

UNIFORM GIFTS/TRANSFERS TO MINORS ACT (UGMA/UTMA) TRANSFER AUTHORIZATION TO FORMER MINOR



Instructions

Use this form to transfer a Uniform Gifts/Transfers to Minors Act (UTMA/UGMA) account to the former minor.

- The minor must have reached the age of termination of custodianship under the Uniform Gifts/Transfers to Minors Act in that state.
- Complete one form for each account registration. If the former minor has custodial accounts with more than one custodian, one form is needed per account.
- The transfer will be processed as a "re-registration." If the transfer is for any other reason, complete the Transfer Authorization Form.
- The account will be re-registered as an individual account for the former minor. To transfer the custodial account to any other account type, please complete the Transfer Authorization Form, which can be found at mfs.com/Forms.

1. Account Information (for the account being transferred)

ACCOUNT REGISTRATION

ACCOUNT REGISTRATION (CONTINUED)

PHONE NUMBER

MAILING ADDRESS

CITY

STATE

ZIP CODE

REGISTERED REPRESENTATIVE'S NAME

REGISTERED REPRESENTATIVE'S PHONE NUMBER

2. Transfer Instructions

Transfer all accounts under the former minor's social security number: - -

5. Dealer Information

MFS cannot accept an account application without all of the dealer information completed; this includes the signature of an authorized person from the firm. If you are aware of additional accounts that may qualify for linking under MFS Right of Accumulation policy, please notify us.

We hereby authorize MFSC to act as our agent in connection with transactions under this authorization form and agree to notify MFS Fund Distributors, Inc. of any purchase eligible for a reduced sales charge under a Letter of Intent or Right of Accumulation. This application for the purchase of shares and the establishment of any shareholder account privileges complies with the terms of the applicable prospectus. We guarantee the investors' signatures and certify that we have verified the identity of the investors.

Apply the dealer information from the transferred account to the new account(s). If this option is selected, do not complete the fields below. Skip to Section 6.

REGISTERED REPRESENTATIVE'S FIRST NAME

MI

LAST NAME

FIRM NAME

FIRM NUMBER

BRANCH STREET ADDRESS

CITY

STATE

ZIP CODE

BRANCH NUMBER

REGISTERED REPRESENTATIVE'S NUMBER

REGISTERED REPRESENTATIVE'S PHONE NUMBER

REGISTERED REPRESENTATIVE'S EMAIL ADDRESS

BROKERAGE ACCOUNT NUMBER (IF APPLICABLE)

MATRIX LEVEL

AUTHORIZED SIGNER OF BROKER/DEALER FIRM (REQUIRED)

6. Distribution Option

If a selection is not made distributions will be reinvested.

- Dividends and capital gains reinvested
- Dividends in cash, capital gains reinvested
- Dividends and capital gains in cash

For additional service options, please attach a Service Application, which can be located on mfs.com/Forms or obtained by calling 1-800-225-2606.

7. Signature and Certification

I am of legal age and have read and understood the terms of the prospectus for each fund to be purchased. I authorize MFS Service Center, Inc. (MFSC), its affiliates, and the fund to act on any instructions believed to be genuine for any service authorized on this form. I agree they will not be held liable for any resulting loss. I understand that MFSC may be required to use information provided on this application to verify the identity of investors. In the event that MFSC, on behalf of the fund, is unable to verify the identity of investors, MFSC and the fund reserve the right to take additional steps up to and including closing the account if required by applicable law.

A U.S. Person is a citizen or resident alien of the United States. U.S. tax regulations require the completion of this section in order to prevent the imposition of backup withholding tax on dividends, on capital gain distributions, and on the proceeds of redemptions and exchanges.

U.S. Persons only

Under penalties of perjury, I certify that

- 1. The number shown on this form is my correct taxpayer identification number, **and**
- 2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, **and**
- 3. I am a U.S. Person (including a U.S. resident alien).
- 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. Exemption code (if any) _____.

See IRS Form W-9 for FATCA exemptions and reporting codes. Generally, if you are only submitting this form for an account you hold in the United States, you may leave this field blank.

Note: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

Check if you are an exempt recipient and mark the appropriate account type:

IRA
 C Corporation
 Retirement Plan
 Nominee
 Other _____

The IRS does not require your consent to any provisions of this document other than the certification required to avoid backup withholding and FATCA reporting.

Non-U.S. Persons

I am a non-U.S. Person.

If you are not a U.S. Person, please attach the appropriate completed Form W-8, which you can obtain online at irs.gov. If the above is checked or if the address provided in Section 3 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 unless a limited exception applies.

FORMER MINOR'S SIGNATURE _____

DATE (MM/DD/YYYY) _____

PRINT NAME _____

Signature Authentication

- Signature authentication is required for all requests.
- If the former minor's name has changed and Section 4 was completed, a Medallion signature guarantee is required.
- If the address provided for the new account is different from the address of record of the transferred account, a Medallion signature guarantee stamp is required.

Notary Public Stamp, Signature Guarantee, or Medallion Signature Guarantee Stamp

AFFIX 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. Signature guarantees shall be accepted in accordance with policies established by MFS Service Center, Inc. and must not be dated. A notary public stamp can be obtained from a notary public signing agent. Both notary public signature and original notary stamp is required within the affix stamp box.

Please be sure to complete all appropriate sections of this form.

If you have any questions about this form, please call 1-800-225-2606 any business day or visit our website, mfs.com.

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.
801 Pennsylvania Ave, Suite 219341
Kansas City, MO 64105-1307