

SERVICE APPLICATION



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

For detailed information regarding the shareholder services offered on this form, please refer to the appropriate fund's prospectus and Statement of Additional Information.

- Please complete Sections 1 and 2.
- Please also complete the sections for the services you are requesting.
- Sign in Section 7 to authorize the changes. Obtain signature authentication if required for the changes requested.

1. About You (Required)

This form is for individual accounts, joint accounts, trust accounts, or accounts registered under the Uniform Gifts/Transfers to Minors Act. Additional documentation may be required for other registrations.

ACCOUNT REGISTRATION

ACCOUNT REGISTRATION

- -

SOCIAL SECURITY NUMBER

PHONE NUMBER

MOBILE NUMBER

MAILING ADDRESS

CITY

STATE

ZIP CODE

This is my new address; please update my account information. (Signature authentication may be required in Section 7.)

Note: If the new address 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.

REGISTERED REPRESENTATIVE'S NAME

REGISTERED REPRESENTATIVE'S PHONE NUMBER

2. Identify Your Accounts (Required)

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.

Please update all accounts under my Social Security number

Or

Make the update only to the account(s) listed below:

FUND NUMBER

ACCOUNT NUMBER

<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"/>

3. Ways to Reduce Your Sales Charge on Class A Shares

Please refer to the prospectus for the appropriate sales charge levels for Right of Accumulation and for Letter of Intent.

List any existing MFS account holders and their respective Social Security numbers, Taxpayer ID numbers, or Broker ID numbers. If there are more account holders than space provided, please provide on an additional sheet.

To link accounts, they must be in the name of your spouse (or legal equivalent in certain states), your child under the age of 21, or a living trust for which one of you is the grantor.

Right of Accumulation (ROA) I qualify for the Right of Accumulation privilege as described in the prospectus. Please link accounts with the following Social Security numbers, taxpayer identification numbers, or broker identification numbers (BIN).

NAME SOCIAL SECURITY/TAXPAYER ID NUMBER OR BROKER IDENTIFICATION NUMBER

NAME SOCIAL SECURITY/TAXPAYER ID NUMBER OR BROKER IDENTIFICATION NUMBER

NAME SOCIAL SECURITY/TAXPAYER ID NUMBER OR BROKER IDENTIFICATION NUMBER

NAME SOCIAL SECURITY/TAXPAYER ID NUMBER OR BROKER IDENTIFICATION NUMBER

Letter of Intent (LOI)

New Replace Existing

If a selection is not made above, MFSC will add a new Letter of Intent in the amount indicated below.

To qualify for a reduced sales charge, I agree to the Letter of Intent, including the escrow agreement, as described in the prospectus. Although I am not obligated, it is my intention to invest within a 13-month period in shares of one or more of the MFS funds in an aggregate amount (among qualifying accounts) at least equal to:

- \$50,000 \$500,000
 \$100,000 \$1,000,000
 \$250,000

4. Link Your Checking or Savings Account to Your Fund Account

Linking your checking/savings account with your MFS account allows you to conveniently, quickly, and securely add money to your MFS funds directly from your bank or sell shares in your MFS funds over the telephone. Your withdrawals will be sent directly to your bank account via Automated Clearing House (ACH) and/or Federal bank wire as specified in this section. Please confirm eligibility, fees, and applicable routing number(s) for ACH and/or Federal bank wire with your financial institution. Please also attach an original voided check or preprinted deposit slip.

By completing Section 4, I authorize investments by phone from my bank account to my MFS account(s) and I authorize withdrawals by phone from my MFS account(s) to my bank account. I understand that the fund will follow reasonable procedures to confirm that each telephone transaction is authentic and authorized. I agree that I bear the risk of loss for unauthorized or fraudulent transactions and that none of the MFS funds, MFS Service Center, Inc., or their affiliated companies or their directors, trustees, or employees will be liable for any loss, damage, or expense as a result of action upon, and will not be responsible for the authenticity of, any telephone transaction instructions that they reasonably believe to be authentic and authorized.

Signature authentication is required in Section 7 for all requests.

- If an original voided check or preprinted deposit slip is provided, a Notary Public Stamp, Signature Guarantee, or Medallion Signature Guarantee Stamp must be provided in Section 7.
- In lieu of an original voided check or preprinted deposit slip, you may submit a letter from your bank on their letterhead providing the name(s) on the account, routing number, and account number. If a letter from the bank is provided, a Medallion Signature Guarantee must be provided in Section 7.

SECTION 4 CONTINUES ON NEXT PAGE

SECTION 4 CONTINUED FROM PREVIOUS PAGE

Please also complete this section if you selected to establish or replace an Automatic Investment Plan in Section 5, or electronic distribution or withdrawal options in Section 6.

Note: Requests to distribute funds to a bank within 30 days of a change to banking information requires an MFS Redemption Authorization Form with a Medallion Signature Guarantee.

Please provide the details of your banking information below. Please complete all fields as the information provided on the form will be compared with the voided check or preprinted deposit slip to ensure accuracy.

Please indicate whether the bank information below is to be added to your account in addition to the existing information or to change the existing information.

Add new Change existing

Note: If "Change existing" was selected and the previous bank information was used for an active automatic investment plan or systematic withdrawal plan, the bank information provided below will be applied to those systematic agreements.

For your security, the bank information provided must have an owner in common with the MFS account registration.

Withdrawal by phone: You must select by what method you would like MFSC to remit your withdrawal proceeds directly to your bank account.

ACH Federal bank wire

Please note that if both ACH and Federal bank wire are selected, your bank routing numbers may be different per method. When providing bank information, ensure you provide MFSC with the appropriate bank routing numbers for each method.

Type of Account: Checking Savings

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.

Note: Only preprinted deposit slips will be accepted for savings accounts. In order to buy or sell over the automated telephone system and/or on MFS Access, you must activate these services.

For Automatic Investment Programs

The investor agrees that the rights of the bank named above with respect to checks drawn on and debit entries initiated to the investor's account are the same as if they were checks drawn on the bank and signed by the investor. The investor agrees that the bank shall be fully protected and without liability whatsoever in honoring or refusing to honor any such check and in accepting or refusing to accept any such debit entry, whether with or without cause, and whether intentionally or inadvertently. The privilege of making deposits under this service may be revoked by MFSC or MFS Fund Distributors, Inc., without prior notice, if any check is not paid upon presentation or any debit entry is not accepted. MFSC shall be under no obligation to notify the investor as to the nonpayment of any check or the nonacceptance of any debit entry. This service may be discontinued by the investor by telephone or by written notice to MFSC at any time. Instructions must be received 10 days prior to the next draft to be effective for that draft.

5. Automatic Investment and Exchange Options

A. Automatic Investment Plan allows you to invest money to your account on a regular basis right from your checking/savings account. This service requires your checking/savings account to be linked to your MFS account (complete Section 4). Please allow up to 10 days for setup.

Add new Change existing

Frequency (Indicate frequency below.) If no day or frequency is chosen, investments will be made into the selected fund(s) on the first business day of each month.

Monthly

Or

Other than monthly (check the month(s) below)

Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

Start on the _____ day of _____ (month). Additional day(s) _____

FUND NUMBER	ACCOUNT NUMBER	DOLLAR AMOUNT
<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"/>	_____	\$ _____

B. Automatic Exchange Plan allows you to automatically exchange from one MFS fund to one or more MFS funds. A \$2,000 minimum balance is required in the fund from which you are exchanging. Exchanges must be within the same share class and under the same registration.

Add new Change existing

Frequency (Indicate frequency below.) If no day or frequency is chosen, exchanges will be made into the selected fund(s) on or about the seventh day of each month.

Monthly

Or

Other than monthly (check the month(s) below)

Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

Start on the _____ day of _____ (month). Additional day(s) _____

Exchange

FROM FUND NUMBER	TO FUND NUMBER	DOLLAR AMOUNT
<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"/> <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"/>	\$ _____

6. Distribution and Systematic Payment Options

Complete this section to change your dividend and capital gain payment instructions or to set up a Systematic Withdrawal Plan.

A. Dividends and capital gains payment change

Note: The first three options below are not available if there is an active Systematic Withdrawal Plan on the account. Dividends and capital gains must be reinvested back into the account if the account has an active Systematic Withdrawal Plan.

- I would like to have (choose one): Dividends Dividends and Capital Gains
- Mailed to the registered owner(s) at the address on the account.
- Electronically deposited directly into the checking/savings account provided in Section 4. Signature authentication is required in Section 7.
- Invested in another MFS fund in the same share class with the same account registration.

FROM FUND NUMBER	TO FUND NUMBER
<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"/>

- Reinvested back into the account.

B. Systematic Withdrawal Plan (SWP)

For Class A, Class B and Class C shares, annual withdrawals of up to 10% of the account value can be made without contingent deferred sales charge (CDSC).

A \$5,000 minimum account value (per fund account) is required to establish a Systematic Withdrawal Plan. Dividends and capital gains will be reinvested.

To establish a Systematic Withdrawal Plan from more than one fund account, attach a separate page and include the information below.

- Add new Change existing

Frequency (Indicate frequency below.)

If no frequency is indicated, withdrawals will be made monthly. If no day is chosen, withdrawals will be made on or about the 24th. Distributions will occur at the frequency indicated and will be processed on or about the same day of the month. Please allow at least 10 days from the day the form is mailed for the systematic withdrawal plan to start drafting.

- Monthly

Or

Other than monthly (check the month(s) below)

- Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

Start on the _____ day of _____ (month).

Make the withdrawal from for the following amount (choose one):
FUND NUMBER

- \$ _____ per payment (\$50 minimum if made by check)
- _____ % of account value per year (calculated each withdrawal)
- _____ number of withdrawals until the account self-liquidates

Class A, Class B, and Class C CDSC is calculated based on the account value on the date of the first payment and on the anniversary each year after. Class A, Class B, and Class C CDSC calculation — if CDSC is due, payments will be net of CDSC (payment will be for the amount requested and additional shares will be sold to cover the CDSC) unless you notify us otherwise by checking the box below.

Payment amount should be reduced by any CDSC fee due.

Payment option (Choose one).

- Mail to the registered owner(s) at the address provided on the account. (Signature authentication is required in Section 7 if the address on the account has been changed within 30 days of the first draft.)
- Electronically deposit directly into the checking/savings account provided in Section 4. Signature authentication is required in Section 7 if the bank information provided is not yet on file or has been added or updated on your account within the past 30 days.
- Make payable and mailed to a special payee. Signature authentication is required in Section 7.

NAME

MAILING ADDRESS

7. Authorization (Required)

Please sign your name exactly as it appears on your account.

I authorize MFS Service Center, Inc., and 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. It is understood that this authorization may be terminated by me at any time by written notification to the fund(s). Any such notification shall be effective only with respect to entries made after the receipt of such notification and a reasonable amount of time to act on it.

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

Signature Authentication

MFSC requires signature authentication on certain maintenance and non-financial requests for your protection. Signature authentication is required for Sections 4 and 8 and some options in Section 6.

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.

8. Check Writing (For individual or joint accounts only. Signature authentication is required in Section 7 if this option is selected.)

If you select the check writing option, you must select a check writing eligible fund. If you do not own an eligible fund, you will not receive the check writing option. By completing this section, you will elect the check writing privilege for all eligible accounts.

- - _____
 SOCIAL SECURITY NUMBER ACCOUNT NUMBER

Number of signatures required on each check _____
 (If not completed, all signatures will be required.)

Authorized signatures: All owners must print name and sign below.

The privilege 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
- MFS® State Municipal Bond Funds

The check writing privilege 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.

In signing this application, I signify my agreement to be subject to the rules and regulations of the eligible fund’s custodian bank (“the bank”) pertaining thereto and as amended from time to time. 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 check writing privilege to your account. Subject to the conditions printed below.

Check writing provisions

In signing this application, I/we signify my/our agreement to be subject to the rules and regulations of State Street Bank and Trust Company pertaining thereto and as amended from time to time. The payment of funds on the conditions set forth below is authorized by the shareholder’s signature(s) appearing in Section 7. The registration of this checking account will be the same as the shareholder account registration (Section 1). Each signatory guarantees the genuineness of the other’s signature.

The bank is authorized by the person(s) signing this card (“depositors”) to honor any checks for not less than \$500 (or such 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 to not honor checks in the amount 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.

9. eDelivery

I consent to the delivery of all MFS Fund documents electronically (“eDelivery”). I understand that this election constitutes a consent for all current and future Fund and account documents that MFS provides and is able to furnish to me via eDelivery including prospectuses, shareholder reports and other fund-related or account-related communications and disclosures, but excludes proxy notices and materials unless I elect below to receive such documents also via eDelivery. When possible, documents that MFS does not currently provide via eDelivery will also be provided to me via eDelivery subject to this consent.

I understand that MFS will send an email notifying me of when these documents are available for viewing. I understand that all accounts in MFS Funds registered under my Social Security number/TIN will be enrolled for eDelivery. This consent is effective immediately and will remain in effect until I revoke it. I may revoke my consent at any time by submitting a request in writing to MFSC or by visiting MFS Access and clicking on “eDelivery Preferences” under “Account Settings.”

I understand that the revocation of my consent will result in the discontinuance of eDelivery for all documents covered by this consent. I may request paper copies of any documents MFS is required to deliver to me at any time for no additional charge. I will notify MFS promptly of any changes to my email address by either submitting a request in writing or through MFS Access by clicking on “eDelivery Preferences” under “Account Settings.” I understand that if MFS cannot obtain a valid email address, documents will be delivered to me by USPS.

I acknowledge that I have Internet access, an email address, and all the software* necessary to receive and view documents electronically. I acknowledge that while eDelivery is free, Internet access and telephone charges may apply.

I would like to receive the fund's documents via eDelivery at the following email address:

EMAIL ADDRESS

Please check here if you also consent to receive MFS Fund proxy notices and materials via eDelivery at the above email address. Otherwise, proxy notices and materials will be sent via USPS.

*That is to say, appropriate browser software such as Microsoft® Edge® or the equivalent as well as email software and communications access to the Internet. In order to print materials that have been delivered electronically you must also have access to a printer. Some documents may be available to view in the Portable Document Format (PDF). In order to view these documents you must have Adobe® Acrobat® Reader® software.

Adobe® Acrobat® is a registered trademark of Adobe Systems, Incorporated.

Account Statements

In addition, you can sign up for eDelivery of account statements or transaction details through MFS Access. Log in with your user name and password, and then click on “eDelivery Preferences” under “Account Settings.” If you do not currently have an account on MFS Access, you can sign up by going to mfs.com/Access.

Note: eDelivery of statements is not available for all types of mutual fund accounts. If you own your MFS Fund shares through a financial institution, or for certain retirement plans, eDelivery of statements may not be available to you.

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

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