

TRANSFER AUTHORIZATION



Instructions

A transfer is the movement of assets from one owner or registration to another within the same MFS fund. Use this form to move shares from one account into a new account registration in the same MFS fund.

- **Sections 1-3 are required and must be completed.**
 - Please also review and complete Section 4 if applicable.
 - If you have any certificates for shares to be transferred, please return them with this form. We recommend that certificates be returned to MFS Service Center, Inc. (MFSC) unendorsed and by registered mail.
 - If the transferred account is registered under the Uniform Gifts/Transfers to Minors Act, additional documentation may be required.
- **Complete either Section 5 or Section 6.**

If you are transferring shares to an account for a legal entity, please complete the Legal Entity Certification Form in addition to the applicable sections of this form.
- **Section 7 is required.**

Authorization to transfer the account must be provided by the current account owner(s).
- **Sections 8-10 are to be completed by the new account owner(s).**

The new account owner(s) must provide authorization in Section 10.

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

Identify your account(s) and the amount(s) to transfer by completing the option that applies.

All shares of all accounts registered under Social Security number - -
SOCIAL SECURITY NUMBER

Or

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"/>

3. Reason for Transfer (Choose one)

- Re-registration (Owner change, divorce/separation, individual to trust, former minor, etc.)
- Inheritance due to death (you must provide a date of death **or** if elected by the executor, an alternate date of death **or** an alternate value)

(A) Date of death (MM/DD/YYYY) / / **(Required)** or

(B) Alternate date (MM/DD/YYYY) / /

(C) Alternate value \$ _____

Gift Date of gift (MM/DD/YYYY) / /

Note: The option "gift" as a reason for transfer is only available if the recipient is a U.S. Person.

Fair Market Value Acceptance _____
SIGNATURE(S) OF NEW OWNER(S) I.E., PERSON(S) RECEIVING GIFTED SHARES

If the recipient's existing account or new account will use the Average Cost Basis method, the recipient of the gift may sign above indicating acceptance of the shares valued at fair market value on the date of gift or settlement if the shares should be transferred at a loss. Absent acceptance of Fair Market Value by the new account owner, MFS will not be able to calculate or report your cost basis in the event the receiving account has Average Cost as the cost basis method. Please speak with your tax advisor or financial professional for more information.

4. Cost Basis Do not complete this section if you are transferring **all** shares to **one** account.

When transferring only a portion of your account, or when transferring shares from your account to multiple accounts, the shares transferred will be depleted from your account proportionately (pro-rata) across all tax lots. If you are transferring shares to more than one account, the tax lots will be proportionately assigned across the multiple receiving accounts.

To learn more about the different cost basis methods please contact your tax advisor or financial professional. You may also visit mfs.com/TaxCenter.

If you do not want the tax lots to deplete proportionately (pro-rata) please check one of the following options:

A. Use the cost basis method on my account. If Average Cost is the method on the account, tax lots will deplete in First In, First Out order.

Or

B. Override the cost basis method on my account (Not available for accounts with Average Cost.)
If you have a cost basis method other than Average Cost on your account you may override your account method by choosing another cost basis method below to be applied to this transaction only.

Note: This will not change the current method on your account. If you wish to change the current cost basis method on your account, you may do so via MFS Access or by completing and sending in a Cost Basis Reporting Selection/Change Form.

- | | |
|---|---|
| <input type="radio"/> First in, first out | <input type="radio"/> Last in, first out |
| <input type="radio"/> High cost | <input type="radio"/> Low cost |
| <input type="radio"/> Loss/gain utilization | <input type="radio"/> Specific Lot Identification |

If you have Specific Lot Identification as the cost basis method on your account, or if you have chosen this method as an override, you will need to complete the Specific Lot Identification Lot Selection Form (the "SLID Form") and submit it with this transfer request. If you do not submit the SLID Form with your transfer request, MFS will deplete your tax lots in accordance with the secondary method selected on your account. You may obtain this form by going to mfs.com/Forms. The form is located under "Non-Retirement Accounts" and "Sell Shares or Close an Account."

If you have not made a cost basis method election, or you have but did not notify MFSC of your elected method, MFSC has applied the fund's default method of Average Cost to your account. If you choose an override and you have Average Cost as the elected method or fund's default method on your account, your request will not be considered in good order and MFSC will not process your request. Please contact MFS if you are unsure of your current cost basis method.

5. Transfer to an Existing Account Registration

Note: Complete this section if you are transferring shares to an existing MFS account registration. The receiving account owner must also complete Section 10. If the shares are to be transferred to a new MFS account registration, please skip this section and complete Section 6 and Sections 8-10.

Existing MFS Account Details

Please provide below one of your existing fund/account numbers that will be receiving the transferred shares. This will be used to locate your existing account. The shares will be transferred to the same fund(s) as the original account listed in Section 2. If the account registration receiving the shares has not been established in that fund, a new account will be created.

FUND NUMBER	ACCOUNT NUMBER
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>

Note: If you have multiple existing account types, please ensure the information provided above is for the account registration intended to receive the transferred funds.

If the transfer is due to a gift and the shares are transferred at a loss and your existing account has the Average Cost method, you have two options:

1. You may accept the transfer at Fair Market Value. If the shares are being transferred via gift into multiple accounts with different ownership, each recipient may accept the transfer at Fair Market Value. Please sign in Section 3.
2. You may change the cost basis method on the existing account to something other than Average Cost. This can be done via MFS Access or by completing a Cost Basis Reporting Selection/Change Form.

If you choose to not accept Fair Market Value and you do not want to change the cost basis method on the existing account, MFS will not be able to calculate the cost basis on your account.

6. Transfer to a New Account Registration

Complete this section if the transferred shares are to be deposited into a new MFS account registration. The new account owner(s) must also complete Sections 8-10. All new account owners must sign in Section 10 to authorize receipt of the transferred funds.

Important Information About Procedures for Opening a New Account

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

You must provide the following information for each person listed on the account: name, date of birth, Social Security number or taxpayer identification number and residential address (a P.O. Box is not acceptable). We also may ask to see your driver's license or other identifying documents. 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.

Cost Basis Information

MFS will apply the MFS open-end fund's default method of Average Cost Basis to your account. The cost basis associated with any shares acquired and subsequently withdrawn, exchanged or transferred after January 1, 2012 will be reported to the IRS under this method. If you would like to select a method other than Average Cost or select a method to be automatically applied to future accounts you open with MFS, please complete and return a Cost Basis Reporting Selection/Change Form. You may also select a cost basis method by accessing your account through MFS Access once the account is established. In order to learn more please go to mfs.com/TaxCenter.

If the transfer is due to a gift and the shares are transferred at a loss and your account has Average Cost either by election or fund default:

1. You may accept the transfer at Fair Market Value by signing in Section 3 of this form; or,
2. If you choose not to accept Fair Market Value and do not want to select a cost basis method other than Average Cost on your new account, MFS will not be able to calculate the cost basis on your account. In order to select a cost basis method other than Average Cost on your new account, you will need to submit a Cost Basis Reporting Selection/Change Form with this request.

New Account Information

Note: Complete all fields in the part that best describes your new account.

Please have each person listed on the new account complete Section 10. Attach additional pages if needed. We cannot establish your account without this information.

- If the new account owner is a non-U.S. Person or has a non-U.S. address, upon transfer of ownership, the new account owner will be restricted from making additional purchases into this account and exchanges into and out of this account.
- Individual and joint accounts have the option of registering for Transfer on Death (TOD). Please complete a Transfer on Death Registration Form if you wish to register with the TOD option.
- If the transferred account is registered as Joint Tenants With Rights of Survivorship with a Transfer on Death (TOD) designation, the TOD designation and beneficiaries will be applied to the new account when the transfer is to a surviving account owner.
- For trust accounts, organizations, and legal entities, additional information may be required to establish certain services.

Please talk to your financial professional, or call the MFS Service Center at 1-800-225-2606.

A. To open an individual or joint account

ACCOUNT OWNER'S FIRST NAME	MI	LAST NAME
<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	PHONE NUMBER <input type="checkbox"/> MOBILE NUMBER

STREET ADDRESS REQUIRED (NO P.O. BOXES)

CITY	STATE	ZIP CODE
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MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

CITY	STATE	ZIP CODE
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Joint accounts will be registered as joint tenants with rights of survivorship unless otherwise noted.

JOINT OWNER'S FIRST NAME	MI	LAST NAME
<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	JOINT OWNER'S PHONE NUMBER

The Joint owner's address is the same as the address provided above.

Or

JOINT OWNER'S STREET ADDRESS

CITY	STATE	ZIP CODE
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B. To open an account under the Uniform Gift/Transfer to Minors Act (UGMA/UTMA)

MINOR'S FIRST NAME	MI	LAST NAME
<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
MINOR'S SOCIAL SECURITY NUMBER	MINOR'S DATE OF BIRTH (MM/DD/YYYY)	STATE FOR UGMA/UTMA

CUSTODIAN'S FIRST NAME	MI	LAST NAME
<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
CUSTODIAN'S SOCIAL SECURITY NUMBER	CUSTODIAN'S DATE OF BIRTH (MM/DD/YYYY)	CUSTODIAN'S PHONE NUMBER <input type="checkbox"/> MOBILE NUMBER

STREET ADDRESS REQUIRED (NO P.O. BOXES)	CITY	STATE	ZIP CODE
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MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	CITY	STATE	ZIP CODE
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C. To open a trust account

NAME OF THE TRUST			
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
TAXPAYER ID NUMBER FOR THE TRUST	DATE OF TRUST (MM/DD/YYYY)		
TRUSTEE'S NAME			
<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
TRUSTEE'S DATE OF BIRTH (MM/DD/YYYY)	TRUSTEE'S SOCIAL SECURITY NUMBER OR TAXPAYER ID		
STREET ADDRESS REQUIRED (NO P.O. BOXES)			
	CITY	STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)			
	CITY	STATE	ZIP CODE
CO-TRUSTEE'S NAME			
<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
CO-TRUSTEE'S DATE OF BIRTH (MM/DD/YYYY)	CO-TRUSTEE'S SOCIAL SECURITY NUMBER OR TAX ID		
CO-TRUSTEE'S STREET ADDRESS REQUIRED (NO P.O. BOXES)			
	CITY	STATE	ZIP CODE

D. To open an account for an organization or legal entity

If you are transferring shares to an account for a legal entity, such as a corporation, limited liability company, or a general partnership, please complete the Legal Entity Certification Form in addition to this form.

Please see the Legal Entity Certification Form for additional information and examples.

<input type="radio"/> S Corporation	<input type="radio"/> C Corporation	<input type="radio"/> Partnership	<input type="radio"/> LLC
<input type="radio"/> Non-MFS Prototype IRA	<input type="radio"/> Non-MFS Retirement Plan	<input type="radio"/> Other _____	
		TYPE OF ORGANIZATION/ENTITY	
NAME OF ENTITY			
	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
	TAXPAYER ID NUMBER FOR THE ENTITY		
STREET ADDRESS FOR THE ENTITY REQUIRED (NO P.O. BOXES)			
	CITY	STATE	ZIP CODE
MAILING ADDRESS FOR THE ENTITY (IF DIFFERENT FROM ABOVE)			
	CITY	STATE	ZIP CODE

Authorized Signer Information

NAME OF AUTHORIZED SIGNER			
<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
AUTHORIZED SIGNER'S SOCIAL SECURITY NUMBER	AUTHORIZED SIGNER'S DATE OF BIRTH (MM/DD/YYYY)		
STREET ADDRESS FOR AUTHORIZED SIGNER REQUIRED (NO P.O. BOXES)			
	CITY	STATE	ZIP CODE

ADDITIONAL AUTHORIZED SIGNER

□□□ - □□ - □□□□□

ADDITIONAL AUTHORIZED SIGNER'S SOCIAL SECURITY NUMBER

ADDITIONAL AUTHORIZED SIGNER'S PHONE NUMBER

□□, □□, □□□□

ADDITIONAL AUTHORIZED SIGNER'S DATE OF BIRTH (MM/DD/YYYY)

STREET ADDRESS FOR ADDITIONAL AUTHORIZED SIGNER REQUIRED (NO P.O. BOXES)

CITY

STATE

ZIP CODE

E. To open an estate account.

NAME OF ESTATE

□□ - □□□□□□□□

TAXPAYER ID NUMBER FOR THE ESTATE

EXECUTOR NAME

□□□ - □□ - □□□□□

EXECUTOR SOCIAL SECURITY NUMBER

□□, □□, □□□□

EXECUTOR DATE OF BIRTH (MM/DD/YYYY)

EXECUTOR PHONE NUMBER

MOBILE NUMBER

STREET ADDRESS REQUIRED (NO P.O. BOXES)

CITY

STATE

ZIP CODE

MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

CITY

STATE

ZIP CODE

If there are co-executors, please attach separate page.

7. Transferred Account Authorization

All registered owners of the account(s) listed in Section 1 being transferred must sign and obtain a Medallion Signature Guarantee.

Note: If you are acting on behalf of the owner, please select the appropriate capacity in which you are acting. If not listed, please check "Other" and specify your capacity.

- Attorney-in-fact
- Custodian
- Executor(trix)
- Former minor
- Surviving tenant
- Trustee
- Other (please specify) _____

SIGNATURE (ALL OWNERS MUST SIGN)

DATE (MM/DD/YYYY)

PRINT NAME

SIGNATURE (ALL OWNERS MUST SIGN)

DATE (MM/DD/YYYY)

PRINT NAME

Medallion Signature Guarantee

A Medallion Signature Guarantee is required for all requests

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.

8. 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.

9. 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 10.

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)		

10. Recipient Account Signature and Certification

All owners of the account(s) referenced in Section 5 or Section 6 must sign.

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 6 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.

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

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