

MFS[®] COST BASIS INFORMATION REPORTING FORM



This form should be completed if you are providing updated cost basis information to MFS Service Center, Inc. Please consult your tax advisor before submitting this form. A separate MFS Cost Basis Information Reporting Form must be submitted for each account for which you are providing cost basis.

1. Account Information

ACCOUNT REGISTRATION _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

This is my new address; please update my account information.

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.

 FUND NUMBER ACCOUNT NUMBER

REGISTERED REPRESENTATIVE'S NAME _____ REGISTERED REPRESENTATIVE'S PHONE NUMBER _____

2. Cost Basis Per Shares

Complete for all tax lots that are missing, unknown, or require correction within your account. If you have additional tax lots, attach a separate piece of paper.

DATE OF PURCHASE (MM/DD/YYYY)	PRICE PER SHARE	NUMBER OF SHARES	TOTAL COST	LOT TYPE
_____	\$ _____	_____	\$ _____	<input type="radio"/> Covered <input type="radio"/> Noncovered
_____	\$ _____	_____	\$ _____	<input type="radio"/> Covered <input type="radio"/> Noncovered
_____	\$ _____	_____	\$ _____	<input type="radio"/> Covered <input type="radio"/> Noncovered
_____	\$ _____	_____	\$ _____	<input type="radio"/> Covered <input type="radio"/> Noncovered
_____	\$ _____	_____	\$ _____	<input type="radio"/> Covered <input type="radio"/> Noncovered
_____	\$ _____	_____	\$ _____	<input type="radio"/> Covered <input type="radio"/> Noncovered
_____	\$ _____	_____	\$ _____	<input type="radio"/> Covered <input type="radio"/> Noncovered
_____	\$ _____	_____	\$ _____	<input type="radio"/> Covered <input type="radio"/> Noncovered
_____	\$ _____	_____	\$ _____	<input type="radio"/> Covered <input type="radio"/> Noncovered

3. Authorization

I authorize MFS Service Center, Inc. and its affiliates to act upon the instructions provided. I agree they will not be held liable for any loss, cost, expense, or future penalties assessed for acting on such instructions. I understand that MFS Service Center, Inc. is not responsible for the accuracy of the basis I have provided nor are they responsible for verifying the basis I have provided. I certify the above instructions and confirmations are true and complete.

SIGNATURE (ALL AUTHORIZED SIGNERS)

DATE (MM/DD/YYYY)

PRINT NAME

SIGNATURE (ALL AUTHORIZED SIGNERS)

DATE (MM/DD/YYYY)

PRINT NAME

If you have any questions about this form, please visit mfs.com/TaxCenter, or 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