

ACCOUNT APPLICATION



Do not use for accounts for legal entities, MFS-sponsored IRAs or for other MFS-sponsored retirement plans

1. About You

Tell us about yourself. Please print clearly, and complete the section that best describes your account.

The MFS Family of Funds is generally only available to U.S. residents classified as U.S. Persons for federal tax purposes. Both the residential address and mailing address provided must be a U.S. address. Please see Section 6 for more details regarding how "U.S. Person" is defined.

Individual and joint accounts have the option of registering for Transfer on Death (TOD). Please also complete a Transfer on Death Agreement if you wish to register with the TOD option.

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.

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="checkbox"/> MOBILE NUMBER
SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	PHONE NUMBER	

RESIDENTIAL 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"/>	
SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)		

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

Or

Joint owner's address:

RESIDENTIAL ADDRESS REQUIRED (NO P.O. BOXES)	CITY	STATE	ZIP CODE
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B. To open an account under the Uniform Gift/Transfers to Minors Act (UGMA/UTMA)

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

RESIDENTIAL ADDRESS REQUIRED (NO P.O. BOXES)	CITY	STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	CITY	STATE	ZIP CODE

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"/> TAXPAYER ID NUMBER FOR 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"/> 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"/> TRUSTEE'S SOCIAL SECURITY NUMBER OR TAXPAYER ID		
<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 PHONE NUMBER	<input type="checkbox"/> MOBILE NUMBER	
RESIDENTIAL 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"/> CO-TRUSTEE'S SOCIAL SECURITY NUMBER OR TAXPAYER ID		
<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 PHONE NUMBER		
CO-TRUSTEE'S RESIDENTIAL ADDRESS REQUIRED (NO P.O. BOXES)	CITY	STATE	ZIP CODE

D. To open an account for an organization or non-MFS retirement account

If the applicable organization or entity type is not listed below, please complete the Entity Application.

Non-MFS Prototype IRA
 Non-MFS Retirement Plan
 Sole Proprietorship

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"/> TAXPAYER ID NUMBER
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STREET ADDRESS REQUIRED (NO P.O. BOXES)	CITY	STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	CITY	STATE	ZIP CODE
PHONE NUMBER	<input type="checkbox"/> MOBILE NUMBER		
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"/> AUTHORIZED SIGNER'S SOCIAL SECURITY NUMBER	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> AUTHORIZED SIGNER'S DATE OF BIRTH (MM/DD/YYYY)	
RESIDENTIAL ADDRESS R EQUIRED (NO P.O. BOXES)	CITY	STATE	ZIP CODE
ADDITIONAL 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"/> AUTHORIZED SIGNER'S SOCIAL SECURITY NUMBER	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> AUTHORIZED SIGNER'S DATE OF BIRTH (MM/DD/YYYY)	
RESIDENTIAL ADDRESS REQUIRED (NO P.O. BOXES)	CITY	STATE	ZIP CODE

E. To open an estate account.

NAME OF ESTATE		<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 ESTATE	
EXECUTOR/TRIX 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"/>	
		EXECUTOR/TRIX SOCIAL SECURITY 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="checkbox"/> MOBILE NUMBER
EXECUTOR/TRIX DATE OF BIRTH (MM/DD/YYYY)	EXECUTOR/TRIX PHONE NUMBER		
RESIDENTIAL 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/trices please attach a separate page.

F. 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, once your account is established, 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.

2. Select Your Investments

You can find the fund numbers on the last page of this application.

- There is a \$1,000 minimum investment per fund account.
- Please make your investment check payable to the MFS Service Center.
- To establish an automatic investment plan, please complete Section 7.

FUND NUMBER	FUND NAME	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"/>	_____	\$ _____
TOTAL AMOUNT INVESTED		\$ _____

Initial purchase is being made via wire order number: _____

Note: If you would like to have dividends and/or capital gains sent to you or invested in another fund, please complete Section 8. If no option is selected, dividends and capital gains will automatically be reinvested.

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

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

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

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) to this new account.

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) 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. 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 ROA 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.

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)

5. Cost Basis

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. To learn more please go to mfs.com/TaxCenter.

6. Your 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.

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

7. Automatic Investment Programs

Optional account services

For detailed information regarding the shareholder services offered on this application, please refer to the appropriate fund's prospectus or Statement of Additional Information. If you have questions about any of the services offered, ask your financial professional, call us at 1-800-225-2606 any business day, or visit our website, mfs.com.

A. Automatic Investment Plan allows you to add 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. Please complete Section 10 and allow up to 10 days for setup.

Frequency. If no day or frequency is chosen, investments will be made into the selected funds on the first business day of each month.

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

Choose one.

Monthly

Or

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

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

FUND NUMBER	FUND NAME	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"/>	_____	\$ _____

B. Automatic Exchange Plan allows you to automatically exchange from one MFS fund to one or more MFS funds in the same share class with the same account registration. A \$2,000 minimum balance is required in the fund you are exchanging from to establish this privilege.

Frequency. 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.

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

Choose one.

Monthly

Or

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

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

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"/>	\$ _____

8. Distribution and Systematic Payment Options

You only need to complete this section if you do not want to reinvest your dividends and capital gains or you would like to set up a Systematic Withdrawal Plan (SWP).

A. Dividends and capital gains (if an option is not selected below, distributions will be reinvested.)

I would like to have Dividends Dividends and capital gains

Choose one : Mailed to the registered owner(s) at the address provided in Section 1.

Electronically deposited directly into the checking/savings account provided in Section 10.

Invested in another MFS fund in the same share class with the same account registration.

FROM FUND NUMBER

TO FUND NUMBER

FROM FUND NUMBER

TO FUND NUMBER

B. Systematic Withdrawal Plan (SWP)

For Class A 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 in the fund you are withdrawing from to establish this privilege.

Frequency. If no frequency is indicated, withdrawals will be made monthly. If no day is chosen, withdrawals will be made on or about the 24th.

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

Choose one.

Monthly

Or

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

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

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

\$ _____ per payment (\$50 minimum if made by check) or,

_____ % of account value per year (calculated each withdrawal) or,

_____ number of withdrawals until the account self-liquidates

Class A 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. Effective January 4, 2016, for Class A shares, you may incur a CDSC when Class A shares are redeemed under the plan (or plans if more than one plan is established) if greater than 10% of the value of your account is withdrawn under the plan(s) in any one year (determined at the time of your first withdrawal under the plan(s), or January 4, 2016, whichever is later). Class A 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 due.

Payment option (Choose one.)

Mailed to the registered owner(s) at the address provided in Section 1.

Electronically deposited directly into the bank checking/savings account provided in Section 10.

9. Check Writing (For individual or joint accounts only)

By completing this section, you will elect the check writing privilege for all eligible accounts on the application. 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.

□ □ □ - □ □ - □ □ □ □

SOCIAL SECURITY 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 I shares. Withdrawals of Class C shares may be subject to a contingent deferred sales charge.

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 6. 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.

10. Link Your Checking/Savings Account to Your Fund Account

Provide your checking/savings account information if you have signed up for an Automatic Investment Plan in Section 7 or requested electronic direct deposit for your distributions or SWP payments in Section 8.

Linking your checking/savings account with your MFS account also 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 or on **mfs.com**. Please call MFS at 1-800-225-2606 for details regarding privileges available for specific account types. 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.

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

Note: In order to invest over the automated telephone system, you must activate this service by setting up a personal identification number (PIN). In order to redeem or invest via **mfs.com**, you must establish a user name and password on MFS Access.

Please either submit an initial investment check or establish an automatic investment plan to fund your new account. If you would like to make a one-time ACH purchase from your bank account, please call MFS Service Center at least ten days after your new account is established.

By providing bank information, I understand that the fund will follow reasonable procedures to confirm that each telephone and online transaction is authentic and authorized. I agree that I bear the risk of loss for unauthorized or fraudulent telephone 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.

Instructions: Please complete the fields below with your banking information, and make a selection to indicate the type of check or deposit slip you have enclosed to verify the information. Please note that the information written on the form must match the check or preprinted deposit slip.

All fields below must be completed to send funds via direct deposit.

Type of account : Checking Savings

NAME ON CHECKING/SAVINGS ACCOUNT (REQUIRED)

BANK NAME (REQUIRED)

BANK ACCOUNT NUMBER (REQUIRED)

BANK ROUTING NUMBER (REQUIRED)

- Verify the information above using my investment check.
 Verify the information above using my voided check or preprinted savings deposit slip.

Attach an original voided check or preprinted deposit slip if you are not enclosing an investment check or do not want to use the same bank information as the investment check.

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

Please select one or both of the following options (if both methods are selected, please note that 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.

ACH Federal bank wire Routing number if different from voided check _____

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.

Mail the completed application and investment check 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

MFS® FAMILY OF FUNDS



FUND NAME	FUND NUMBER (BY CLASS)		FUND NAME	FUND NUMBER (BY CLASS)	
	A	C		A	C
U.S. EQUITY			TAX-ADVANTAGED FIXED INCOME		
Massachusetts Investors Trust	12	312	MFS® Alabama Municipal Bond Fund	54	N/A
Massachusetts Investors Growth Stock Fund	13	313	MFS® Arkansas Municipal Bond Fund	55	N/A
MFS® Blended Research® Core Equity Fund	84	384	MFS® California Municipal Bond Fund	27	327
MFS® Blended Research® Growth Equity Fund	1062	1362	MFS® Georgia Municipal Bond Fund	46	N/A
MFS® Blended Research® Mid Cap Equity Fund	1067	1367	MFS® Maryland Municipal Bond Fund	40	N/A
MFS® Blended Research® Small Cap Equity Fund	1063	1363	MFS® Massachusetts Municipal Bond Fund	45	N/A
MFS® Blended Research® Value Equity Fund	1061	1361	MFS® Mississippi Municipal Bond Fund	58	N/A
MFS® Core Equity Fund	91	391	MFS® Municipal High Income Fund	25	325
MFS® Equity Income Fund	1054	1354	MFS® Municipal Income Fund	02	302
MFS® Growth Fund	07	307	MFS® Municipal Intermediate Fund	1072	1372
MFS® Intrinsic Value Fund	1030	1330	MFS® Municipal Limited Maturity Fund	37	337
MFS® Low Volatility Equity Fund	1023	1323	MFS® New York Municipal Bond Fund	52	352
MFS® Mid Cap Growth Fund	83	383	MFS® North Carolina Municipal Bond Fund	41	341
MFS® Mid Cap Value Fund	1024	1324	MFS® Pennsylvania Municipal Bond Fund	30	N/A
MFS® New Discovery Fund	97	397	MFS® South Carolina Municipal Bond Fund	42	N/A
MFS® New Discovery Value Fund ¹	1050	1350	MFS® Virginia Municipal Bond Fund	43	343
MFS® Research Fund	14	314	MFS® West Virginia Municipal Bond Fund	44	N/A
MFS® Value Fund	93	393			
EQUITY SECTOR			MULTI-ASSET		
MFS® Technology Fund	98	398	MFS® Aggressive Growth Allocation Fund	1029	1329
MFS® Utilities Fund	35	335	MFS® Conservative Allocation Fund	1026	1326
FIXED INCOME			MFS® Diversified Income Fund	1039	1339
MFS® Core Bond Fund	1074	1374	MFS® Global Total Return Fund	24	324
MFS® Corporate Bond Fund	11	311	MFS® Growth Allocation Fund	1028	1328
MFS® Emerging Markets Debt Fund	33	333	MFS® Lifetime® 2025 Fund	1056	1356
MFS® Emerging Markets Debt Local Currency Fund	1052	1352	MFS® Lifetime® 2030 Fund	1037	1337
MFS® Global Opportunistic Bond Fund	1043	1343	MFS® Lifetime® 2035 Fund	1057	1357
MFS® Global High Yield Fund	70	370	MFS® Lifetime® 2040 Fund	1038	1338
MFS® Government Securities Fund	26	326	MFS® Lifetime® 2045 Fund	1058	1358
MFS® High Income Fund	18	318	MFS® Lifetime® 2050 Fund	1047	1347
MFS® Income Fund	34	334	MFS® Lifetime® 2055 Fund	1059	1359
MFS® Inflation-Adjusted Bond Fund	1031	1331	MFS® Lifetime® 2060 Fund	1068	1368
MFS® Limited Maturity Fund	36	336	MFS® Lifetime® 2065 Fund	1073	1373
MFS® Total Return Bond Fund	78	378	MFS® Lifetime® Income Fund	1034	1334
GLOBAL/INTERNATIONAL EQUITY			MFS® Moderate Allocation Fund	1027	1327
MFS® Blended Research® Emerging Markets Equity Fund	1066	1366	MFS® Prudent Investor Fund	1069	1369
MFS® Blended Research® International Equity Fund	1064	1364	MFS® Total Return Fund	15	315
MFS® Emerging Markets Equity Fund	85	385			
MFS® Emerging Markets Equity Research Fund	1071	1371	MONEY MARKET		
MFS® Global Equity Fund	04	304	MFS® U.S. Government Cash Reserve Fund ¹	01	301
MFS® Global Growth Fund	09	309	MFS® U.S. Government Money Market Fund ¹	10	N/A
MFS® Global New Discovery Fund	1053	1353	SPECIALTY/ALTERNATIVE		
MFS® Global Real Estate Fund	59	359	MFS® Commodity Strategy Fund	1042	1342
MFS® International Diversification SM Fund	1032	1332	MFS® Global Alternative Strategy Fund	1041	1341
MFS® International Equity Fund	60	N/A	MFS® Managed Wealth Fund	1060	1360
MFS® International Growth Fund	86	386			
MFS® International Large Cap Value Fund	1070	1370			
MFS® International New Discovery Fund ¹	74	374			
MFS® International Intrinsic Value Fund ¹	87	387			
MFS® Low Volatility Global Equity Fund	1025	1325			
MFS® Research International Fund	99	399			

¹ MFS U.S. Government Cash Reserve Fund, MFS U.S. Government Money Market Fund, MFS New Discovery Value Fund, MFS International Intrinsic Value Fund, and MFS International New Discovery Fund are closed to new investors subject to certain exceptions. Please see the prospectus for additional information.