## MFS® NAME CHANGE AUTHORIZATION FORM



If you have any outstanding certificates, please return them with this form. We recommend that certificates be returned to MFS Service Center, Inc. (MFSC) unendorsed and by registered mail.

ADDRESS	CITY	STATE	ZIP CODE
SOCIAL SECURITY NUMBER	PHONE NUMBER		
This is my new address; please update m	ny account information.		
<b>Note:</b> If the new address is a non-U.S. address, you and out of this account.	ou will be restricted from making ac	ditional purchases into thi	is account and exchanges into
and out of this account.			
Account Owner's New Name			
Please provide both your former and new na	mes, and sign below as both	your former and ne	w name. A Medallion
Signature Guarantee is required.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
L II ' NAEC I I	./.\.(		
I authorize MFS to change my name on my a	iccount(s) from my former na	FORMER NAME	
to my new name			
NEW NAME			
SIGNATURE (FORMER NAME)		DATE (MM/DD/YYY	Y)
		<u></u>	
SIGNATURE (NEW NAME)		DATE (MM/DD/YYY	Y)
SIGNATURE (NEW NAME)  Medallion Signature Guarantee		DATE (MM/DD/YY)	Υ)
	NTEE STAMP	Medallion	Signature Guarantee stamp must not
Medallion Signature Guarantee	NTEE STAMP	Medallion be dated. an eligible	Signature Guarantee stamp must not The signature(s) must be guaranteed l bank, broker, dealer, credit union,
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## 3. Minor's New Name

Complete this section to change the name of a minor listed in the account registration.

- For custodial accounts, the custodian should complete this section.
- For Minor IRA accounts, the guardian should complete this section.
- For Coverdell accounts, the responsible person should complete this section.

Please provide both the minor's former and new name. A Medallion Signature Guarantee is required.

I authorize MFS to change the minor's name for the account(s) registration provided in Section 1 from his/her former name

FORMER NAME	
to his/her new name	
SIGNATURE OF CUSTODIAN, GUARDIAN, OR RESPONSIBLE PERSON	DATE (MM/DD/YYYY)
PRINT NAME	
Medallion Signature Guarantee	
Current Service Options (Optional) Complete this section only if your bank information please complete the applicable service form.	Medallion Signature Guarantee stamp must not be dated. The signature(s) must be guaranteed b 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 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.  on file has changed. To add new bank information to your account,
	g Check Writing, please complete the applicable service form.
Or Please update the name on all current bank info Or Please update the name on only the bank accounts.	<u> </u>
Account type: Checking Savings	
NAME ON CHECKING/SAVINGS ACCOUNT (REQUIRED)	BANK NAME (REQUIRED)
BANK ACCOUNT NUMBER (REQUIRED)	BANK ROUTING NUMBER (REQUIRED)

	is form, please contact the Client Services Department at 1-800-225-2606 any
business day.  Mail completed form to:	
<b>Regular mail</b> MFS Service Center, Inc. P.O. Box 219341 Kansas City, MO 64121-9341	Overnight mail MFS Service Center, Inc. 801 Pennsylvania Ave, Suite 219341 Kansas City, MO 64105-1307