

MFS® 529 SAVINGS PLAN SYSTEMATIC WITHDRAWAL FORM



A minimum account value (per fund account) of \$5,000 is required to establish this service. Additional documentation may be required if the Account Owner is a trust, corporation, scholarship or other entity.

1. Account Information

ACCOUNT OWNER'S FIRST NAME _____ MI _____ LAST NAME _____

- -

SOCIAL SECURITY NUMBER _____ PHONE NUMBER _____

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.

REGISTERED REPRESENTATIVE'S NAME _____ REGISTERED REPRESENTATIVE'S PHONE NUMBER _____

2. Designated Beneficiary Information

BENEFICIARY'S FIRST NAME _____ MI _____ LAST NAME _____

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SOCIAL SECURITY NUMBER _____ DATE OF BIRTH (MM/DD/YYYY) / /

DESIGNATED BENEFICIARY'S MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

This is the beneficiary's new address; please update the account information.

Note: If the new address is a non-U.S. address, you will be restricted from making additional purchases into this account.

3. Distribution Information

Certain distributions may be subject to Contingent Deferred Sales Charge (CDSC).

Make the withdrawal from

FUND NUMBER _____ ACCOUNT NUMBER _____

- 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.

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. If the reason for withdrawal changes, it's the responsibility of the Account Owner to notify MFS. See the MFS 529 Savings Plan Participant Agreement and Disclosure Statement for more information. Refer to the prospectus for a description of the systematic withdrawal plan.

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.

Frequency (Choose one.) If no day or frequency is chosen, withdrawals will be made on or about the 24th of each month. Distributions will occur at the frequency indicated and will be processed on or about the same day of the month. Please allow at least 10 days from the day the form is mailed for the systematic withdrawal plan to start drafting.

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

\$_____ per payment (\$50 minimum if made by check).

4. Payment Instructions (Choose one.)

- Make check payable to the **Account Owner**. (A Medallion Signature Guarantee is required in Section 6 if the address on the account has been changed within 30 days of the first draft.)
- Make check payable to the **Designated Beneficiary**. Signature authentication is required in Section 6.
- Electronically deposit to my bank account via **ACH**. I have attached an original voided check and/or preprinted deposit slip. For your security, the bank information provided must have an owner in common with the MFS account registration. Signature authentication is required in Section 6 if the bank information provided is not yet on file or has been added or updated on your account within the past 30 days. A Medallion Signature Guarantee is required in Section 6 if the bank information provided is not yet on file and an original voided check or preprinted deposit slip is not provided. 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 in Section 6. The letter from the bank must be on their letterhead.

Type of Account: Checking Savings

NAME ON CHECKING/SAVINGS ACCOUNT **(REQUIRED)**

BANK NAME **(REQUIRED)**

BANK ACCOUNT NUMBER **(REQUIRED)**

BANK ROUTING NUMBER **(REQUIRED)**

- Make check payable to an eligible educational institution FBO the designated beneficiary.

NAME OF EDUCATIONAL INSTITUTION

STUDENT IDENTIFICATION NUMBER

5. Mailing Instructions (Choose one, if applicable.)

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

- Mail to Beneficiary Address.
- Mail to Address of Educational Institution.
- Mail to an Alternate Address below. Medallion Signature Guarantee is required in Section 6.

MAILING ADDRESS

MAILING ADDRESS

CITY STATE ZIP CODE

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

SIGNATURE OF THE ACCOUNT OWNER DATE (MM/DD/YYYY)

PRINT NAME

Signature Authentication

A signature authentication is required if:

- The check is to be payable to a name other than the Account Owner as registered or to an educational institution, or
- The check is to be mailed to the address of record and the address has been changed within 30 days of the first draft, or
- The check is to be mailed to an address other than either the address of record we have on file or an educational institution, or
- The proceeds are to be direct deposited to your bank account (See Section 4).

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

AFFIX STAMP HERE

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. 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 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