

# MFS® 529 SAVINGS PLAN CHANGE FORM

(Not to be used for UTMA/UGMA 529 accounts)



- To Change:**
- **Designated Beneficiary** (Complete Sections 1, 2 and 6. A Medallion Signature Guarantee is required.)
  - **Account Owner** (Complete Sections 1, 3 and 6. A Medallion Signature Guarantee is required.)
  - **Contingent Beneficiary** (Complete Sections 1, 4 and 6.)
  - **Successor Account Owner** (Complete Sections 1, 5 and 6.)

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

CURRENT ACCOUNT OWNER'S NAME	<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"/>
	SOCIAL SECURITY NUMBER
CURRENT DESIGNATED BENEFICIARY'S NAME	<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"/>
	SOCIAL SECURITY NUMBER
ACCOUNT OWNER'S MAILING ADDRESS	
CITY	STATE ZIP CODE
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
FUND NUMBER	ACCOUNT NUMBER
ACCOUNT OWNER'S DAYTIME TELEPHONE NUMBER	
REGISTERED REPRESENTATIVE'S NAME	REGISTERED REPRESENTATIVE'S TELEPHONE 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.

Complete this section to change the beneficiary and transfer the account balance from your existing MFS 529 Savings Plan account to an MFS 529 Savings Plan account for the new beneficiary. **A Medallion Signature Guarantee is required in Section 6.** The Designated Beneficiary of the account receiving the transferred funds must be a Member of the Family (as defined in Section C below) 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 existing 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.

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

**B. New beneficiary's name.**

BENEFICIARY'S FIRST NAME

MI

LAST NAME

MAILING ADDRESS

CITY

STATE

ZIP CODE

-

SOCIAL SECURITY NUMBER

,,

DATE OF BIRTH (MM/DD/YYYY)

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. Relationship between old and new beneficiaries.**

In order for the change of Designated Beneficiary to be non-taxable and penalty-free for federal income tax purposes, the New Designated beneficiary of the account must be a Member of the Family of the prior Designated Beneficiary. Is the new beneficiary a "Member of the Family" to the original beneficiary under Code Section 529?

☐ Yes ☐ No

If yes, please select below the "Member of the Family" relationship between your current beneficiary and your new beneficiary:

- ☐ the father or mother, or an ancestor of either
- ☐ a son or daughter, or a descendent of either
- ☐ a brother, sister, stepbrother or stepsister
- ☐ a stepfather or stepmother
- ☐ a stepson or stepdaughter
- ☐ a son or daughter of the brother or sister (i.e., a nephew or niece)
- ☐ a brother or sister of the father or mother (i.e., an aunt or uncle)
- ☐ a son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, sister-in-law
- ☐ the spouse of the Designated Beneficiary or the spouse of any of the individuals described above
- ☐ a first cousin

#### D. 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.

For existing accounts, either select the option to choose the same investment options as the existing beneficiary's account, or provide allocations below. Total allocation must equal the total amount indicated in section 2A or 100%. If you need additional space, attach a separate piece of paper.

☐ Maintain the same investment allocations as the account for the existing beneficiary

Or

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

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

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 6.** If the current account owner is deceased or unable to sign, please call the MFS Service Center at 1-866-529-1637 for instructions on completing Section 6.

**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

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
CITY STATE ZIP CODE

-  -   
SOCIAL SECURITY NUMBER DAYTIME PHONE NUMBER

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

Choose the appropriate option if the change of Account Owner is due to death of the Account Owner.

- ☐ 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. Contact MFS at 1-866-529-1637 for specific additional documentation that may apply for each particular situation. A completed MFS 529 Savings Plan Application is required along with a certified copy of the death certificate.

#### 4. Change or Add a Contingent Beneficiary (for account in Section 1)

The Contingent Beneficiary is the person who becomes the Designated Beneficiary upon the death of the Designated Beneficiary.

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

NEW CONTINGENT BENEFICIARY'S FIRST NAME

MI

LAST NAME

□□□□-□□-□□□□□□

SOCIAL SECURITY NUMBER

□□□/□□□/□□□□□□

DATE OF BIRTH (MM/DD/YYYY)

Is the new Contingent 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

#### 5. 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 Successor 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

**6. Authorization** Must be signed by the current account owner or successor account owner, 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)

**Medallion Signature Guarantee**

A Medallion Signature Guarantee is required if:

- You are changing the Current Account Owner of the MFS 529 Savings Plan.
- You are changing the Designated Beneficiary of the MFS 529 Savings Plan.

AFFIX GUARANTEE 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. Medallion Signature Guarantees shall be accepted in accordance with policies established by MFSC. 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 Plans Service Department at 1-866-529-1637, any business day.

**Mail completed form to:**

<b>Regular mail</b>	<b>Overnight mail</b>
MFS Service Center, Inc.	MFS Service Center, Inc.
P.O. Box 219341	Suite 219341
Kansas City, MO 64121-9341	430 W 7th Street
	Kansas City, MO 64105-1407