CHECK WRITING APPLICATION FOR UNINCORPORATED ORGANIZATIONS, PARTNERSHIPS AND SOLE PROPRIETORSHIPS



Not for use on any retirement accounts trusteed by MFS Heritage Trust Company

ACCOUNT REGISTRATION			
ADDRESS			
CITY MFS FUND NUMBER ACCOUNT NUMBER		STATE	ZIP CODE
Certificate and Indemnity A	Agreement		
We the undersigned officers or partr	ers, doing business ur	der the name of NAME OF ENTITY	, a/an
(CHOOSE ONE) unincorporated or	rganization O par	tnership O sole proprietor	rship
do hereby certify that the individuals			orized to sign any and all checks
issued by such entity and drawn upo	on the referenced acco	ount.	
	y agrees to indemnify ugh which such fund's ustees, employees and ising from any paymer as authorized and nae and effect until MFS	and hold MFS Service Center, checks are payable (the "Ban agents harmless from and ag nt of funds from the reference med on the signature card pro	k"), their affiliates and each of ainst any damages, settlements, d account(s) authorized by a byided in Section 4. This
issued by such entity and drawn upon Each of us personally and individuall referenced fund, and any bank throut their respective officers, directors, tracosts, charges, expenses or losses are check signed, or purportedly signed, agreement shall continue in full force	y agrees to indemnify ugh which such fund's ustees, employees and ising from any paymer as authorized and nae and effect until MFS	and hold MFS Service Center, checks are payable (the "Ban agents harmless from and ag nt of funds from the reference med on the signature card pro	k"), their affiliates and each of ainst any damages, settlements, d account(s) authorized by a byided in Section 4. This
issued by such entity and drawn upon Each of us personally and individuall referenced fund, and any bank throutheir respective officers, directors, tracosts, charges, expenses or losses are check signed, or purportedly signed, agreement shall continue in full force intended to take effect as a sealed in	y agrees to indemnify ugh which such fund's ustees, employees and ising from any paymer as authorized and na e and effect until MFS nstrument.	and hold MFS Service Center, checks are payable (the "Ban agents harmless from and ag nt of funds from the reference med on the signature card pro C has received notice in writir	k"), their affiliates and each of painst any damages, settlements, and account(s) authorized by a povided in Section 4. This ag to the contrary. This writing is

3. Authority for Deposit I certify that a meeting of the Board of Directors of was held on NAME OF ORGANIZATION OR COMPANY at which a quorum was present and acting throughout. I further certify that in conformity with such Corporation's Charter and By-Laws or other organizational documents, the following resolutions were unanimously adopted and remain unamended and in full force and effect: RESOLVED: That each of MFS Service Center, Inc ("MFSC"), the above-referenced fund and any bank through which such fund's checks are payable (the "Bank") is authorized to pay, draft, charge and redeem from the account of this corporation without inquiry as to circumstance of issue or payment of proceeds (even if drawn or endorsed to any signing or endorsing officer or other officer of this corporation or tendered in payment of the individual obligation of any such officer or for his credit or for deposit to his personal account) any and all checks written against the referenced account and signed, or purportedly signed, as authorized here and on the signature card in Section 4. RESOLVED: That the Secretary or Clerk of this corporation is authorized to certify that these resolutions have been duly adopted, that they are in conformity with the Charter and By-Laws or other organizational documents of the corporation and shall remain in full force and effect until MFSC has received written notice of revocation or modification signed, or purportedly signed, by the Secretary or Clerk. IN WITNESS WHEREOF, I set my hand and the seal of such corporation. AUTHORIZED SIGNATURE DATE (MM/DD/YYYY) PRINT NAME Certification must be made by the Secretary or an authorized officer other than the assigning officer.

(CORPORATE SEAL)

4. Signature Card Authorization

The payment of funds on the conditions set forth below is authorized by the shareholder's signature(s) appearing below. The registration of this checking account will be the same as the shareholder account registration. Each signatory guarantees the genuineness of the other's signature.

The custodian bank (the"bank") is authorized by the person(s) signing this card ("depositors") to honor any checks for not less than \$500 (or such other minimum or maximum amounts as may from time to time be established by the bank upon prior written notice to depositors) presented against this checking account and is directed to forward copies of each check to the fund or its transfer agent as authority to reimburse the bank by redeeming a sufficient number of shares in the depositor's shareholder account with the fund. Deposits in this account may be made only from the proceeds of the redemption of fund shares.

Depositors will be subject to the bank's rules and regulations governing such checking accounts, including the right of the bank not to honor checks in the amounts exceeding the value of the depositor's shareholder account with the fund at the time the check is presented for payment.

The bank reserves the right to modify or terminate this agreement at any time upon notification mailed to the address of record for the shareholder account.

In signing this application, I signify my agreement to be subject to the rules and regulations of the eligible fund's bank pertaining thereto and as amended from time to time. Signature authentication is required. A check book will be issued within 30 days upon the establishment and initial funding of the account. If the account is not funded within 30 days, the check writing privilege will be removed. If the account is funded more than 30 days after it has been established, it will be your responsibility to notify us in writing that you'd like to add the checkwriting privilege to your account.

SOCIAL SECURITY NUMBER/TAXPAYER ID FUND/ACC	OUNT NUMBER	
Number of signatures required on each check (If not completed, all signatur	res will be required.)
ALL AUTHORIZED SIGNERS MUST PRINT NAME AND SIGN BELOW.	The check writing option is available for shares of:	
	MFS® Corporate Bond Fund MFS® Global Opportunistic Bond Fund MFS® Government Securities Fund MFS® Income Fund MFS® Limited Maturity Fund MFS® Municipal Income Fund	MFS® Municipal Limited Maturity Fund MFS® Total Return Bond Fund MFS® U.S. Government Cash Reserve Fund MFS® U.S. Government Money Market Fund And each of the State Municipal Bond Funds.
	The check writing option is not available for Class B shares or Class I shares. Withdrawals of Class C shares may be subject to a contingent deferred sales charge.	
Signature Authentication Notary Public Stamp, Signature Guarantee, or Medallion	n Signature Guarantee Stamp	
AFFIX STAMP HERE		

If you have any questions about this form, please call 1-800-225-2606 any business day.

Mail completed form to:

Regular mail

Overnight mail

MFS Service Center, Inc. P.O. Box 219341 Kansas City, MO 64121-9341 MFS Service Center, Inc. 801 Pennsylvania Ave., Suite 219341 Kansas City, MO 64105-1307