REDEMPTION AUTHORIZATION FORM



Do not use for MFS-sponsored IRAs or for other MFS-sponsored retirement plans.

1. About You

REGISTERED REPRESENTATIVE'S NAME

ACCOUNT DECISEDATION		
ACCOUNT REGISTRATION		
ACCOUNT REGISTRATION CONTINUED		
ACCOUNT REGISTRATION CONTINUED		
SOCIAL SECURITY NUMBER	PHONE NUMBER	
Mailing address		
CITY	STATE	ZIP CODE
	(
This is my new address; please update my accour Section 5.)	nt Information. (A Medaillon Signa	ture Guarantee is required in
Note: If the new address is a non-U.S. address, you will be exchanges into and out of this account.	e restricted from making additional purc	hases into this account and
exchanges into and out of this decount.		

This form is for individual accounts, joint accounts, or trust accounts. Additional documentation may be required for

REGISTERED REPRESENTATIVE'S PHONE NUMBER

2. Redemption Instructions

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, MFS Service Center, Inc. (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	SHARES	SELECT ONE: DOLLARS	ALL
3.	also visit mfs.com. If you have not ma has applied the fur Average Cost as a considered in good Unless you direct N used to deplete the account, you will n with this redemption	/TaxCenter. Inde a cost basis method election, and so default method of Average Country the elected method or fund's and order and MFSC will not provide the Override Section below the shares for this transaction. If you deed to complete the Specific Lot on request. If you do not submit	or you have but did not notify MFS cost to your account. If you choose default method on your account rocess your request. by, the cost basis method that is cure have Specific Lot Identification as Identification Lot Selection Form (to the SLID Form with your redemption selected on your account. You may selected on your account.	C of your elected an override are, your request was treently on your action the cost basis make "SLID Form") on request, MFS was a request of the request of	d method, Mend you have will not be account will be the ethod on you and submit will deplete yethod.	MFSC ve be bur it
	Cost Basis Metho	od Override If you have a cost ba	Retirement Accounts," and then "S asis method other than Average Co	st on your accour	nt, you may	
		unt method by choosing another to override your cost basis metho	r cost basis method below to be apport, proceed to Section 4.	olied to this trans	action only.	
		-	your account. If you wish to change by completing and sending in a Cos			bc
	First in, First ou	ut C Last in, First out C I	High cost O Low cost O Lo	ss/Gain utilizatior	٦	
	Specific Lot Ide	entification – if this method is cho	osen vou must submit a separate SI.	ID Form		

4. Payment Instructions (Choose one) **Note:** If no instructions are provided, a check will be mailed to the address of record. Make check payable to me and mail to my address of record. (A Medallion Signature Guarantee is required in Section 5 if the address has changed in the last 30 days.) Make a 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.) SPECIAL PAYEE SPECIAL ADDRESS CITY STATE ZIP CODE Direct deposit the 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 name(s) on the account, routing number, and account number. The letter from the bank must be on their letterhead. 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. If direct deposit was selected, please indicate the type of account, select one of the following methods of deposit, and provide bank account information below, which will be compared with the voided check or preprinted deposit slip to ensure accuracy. All fields below must be completed to send the funds via direct deposit. 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 NAME ON CHECKING/SAVINGS ACCOUNT (REQUIRED) BANK NAME (REQUIRED) BANK ACCOUNT NUMBER (REQUIRED) BANK ROUTING NUMBER (REQUIRED)

Attach an original voided check or preprinted deposit slip.

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. Authorization

Please sign your name exactly as it appears on your account. By signing, you acknowledge that you are aware of any fees or sales charges associated with this transaction.

Note: If you are acting on behalf of the owner, please select the appropriate option you are acting. If not listed, please check "Other" and specify your capacity. A Me		
required below if you are acting on behalf of the account owner.		
Attorney-in-fact Custodian Executor(trix) Former Minor	Trustee	
Other (please specify)		
SIGNATURE (ALL OWNERS OF THE ACCOUNT MUST SIGN.)	DATE (MM/DD/YYYY)	
PRINT NAME		
SIGNATURE (ALL OWNERS OF THE ACCOUNT MUST SIGN.)	DATE (MM/DD/YYYY)	
PRINT NAME		
Medallion Signature Guarantee A Medallion Signature Guarantee is required if: Your total distribution is more than \$100,000, or Your check is made payable to a different name, or You are signing in capacity or acting on behalf of the shareholder, 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 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.	
If you have any questions about this form, please call 1-800-225-2606 any business	ss day.	

Mail completed form to:

Regular mail Overnight mail

MFS Service Center, Inc.

MFS Service Center, Inc.

P.O. Box 219341 801 Pennsylvania Ave, Suite 219341

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