

# MFS<sup>®</sup> COVERDELL ESA DISTRIBUTION AUTHORIZATION FORM



For Education Savings Accounts Trusteed by MFS Heritage Trust Company

## 1. Account Information

RESPONSIBLE PERSON'S NAME

PHONE NUMBER

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 and exchanges into and out of this account.

REGISTERED REPRESENTATIVE'S NAME

REGISTERED REPRESENTATIVE'S PHONE NUMBER

## 2. Beneficiary Information

BENEFICIARY'S NAME

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BENEFICIARY'S SOCIAL SECURITY NUMBER

/   /

BENEFICIARY'S DATE OF BIRTH (MM/DD/YYYY)

## 3. Distribution Information

Please provide your fund and account number(s). They are printed on your Investment Summary statement. The fund number is the first four digits before the hyphen and the account number follows the hyphen. Indicate the amount to be sold. If the amount requested exceeds the account balance, all shares in the account will be sold. If your request includes recently purchased shares, MFSC may delay the payment of redemption proceeds of those shares for a period of up to seven business days in order to enable MFSC to confirm that the funding has cleared. These redemption proceeds will generally be sent separately in the form of a check.

**Note:** If you elect to redeem all shares 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:		
			SHARES	DOLLARS	ALL
<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="radio"/>	<input type="radio"/>	<input type="radio"/>
<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="radio"/>	<input type="radio"/>	<input type="radio"/>

#### 4. Payment Instructions (Choose one.)

- Make check payable to me as the **Responsible Person** and mail to my address of record.
- Make check payable to a special payee and/or mail to a special address, as provided below. A Medallion Signature Guarantee is required in Section 5.

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SPECIAL PAYEE

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SPECIAL ADDRESS

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CITY

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STATE

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ZIP CODE

- Direct deposit 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. The letter from the bank must be on their letterhead.

Please indicate the type of account, select one of the following methods of deposit, and provide bank information below, which will be compared to the voided check or preprinted deposit slip to ensure accuracy. 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.

Type of Account:  Checking  Savings

- ACH – If this method is chosen, the bank information provided must have an owner in common with the MFS account registration.
- Wire

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

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BANK NAME **(REQUIRED)**

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BANK ROUTING NUMBER **(REQUIRED)**

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BANK ACCOUNT NUMBER **(REQUIRED)**

If the bank information provided has an owner in common with the MFS account registration, the bank information will be added to your account. If you do not wish to retain the bank information on your account, please attach a letter of instruction.

## 5. Distribution Authorization Sign exactly as account is registered.

\_\_\_\_\_  
SIGNATURE OF RESPONSIBLE PERSON

\_\_\_\_\_  
DATE (MM/DD/YYYY)

\_\_\_\_\_  
PRINT NAME

### Medallion Signature Guarantee

A Medallion Signature Guarantee stamp is required if:

- Your total distribution is more than \$100,000, or
- Your check is made payable to a name other than the Responsible Person, or
- Your check is mailed to an address other than the address of record, or
- The proceeds are direct deposited to your bank account (see Section 4), or
- You have notified MFS of an address change within 30 days of this request.

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 shall be accepted in accordance with policies established by MFS Service Center, Inc. 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 call 1-800-637-1255 any business day.

#### Mail completed form to:

##### Regular mail

MFS Service Center, Inc.  
P.O. Box 219341  
Kansas City, MO 64121-9341

##### Overnight mail

MFS Service Center, Inc.  
Suite 219341  
430 W 7th Street  
Kansas City, MO 64105-1407