ADDITIONAL INVESTMENT FORM FOR MFS® NON-RETIREMENT ACCOUNTS



1. Account Information

A C C O LINIT O MANIEDIC	NIANAS			
ACCOUNT OWNER'S	-			
ACCOUNT OWNER'S	SOCIAL SECURITY NUMBER	ACCOUNT OWNER'S PHONE NUMBER		
MAILING ADDRESS				
CITY		STATE ZIP CODE		
This is my n	ew address; please up	date my account information. (Please check the box and sig	n only if applicable.)	
SHAREOWNER'S	SIGNATURE			
		s, you will be restricted from making additional purchases into this accoun	t and exchanges into and	
out of this account	t.			
REGISTERED REPRESE	NTATIVE'S NAME	REGISTERED REPRESENTATIVE'S PHONE NUMB	REGISTERED REPRESENTATIVE'S PHONE NUMBER	
l ist Individi	ual Investments			
		rom your checking/savings account online or by telephone.	Please visit	
	-	Center at 1-800-225-2606 to learn more about these service		
FUND NUMBER	ACCOUNT NUMBER	FUND NAME/SHARE CLASS (example: MIT Fund – A)	AMOUNT	
			\$	
			\$	
			\$	
			\$	
		Total investment amount:	\$	

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

Regular mail Overnight mail

MFS Service Center, Inc. MFS Service Center, Inc.

P.O. Box 219341 801 Pennsylvania Ave, Suite 219341 Kansas City, MO 64121-9341 Kansas City, MO 64105-1307

Important Notes:

- Minimum additional investment amount is \$50 per fund via check for non-retirement accounts.
- To establish a **new** fund within your existing type of account in **the same share class**, write the word "NEW" in the space provided for the account number.
 - The minimum initial investment amount is \$1,000 to establish a new account.
 - Please read the fund's prospectus and consult your financial professional with any questions before investing in a new MFS fund.
- Please use more than one form if you have more than four additional investments.
- If you are investing in a new share class, a new account application is required.
- Funds will be invested on the first business day of receipt as long as the investment instructions are completed in full.