

LEGAL ENTITY CERTIFICATION FORM



General Instructions

What is the purpose of this form?

To help the government fight financial crime, Federal regulation requires financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes.

The requirement to disclose key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

Who has to complete this form?

This form must be completed by the person opening or updating an account on behalf of a legal entity. For the purposes of this form, a legal entity includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States. Legal entity does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

Note: The MFS Family of Funds is generally only available to U.S. entities.

What information do I have to provide?

This form requires you to provide the name, address, date of birth and Social Security number (or passport number or other similar information, in the case of non-U.S. Persons) for each of the following:

- A "Control Person," an individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer); and
- Each individual, if any, who owns, directly or indirectly, 25% or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25% or more of the shares of a corporation).

The number of individuals that satisfy this definition of "beneficial owner" may vary.

In Section 3, depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified in Section 3, you must provide the identifying information of one individual in Section 2. It is possible that in some circumstances the same individual might be identified under both sections (e.g., the President of Acme, Inc. who also holds a 30% equity interest). Thus, a completed form will contain the identifying information of up to five individuals; four 25% equity holders in Section 3 and one individual in Section 2.

We may also ask to see a copy of a driver's license or other identifying document for each beneficial owner listed on this form.

If you have any questions on this form, please talk to your financial professional, or call the MFS Service Center at 1-800-225-2606.

1. Account Information

Persons opening or updating an account on behalf of a legal entity must provide the following information:

NAME OF ENTITY

-

TAXPAYER IDENTIFICATION NUMBER OF ENTITY

ENTITY'S STREET ADDRESS REQUIRED (NO P.O. BOXES)

CITY

STATE

ZIP CODE

ENTITY'S MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

CITY

STATE

ZIP CODE

2. Management of the Legal Entity ("Control Person")

Provide the following information for **one** individual with significant responsibility for managing the legal entity listed in Section 1, such as:

- An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or
- Any other individual who regularly performs similar functions.

If appropriate, an individual listed in Section 3 may also be listed in Section 2.

CONTROL PERSON'S FIRST NAME

MI

LAST NAME

TITLE

- -

CONTROL PERSON'S SOCIAL SECURITY NUMBER

/ /

CONTROL PERSON'S DATE OF BIRTH (MM/DD/YYYY)

RESIDENTIAL OR BUSINESS STREET ADDRESS FOR THE CONTROL PERSON (NO P.O. BOXES)

CITY

STATE

ZIP CODE

PASSPORT NUMBER* AND COUNTRY OF ISSUANCE, OR
SIMILAR IDENTIFICATION NUMBER (FOR NON-U.S. PERSONS ONLY)

TYPE OF IDENTIFIER NUMBER PROVIDED (FOR NON-U.S. PERSONS ONLY)

*In lieu of a passport number, non-U.S. Persons may also provide an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

3. Ownership of Equity Interests

Provide the following information for **each** individual (natural person), if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed in Section 1.

No individual meets this definition for ownership.

Or

BENEFICIAL OWNER 1

BENEFICIAL 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"/>
SOCIAL SECURITY NUMBER			DATE OF BIRTH (MM/DD/YYYY)			
RESIDENTIAL OR BUSINESS STREET ADDRESS (NO P.O. BOXES)						
CITY			STATE	ZIP CODE		
PASSPORT NUMBER* AND COUNTRY OF ISSUANCE, OR SIMILAR IDENTIFICATION NUMBER (FOR NON-U.S. PERSONS ONLY)				TYPE OF IDENTIFIER NUMBER PROVIDED (FOR NON-U.S. PERSONS ONLY)		

BENEFICIAL OWNER 2

BENEFICIAL 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"/>
SOCIAL SECURITY NUMBER			DATE OF BIRTH (MM/DD/YYYY)			
RESIDENTIAL OR BUSINESS STREET ADDRESS (NO P.O. BOXES)						
CITY			STATE	ZIP CODE		
PASSPORT NUMBER* AND COUNTRY OF ISSUANCE, OR SIMILAR IDENTIFICATION NUMBER (FOR NON-U.S. PERSONS ONLY)				TYPE OF IDENTIFIER NUMBER PROVIDED (FOR NON-U.S. PERSONS ONLY)		

BENEFICIAL OWNER 3

BENEFICIAL 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"/>
SOCIAL SECURITY NUMBER			DATE OF BIRTH (MM/DD/YYYY)			
RESIDENTIAL OR BUSINESS STREET ADDRESS (NO P.O. BOXES)						
CITY			STATE	ZIP CODE		
PASSPORT NUMBER* AND COUNTRY OF ISSUANCE, OR SIMILAR IDENTIFICATION NUMBER (FOR NON-U.S. PERSONS ONLY)				TYPE OF IDENTIFIER NUMBER PROVIDED (FOR NON-U.S. PERSONS ONLY)		

*In lieu of a passport number, non-U.S. Persons may also provide an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

BENEFICIAL OWNER 4

BENEFICIAL OWNER'S FIRST NAME

MI

LAST NAME

□□□□-□□□□-□□□□□□

SOCIAL SECURITY NUMBER

□□□□/□□□□/□□□□□□

DATE OF BIRTH (MM/DD/YYYY)

RESIDENTIAL OR BUSINESS STREET ADDRESS (NO P.O. BOXES)

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PASSPORT NUMBER* AND COUNTRY OF ISSUANCE, OR
SIMILAR IDENTIFICATION NUMBER (FOR NON-U.S. PERSONS ONLY)

TYPE OF IDENTIFIER NUMBER PROVIDED (FOR NON-U.S. PERSONS ONLY)

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4. Certification and Authorization

I understand that MFSC may be required to use information provided on this form to verify the identity of investors, beneficial owners, and the control person. In the event that MFSC, on behalf of the fund, is unable to verify the identity of investors, beneficial owners, or the control person, MFSC and the fund reserve the right to take additional steps up to and including closing the account if required by applicable law.

I hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

SIGNATURE OF AUTHORIZED SIGNER

DATE (MM/DD/YYYY)

PRINT NAME

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

Fax completed form to 1-877-654-3203 or mail 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