

MFS[®] SEP/SARSEP IRA

Everything you need . . .

- to open a SEP/SARSEP account with MFS
- to transfer your account(s) to a SEP/SARSEP at MFS
- to directly roll over your 403(b) or other qualified plan to a SEP/SARSEP at MFS

GENERAL INSTRUCTIONS

1. To establish a SEP/SARSEP IRA with MFS, complete the appropriate sections of the enclosed MFS SEP/SARSEP IRA Application.
2. Make your check(s) payable to MFS Heritage Trust Company.
3. Additional forms are required to establish a SEP or SARSEP. Please be sure your employer has properly established a SEP or SARSEP plan, and ask your employer or investment professional for a participant information kit. If your employer is establishing the SEP plan with MFS at the same time this application is being submitted, please attach a copy of the employer's executed SEP adoption agreement.
4. Be sure to check the "Direct Rollover" box if you are rolling over your assets directly from an eligible retirement plan.
5. If you are rolling over assets for which you have taken constructive receipt, i.e., the check is payable to you, check the "Rollover" box and indicate the type of plan from which you are rolling over. Such assets must be rolled over within 60 days.

Note: Internal Revenue Service rules allow only one IRA-to-IRA rollover in any twelve-month time period, regardless of the number of IRAs an individual has or the types of IRAs (including traditional and Roth IRAs and SEP and SIMPLE IRAs). Exceeding this limit, even if the prior rollover involved a different type of IRA, will result in an excess contribution to your IRA subject to taxation and penalties. Roth conversions (rollovers from traditional IRAs to Roth IRAs), rollovers between qualified plans and IRAs, and trustee-to-trustee transfers – direct transfers of assets from one IRA trustee to another – are not subject to the one-per-year limit and are disregarded in applying the limit to other rollovers. You may want to consult with your tax advisor before making a rollover.

From the list below, determine which form(s) you need to establish the SEP or SARSEP IRA you want.

- To establish a new SEP or SARSEP Form A
- If you want MFS to move assets from
 - a SEP or SARSEP into a new account Form A, B
 - a SEP or SARSEP into an existing account Form B
 - a 403(b) or another qualified plan into a new account Form A, C
 - a 403(b) or another qualified plan into an existing account Form C

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

Return all forms with your check(s) to:

Regular mail
MFS Service Center, Inc.
P.O. Box 219341
Kansas City, MO 64121-9341

Overnight mail
MFS Service Center, Inc.
Suite 219341
430 W 7th Street
Kansas City, MO 64105-1407

MFS® SEP/SARSEP IRA APPLICATION

If your employer is establishing the SEP plan with MFS at the same time this application is being submitted, please attach a copy of the employer's executed SEP adoption agreement.

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 Tax ID, 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.

1. Investor Information

INVESTOR'S FIRST NAME	MI	LAST NAME
<input style="border: 1px solid black; width: 30px; height: 20px;" type="text"/> <input style="border: 1px solid black; width: 30px; height: 20px;" type="text"/> - <input style="border: 1px solid black; width: 30px; height: 20px;" type="text"/> <input style="border: 1px solid black; width: 30px; height: 20px;" type="text"/> - <input style="border: 1px solid black; width: 30px; height: 20px;" type="text"/> <input style="border: 1px solid black; width: 30px; height: 20px;" type="text"/> <input style="border: 1px solid black; width: 30px; height: 20px;" type="text"/> <input style="border: 1px solid black; width: 30px; height: 20px;" type="text"/>	<input style="border: 1px solid black; width: 30px; height: 20px;" type="text"/> <input style="border: 1px solid black; width: 30px; height: 20px;" type="text"/> / <input style="border: 1px solid black; width: 30px; height: 20px;" type="text"/> <input style="border: 1px solid black; width: 30px; height: 20px;" type="text"/> / <input style="border: 1px solid black; width: 30px; height: 20px;" type="text"/> <input style="border: 1px solid black; width: 30px; height: 20px;" type="text"/> <input style="border: 1px solid black; width: 30px; height: 20px;" type="text"/> <input style="border: 1px solid black; width: 30px; height: 20px;" type="text"/> <input style="border: 1px solid black; width: 30px; height: 20px;" type="text"/>	<input style="border: 1px solid black; width: 30px; height: 20px;" type="checkbox"/> I AM A MINOR <small>(Parent or Guardian must sign this form)</small>
DAYTIME TELEPHONE NUMBER		

STREET ADDRESS REQUIRED (NO P.O. BOXES)		
CITY	STATE	ZIP CODE
MAILING ADDRESS		
CITY	STATE	ZIP CODE

2. Select Your Investments

Please see the MFS Family of Funds® listing at the back of this book for fund numbers. Minimum initial purchase is \$25 per fund. Percentages must total 100%.

FUND NUMBER	FUND NAME	DOLLAR AMOUNT	OR	PERCENTAGE (%)
<input style="border: 1px solid black; width: 30px; height: 20px;" type="text"/> <input style="border: 1px solid black; width: 30px; height: 20px;" type="text"/> <input style="border: 1px solid black; width: 30px; height: 20px;" type="text"/> <input style="border: 1px solid black; width: 30px; height: 20px;" type="text"/>				
<input style="border: 1px solid black; width: 30px; height: 20px;" type="text"/> <input style="border: 1px solid black; width: 30px; height: 20px;" type="text"/> <input style="border: 1px solid black; width: 30px; height: 20px;" type="text"/> <input style="border: 1px solid black; width: 30px; height: 20px;" type="text"/>				
<input style="border: 1px solid black; width: 30px; height: 20px;" type="text"/> <input style="border: 1px solid black; width: 30px; height: 20px;" type="text"/> <input style="border: 1px solid black; width: 30px; height: 20px;" type="text"/> <input style="border: 1px solid black; width: 30px; height: 20px;" type="text"/>				
<input style="border: 1px solid black; width: 30px; height: 20px;" type="text"/> <input style="border: 1px solid black; width: 30px; height: 20px;" type="text"/> <input style="border: 1px solid black; width: 30px; height: 20px;" type="text"/> <input style="border: 1px solid black; width: 30px; height: 20px;" type="text"/>				
<input style="border: 1px solid black; width: 30px; height: 20px;" type="text"/> <input style="border: 1px solid black; width: 30px; height: 20px;" type="text"/> <input style="border: 1px solid black; width: 30px; height: 20px;" type="text"/> <input style="border: 1px solid black; width: 30px; height: 20px;" type="text"/>				

If this relates to a wire order trade placed through your financial advisor, provide the confirmation number: _____

3. Plan Information

 EMPLOYER NAME (REQUIRED)

 PLAN ID NUMBER (FOR EXISTING SEP OR SARSEP PLANS)

 EMPLOYER MAILING ADDRESS

 CITY

 STATE

 ZIP CODE

If your employer is establishing the SEP plan with MFS at the same time this application is being submitted, please attach a copy of the employer's executed SEP adoption agreement.

 SEP

 Existing plan

 New plan

For tax year _____

Is the new SEP Plan an MFS prototype plan?

 Yes

 No

 SARSEP

Note: No new SARSEP plans can be established with MFS.

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 authorize MFS Service Center, Inc. to act as our agent in connection with transactions under the authorization form and agree to notify the distributor of any purchase made under the Letter of Intent or Right of Accumulation. 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

 AUTHORIZED SIGNER OF BROKER/DEALER FIRM (REQUIRED)

 DATE (MM/DD/YYYY)

5. Beneficiary Designation

Please complete the fields below to designate your beneficiaries. If you do not name beneficiaries, the beneficiary designation default will be applied to your account. (The beneficiary default is the individual's surviving spouse, or if none, his or her surviving children per stirpes, or if none, the individual's estate.)

If you are naming more than one primary or secondary beneficiary, please indicate whole number percentages. Percentages must total 100%.

If more than one beneficiary is named and no percentage is indicated, then equal shares will be assigned. If you have additional primary or secondary beneficiaries, attach a separate list and indicate percentage.

Primary Beneficiary

BENEFICIARY'S NAME

_____ RELATIONSHIP: / / - -

PERCENTAGE (%) SPOUSE OTHER DATE OF BIRTH OR TRUST DATE (MM/DD/YYYY) SOCIAL SECURITY NUMBER

Primary Beneficiary

BENEFICIARY'S NAME

_____ RELATIONSHIP: / / - -

PERCENTAGE (%) SPOUSE OTHER DATE OF BIRTH OR TRUST DATE (MM/DD/YYYY) SOCIAL SECURITY NUMBER

Secondary Beneficiary

BENEFICIARY'S NAME

_____ RELATIONSHIP: / / - -

PERCENTAGE (%) SPOUSE OTHER DATE OF BIRTH OR TRUST DATE (MM/DD/YYYY) SOCIAL SECURITY NUMBER

Secondary Beneficiary

BENEFICIARY'S NAME

_____ RELATIONSHIP: / / - -

PERCENTAGE (%) SPOUSE OTHER DATE OF BIRTH OR TRUST DATE (MM/DD/YYYY) SOCIAL SECURITY NUMBER

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

List any existing MFS account holders and their respective Social Security numbers. Please refer to the prospectus for the appropriate sales charge levels for Right of Accumulation and for Letter of Intent. 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).

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 If you intend to invest \$1,000,000 or
 \$250,000 more, the period is 36 months.

7. eDelivery Sign me up to receive fund documents online.

I consent to the delivery of all MFS Fund documents electronically (“eDelivery”). I understand that this election constitutes a global 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 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 global 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 “Setup/Change eDelivery.” 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 “Setup/Change eDelivery.” 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® Internet Explorer® 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 the **Setup/Change eDelivery** link on the left hand navigation bar. 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.

8. Trustee Acceptance

MFS® Heritage Trust CompanySM shall serve as Trustee under this IRA Trust only (1) for the MFS Family of Funds®, (2) in accordance with the terms and conditions of the Trust Agreement, and (3) provided that the required forms are properly completed and received by MFS Service Center (MFSC). The Trustee’s acceptance of your IRA will be acknowledged by written confirmation from MFS of your initial purchase. This confirmation will reference your account as “MFS Heritage Trust Company, Trustee, [employer name] (SAR)SEP Plan, [your name] IRA.”

9. Investor Signature

I hereby establish an IRA Trust with MFS, appoint MFS Heritage Trust Company as Trustee, and (1) acknowledge that I have received and read the current prospectus(es) for the fund(s) chosen in Section 2 and the appropriate MFS Disclosure Statement and Individual Retirement Account Trust, (2) acknowledge that I am responsible for determining the deductibility of contributions made to my account, (3) agree that an annual trustee fee of \$25 may be deducted from my account, unless my account balance exceeds \$50,000 on the day the fee is assessed, and (4) certify that, under penalty of perjury, my Social Security number shown above is correct.

INVESTOR SIGNATURE
(OR SIGNATURE OF PARENT OR GUARDIAN, IF INVESTOR IS A MINOR)

DATE (MM/DD/YYYY)

SIGNATURE OF SPOUSE
(ONLY REQUIRED IN COMMUNITY PROPERTY STATES, WHEN DESIGNATED BENEFICIARY IS NOT YOUR SPOUSE)

DATE (MM/DD/YYYY)

WITNESS TO SIGNATURE*

DATE (MM/DD/YYYY)

*Testamentary dispositions are required to be witnessed in some jurisdictions

MFS® SEP/SARSEP IRA TRANSFER FORM

Use this form to transfer your existing SEP/SARSEP, Traditional IRA, or IRA Rollover with your current trustee to an MFS SEP/SARSEP account. If you do not have a SEP/SARSEP with MFS, please complete and attach an MFS SEP/SARSEP Application (Form A). In order to expedite your transfer request, please include a copy of your most recent statement.

1. Investor Information

INVESTOR'S FIRST NAME

MI

LAST NAME

□□□□ - □□ - □□□□□□

SOCIAL SECURITY NUMBER

REGISTERED REPRESENTATIVE'S NAME

REGISTERED REPRESENTATIVE'S PHONE NUMBER

2. IRA to be transferred

The IRA to be transferred is (Choose one):

- Traditional
- Rollover
- SEP
- SARSEP

The account to be transferred is presently invested or deposited in:

MFS Funds

□□□□□□ □□□□□□ □□□□□□ □□□□□□ □□□□□□

FUND NUMBER(S): SEE THE MFS FAMILY OF FUNDS LISTING AT THE BACK OF THIS BOOK.

The IRA is held at another institution in:

A Non-MFS investment

NAME OF INSTITUTION

CDs

NAME OF INSTITUTION

□□□□ / □□□□ / □□□□□□

DATE OF MATURITY* (MM/DD/YYYY)

*PAPERWORK SHOULD BE RECEIVED TWO WEEKS PRIOR TO MATURITY DATE.

ACCOUNT NUMBER(S)

CONTACT NAME (IF ANY)

NAME OF RESIGNING TRUSTEE/CUSTODIAN

PHONE NUMBER

MAILING ADDRESS OF RESIGNING TRUSTEE/CUSTODIAN

CITY

STATE

ZIP CODE

Check this box if you are age 70½ or older.

I am requesting this transfer during or after the year in which I attain age 70½. I understand that any required minimum distribution amount must be distributed from my existing IRA prior to the transfer of assets to an MFS SEP/SARSEP IRA.

3. Transmittal Instructions

Important: Please select either "Transfer in kind" or "Liquidate." Contact the resigning trustee or custodian for their requirements before completing this section.

To resigning trustee/custodian

Transfer in kind.

I am requesting a transfer of shares from a brokerage firm or bank IRA presently invested in the MFS fund(s) as indicated in Section 2.

I also wish to transfer my non-MFS Money Market IRA from the firm listed in Section 2 to MFS.

To resigning trustee/custodian: If this box is checked, please liquidate any non-MFS money market shares and send to the MFS address below.

All **OR** Part (\$ _____) of the account described in Section 2 to my MFS SEP/SARSEP IRA

Liquidate

All **OR** Part (\$ _____) of the account described in Section 2 to my MFS SEP/SARSEP IRA

Immediately **OR** At maturity

Send assets as follows

Mail check

Make check payable to MFS Heritage Trust Company, Trustee for _____ SEP or SARSEP IRA. NAME, MFS REFERENCE NUMBER

Mail completed form to:

Regular mail

MFS Service Center, Inc.
P.O. Box 219341
Kansas City, MO 64121-9341

Overnight mail

MFS Service Center, Inc.
Suite 219341
430 W 7th Street
Kansas City, MO 64105-1407

Wire funds

State Street Bank and Trust Co.
Boston, MA 02101
ABA #011000028
Credit MFS DDA Number 99034795

For further credit to SEP or SARSEP IRA for _____ NAME, MFS REFERENCE NUMBER

4. Investment Instructions [Choose one]

- Open a new SEP or SARSEP MFS IRA (Complete and attach **Form A**, upon which you may indicate your investment instructions, thus leaving the fields below blank.)
- Invest in my existing MFS SEP or SARSEP IRA(s) as follows (also indicate any additional MFS fund choices below). For transfers-in-kind where no allocation is indicated, assets will remain in the same fund.

FUND NUMBER	PERCENTAGE (%)	FUND NUMBER	PERCENTAGE (%)	FUND NUMBER	PERCENTAGE (%)
<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"/>	_____
<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"/>	_____

5. Authorization to Transfer

Important: Contact the resigning trustee or custodian of the IRA you are transferring to see if a signature guarantee or other documentation is required.

Please transfer my Individual Retirement Account (IRA) as described in Section 2, in accordance with the above instructions.

INVESTOR'S SIGNATURE

DATE (MM/DD/YYYY)

Signature guaranteed by:

NAME OF FIRM

SIGNATURE OF AUTHORIZED PERSON

6. Trustee Acceptance (For MFS Use Only)

MFS Heritage Trust Company is willing to accept the assets described above and credit them to the MFS Individual Retirement Account Trust for which it is trustee. MFS Heritage Trust Company agrees to the redemption and transfer from fiduciary to fiduciary as authorized above.

AUTHORIZED MFS SIGNATURE ON BEHALF OF MFS HERITAGE TRUST COMPANY

DATE (MM/DD/YYYY)

MFS® SEP/SARSEP IRA DIRECT ROLLOVER FORM

Use this form to roll over your 403(b) or other qualified plan with your current trustee to an MFS SEP/SARSEP account. If you do not have a SEP/SARSEP with MFS, please complete and attach an MFS SEP/SARSEP Application (**Form A**). This form may not be accepted by your existing plan. Plan-specific paperwork may be required. Contact your plan administrator/employer for their requirements. **In order to expedite your rollover request, please include a copy of your most recent statement.**

1. Investor Information

FIRST NAME

MI

LAST NAME

- -

SOCIAL SECURITY NUMBER

REGISTERED REPRESENTATIVE'S NAME

REGISTERED REPRESENTATIVE'S PHONE NUMBER

2. Current Plan Trustee/Custodian Information

The eligible retirement plan to be rolled over is presently in or deposited in

MFS Funds

FUND NUMBER(S): SEE THE MFS FAMILY OF FUNDS LISTING AT THE BACK OF THIS BOOK.

A Non-MFS investment

NAME OF INSTITUTION

Other

NAME OF INSTITUTION

ACCOUNT NUMBER(S)

CONTACT NAME (IF ANY)

NAME OF RESIGNING TRUSTEE/CUSTODIAN

PHONE NUMBER

MAILING ADDRESS OF RESIGNING TRUSTEE/CUSTODIAN

CITY

STATE

ZIP CODE

Check this box if you are age 70½ or older.

I am requesting this direct rollover during or after the year in which I attain age 70½. I understand that any required minimum distribution amount must be distributed from my existing eligible retirement plan account prior to the direct rollover of assets to an MFS SEP/SARSEP IRA.

3. Transmittal Instructions

Important: Please select either "Rollover in kind" or "Liquidate." Contact the resigning trustee or custodian for their requirements before completing this section.

To resigning trustee/custodian

Rollover in kind.

I am requesting a rollover of shares from a brokerage firm or bank-eligible retirement plan presently invested in the MFS fund(s) as indicated in Section 2.

I also wish to roll over my non-MFS money market-eligible retirement plan monies from the firm indicated in Section 2 to MFS.

To resigning trustee/custodian: If checked, please liquidate any non-MFS money market shares and send to the address below.

Liquidate

All **OR** Part (\$ _____) of the account described in Section 2 to my MFS SEP/SARSEP IRA.

Send assets as follows

Mail check

Make check payable to MFS Heritage Trust Company, Trustee for _____ SEP or SARSEP IRA. NAME, MFS REFERENCE NUMBER

Mail completed form to:

Regular mail

MFS Service Center, Inc.
P.O. Box 219341
Kansas City, MO 64121-9341

Overnight mail

MFS Service Center, Inc.
Suite 219341
430 W 7th Street
Kansas City, MO 64105-1407

Wire funds

State Street Bank and Trust Co.
Boston, MA 02101
ABA #011000028
Credit MFS DDA Number 99034795

For further credit to SEP or SARSEP IRA for _____ NAME, MFS REFERENCE NUMBER

4. Investment Instructions [Choose one]

- Open a new SEP or SARSEP MFS IRA (Complete and attach **Form A**, upon which you may indicate your investment instructions, thus leaving the fields below blank.)
- Invest in my existing MFS SEP or SARSEP IRA(s) as follows (indicate new MFS fund choices below, if desired). For rollovers-in-kind where no allocation is indicated, assets will remain in the same fund.

FUND NUMBER	PERCENTAGE (%)	FUND NUMBER	PERCENTAGE (%)	FUND NUMBER	PERCENTAGE (%)
<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"/>	_____

5. Authorization to Roll Over

Important: Contact the trustee or custodian of the 403(b) or Qualified Plan from which you are rolling over to see if a signature guarantee or other documentation is required.

By effecting this rollover, I irrevocably elect to treat the distribution from my previous plan as nontaxable, and therefore I am not eligible for any special tax treatment that may otherwise be available.

INVESTOR SIGNATURE

DATE (MM/DD/YYYY)

Signature guaranteed by:

NAME OF FIRM

SIGNATURE OF AUTHORIZED PERSON

6. Trustee Acceptance

For MFS Use Only

MFS® Heritage Trust CompanySM is willing to accept the assets described above and credit them to the MFS Individual Retirement Account Trust for which it is trustee. MFS Heritage Trust Company agrees to the redemption and rollover from fiduciary to fiduciary as authorized above.

AUTHORIZED MFS SIGNATURE ON BEHALF OF MFS HERITAGE TRUST COMPANY

DATE (MM/DD/YYYY)

