INVESTMENT INSTRUCTIONS TO ESTABLISH A NEW IRA ACCOUNT(S) IN A DIFFERENT CLASS OF SHARES



For MFS Traditional, Rollover, Roth, SEP, SARSEP, and SIMPLE IRAs Trusteed by MFS Heritage Trust Company

Completing this form will create a new account within your existing MFS IRA Trust invested in the same fund in a different share class. The beneficiary designation(s) currently on record for your existing MFS IRA will apply to the new account(s) established. If you wish to purchase a different class of shares for more than one type of IRA (e.g. Traditional IRA, Roth IRA, SEP IRA, SARSEP IRA, SIMPLE IRA), please complete a separate form for each type of IRA. This form cannot be used to move funds between share classes.

1. Account Owner Information

IRA OWNER'S FIRST NAME	MI	LAST NAME		
SOCIAL SECURITY NUMBER DATE OF BIRT	TH (MM/DD/YYYY)	PHONE N	UMBER	MOBILE NUMBER
MAILING ADDRESS				
CITY			STATE	ZIP CODE
This is my new address; please update my account Note: If the new address is a non-U.S. address, you will into and out of this account.		naking additional purch	ases into this	account and exchanges
REGISTERED REPRESENTATIVE'S NAME	REGISTERED	REPRESENTATIVE'S PHONE	NUMBER	
2. Investment Elections A completed MFS IRA Plans Service Form must accom Type of IRA Traditional IRA Roth IRA	npany this form	to add account opti		LE IRA
FUND NUMBER FUND NAME AND SHARE CLASS	AMOUNT (\$)		<u> </u>	
			. (\bigcirc
			. (
			. (

3. Dealer Signature and Authorization

We hereby authorize MFS Service Center, Inc. (MFSC), its affiliates, and the fund to act on these instructions to establish a new account(s) within an existing MFS IRA in the same fund in a different share class. If the listed broker/ dealer on your existing accounts is different from below, a completed MFS Broker/Dealer Change Form must accompany this form.

FIRM

REPRESENTATIVE NAME

DATE (MM/DD/YYYY)

DATE (MM/DD/YYYY)

AUTHORIZED SIGNATURE OF BROKER/DEALER FIRM

4. Signature and Acknowledgement

I have received and read the terms of the prospectus(es) for the funds chosen in Section 2. I understand the differences in the sales charges and expenses between my existing share class and the share class I am purchasing. I authorize MFS Service Center, Inc. (MFSC), its affiliates, and the fund to act on these instructions to establish a new account(s) within the share class referenced above.

SIGNATURE OF ACCOUNT OWNER

PRINT NAME

If you have any questions about this form, please contact the Retirement Plans Service Department at 1-800-637-1255 any business day.

Please make your investment check payable to the **MFS Service Center** and 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