatic Investment or Exchange Options on the redeemed accounts will be discontinued.

FUND NUMBER	ACCOUNT NUMBER	AMOUNT	SELECT ONE:		
			UNITS	DOLLARS	ALL
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Payment Instructions

Tax Reporting: Pursuant to IRS rules, tax reporting will be done under the Social Security number of the Designated Beneficiary for any distributions made directly to the designated beneficiary or to an eligible educational or financial institution for the benefit of the designated beneficiary. Any other distributions, inclusive of a distribution made for the repayment of a qualified education loan, will be reported under the Social Security number of the Account Owner. Distribution checks for 529 UGMA/UTMA accounts will be made payable as indicated below. Please complete Part A, Part B, Part C, or Part D.

A. Withdrawal by Check Payable to Account Owner or Beneficiary

- Make the check payable to the Account Owner.
- Make the check payable to the Designated Beneficiary (A Medallion Signature Guarantee is required in Section 5 for distributions to the beneficiary that exceed \$10,000).
- Make the check payable as registered because the account is a 529 UTMA/UGMA.

All checks will be mailed to the address of record unless an alternate address is indicated below.

- Send check to an alternate address. A Medallion Signature Guarantee is required in Section 5.

SPECIAL ADDRESS

SPECIAL ADDRESS

CITY

STATE

ZIP CODE

B. Electronic Deposit to a Bank Account

Direct deposit the proceeds to my bank account. I have attached an original voided check and/or preprinted deposit slip. In lieu of an original voided check or deposit slip, you may submit a letter from your bank providing the registration, routing number, and account number with a Medallion Signature Guarantee. The letter from the bank must be on their letterhead.

Please select one of the following methods of deposit and provide bank account information below. A Medallion Signature Guarantee is required in Section 5 if the bank information provided is not yet on file or has been added or updated on your account within the past 30 days.

- ACH – If this method is chosen, the bank information provided must have an owner in common with the MFS account registration.
- Wire – Please refer to the Participant Agreement and Disclosure for the applicable fee amount.

NAME ON CHECKING/SAVINGS ACCOUNT

BANK NAME

BANK ACCOUNT NUMBER (REQUIRED)

BANK ROUTING NUMBER (REQUIRED)

C. Qualified Withdrawal to an Educational Institution or Trustee of Another 529 Plan or Roth IRA Custodian (FBO 529 Plan Beneficiary)

All checks will be mailed to the address indicated below.

- Make the check payable to an educational institution for the benefit of (FBO) the designated beneficiary. A Medallion Signature Guarantee stamp is required in Section 5 if the distribution amount exceeds \$100,000.

NAME OF EDUCATIONAL INSTITUTION

STUDENT IDENTIFICATION NUMBER

- Send the check to the educational institution's address indicated below.

EDUCATIONAL INSTITUTION ADDRESS

CITY

STATE

ZIP CODE

- Make the check payable to the trustee of another 529 plan or Roth IRA Custodian FBO the 529 Plan designated beneficiary.

NAME OF 529 PLAN or ROTH IRA CUSTODIAN

- Send the check to the 529 Plan Trustee/Roth IRA Custodian:

FINANCIAL INSTITUTION ADDRESS

CITY

STATE

ZIP CODE

D. Qualified Withdrawal to an Educational Loan Institution

Make the check payable to an educational loan institution.

A Medallion Signature Guarantee stamp is required in Section 5.

NAME OF EDUCATIONAL LOAN INSTITUTION

STUDENT LOAN NUMBER

- Send the check to the educational loan institution's address indicated below.

EDUCATIONAL LOAN INSTITUTION ADDRESS

CITY

STATE

ZIP CODE

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

SIGNATURE OF THE ACCOUNT OWNER

DATE (MM/DD/YYYY)

PRINT NAME

Medallion Signature Guarantee

A Medallion Signature Guarantee stamp is **required** if:

- The total distribution is more than \$100,000.00 per account, or
- The check is to be payable to a name other than the Account Owner or an educational or financial institution, or
- The check is to be made payable to an educational loan institution, or
- The check is made payable to the Designated Beneficiary and the distribution is greater than \$10,000.00, or
- You are acting on behalf of the Account Owner under a Power of Attorney, or
- The check is to be mailed to an address other than either the address of record we have on file or an educational or financial institution, or
- The proceeds are to be direct deposited to a new bank account not currently associated with your MFS 529 Savings Plan account (see Section 4), or
- The Program Manager has been notified of an address change within the past 30 days.

AFFIX GUARANTEE STAMP HERE

Medallion Signature Guarantee stamp must not be dated. 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 will 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.

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