

MFS® Traditional IRA

MFS® Roth IRA

Everything you need . . .

- to open a traditional or Roth IRA with MFS
- to transfer your account(s) to an IRA at MFS
- to directly roll over your retirement plan distribution

WHICH IRA IS RIGHT FOR YOU?

From the list below, determine which form(s) you need to establish the traditional or Roth Individual Retirement Account (IRA) you want. **For SIMPLE, SEP, or SARSEP IRAs, please use the appropriate forms kit.** If you are transferring or rolling over assets from another institution, in order to expedite your request, please include a copy of your most recent statement from the institution.

TRADITIONAL IRA

If you are sending a check to open a new MFS traditional IRA for	Use these forms
• a first-time contribution.	A
• a rollover to a traditional IRA (within 60 days of your receipt from another traditional IRA). . . .	A
• a rollover from your eligible retirement plan	A
If you want MFS® to move your assets from	
• a traditional IRA at another institution into	
- a new MFS traditional IRA (no check enclosed)	A,B
- an existing MFS traditional IRA (no check enclosed)	B
• a rollover IRA at another institution into	
- a new MFS traditional IRA (no check enclosed)	A,B
- an existing MFS traditional IRA (no check enclosed)	B
• an eligible retirement plan for a direct rollover into	
- a new MFS traditional IRA (no check enclosed)	A,C
- an existing MFS traditional IRA (no check enclosed)	C

ROTH IRA

If you are sending a check to open a new MFS Roth IRA for	Use these forms
• a first-time contribution.	A
• a rollover to a Roth IRA (within 60 days of your receipt from another Roth IRA)	A
• a rollover from a designated Roth account in your eligible retirement plan	A
• a conversion of your traditional IRA assets from another institution.	A
If you want MFS to move your assets from	
• a Roth IRA at another institution into	
- a new MFS Roth IRA (no check enclosed)	A,B
- an existing MFS Roth IRA (no check enclosed).	B
• a rollover Roth IRA at another institution into	
- a new MFS Roth IRA (no check enclosed)	A,B
- an existing MFS Roth IRA (no check enclosed).	B
• a conversion Roth IRA at another institution into	
- a new MFS Roth IRA (no check enclosed)	A,B
- an existing MFS Roth IRA (no check enclosed).	B
• a designated Roth account in an eligible retirement plan for a direct rollover into	
- a new MFS Roth IRA (no check enclosed)	A,C
- an existing MFS Roth IRA (no check enclosed).	C

Make all checks payable to MFS® Heritage Trust CompanySM.

Complete and mail all appropriate forms to:

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

Overnight mail only:
MFS Service Center, Inc.,
801 Pennsylvania Ave, Suite 219341
Kansas City, MO 64105-1307

Any questions or comments? Visit our website at mfs.com or call us at 1-800-637-1255.

MFS® IRA APPLICATION

Please fill out a separate application for each type of IRA you are establishing.

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.

1. Investor Information

The MFS Family of Funds® is generally only available to U.S. residents classified as U.S. Persons for federal tax purposes. A U.S. Person is a citizen or resident alien of the United States. Both the residential address and mailing address provided must be a U.S. address.

FIRST NAME	MI	LAST 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"/>	<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="checkbox"/> I AM A MINOR (Parent or Guardian must sign this form)
SOCIAL SECURITY NUMBER		DATE OF BIRTH (MM/DD/YYYY)	
PHONE NUMBER		<input type="checkbox"/> MOBILE NUMBER	
STREET ADDRESS REQUIRED (NO P.O. BOXES)			
CITY		STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)			
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. The minimum initial purchase is \$250 per fund. Percentages must total 100%. Please make your investment check payable to MFS Heritage Trust Company. To establish an Automatic Investment Plan, complete Section 6.

FUND NUMBER	FUND NAME	DOLLAR AMOUNT	OR 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"/>
TOTAL AMOUNT INVESTED		\$ <input type="text"/>	

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

Minimum Balance Requirement: Because it is costly to maintain small accounts and to keep fees reasonable for all shareholders, the MFS funds reserve the right to liquidate an account without the individual IRA owner's permission in the instance where the account balance contains less than \$500 for any reason, including market fluctuation. See Section 5.7 Involuntary Redemptions of the MFS Individual Retirement Account Trust Agreement.

3. Account Type Please complete either A or B.

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, Roth, 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.

A. Traditional IRA Please select the initial funding of the traditional IRA you are establishing.

- ☐ CONTRIBUTORY TRADITIONAL IRA
- Enclose a contribution check. For tax year(s) _____
- ☐ TRANSFER
- From another traditional IRA only. Complete and attach **Form B**.
- ☐ ROLLOVER
- Within 60 days of your receipt from an eligible retirement plan or another traditional IRA. Enclose a check.
- ☐ DIRECT ROLLOVER
- Direct Rollover from an eligible retirement plan. To request a letter of acceptance, complete and attach **Form C**. By effecting this rollover, you agree that you will keep records of any portion allocable to any after-tax contributions.

B. Roth IRA Please select the initial funding of the Roth IRA you are establishing.

- ☐ CONTRIBUTORY ROTH IRA
- Enclose a contribution check. For tax year(s) _____
- ☐ TRANSFER
- From another Roth IRA only. Complete and attach **Form B**.
- ☐ ROLLOVER TO A ROTH
- Within 60 days of your receipt from another Roth IRA or from a designated Roth account in an eligible retirement plan. By effecting this rollover, you agree that you will be responsible for tracking the portion of the rollover IRA attributable to Roth contributions and the portion attributable to earnings and that you understand that the five-year period used in determining whether a distribution is a “qualified distribution” from your Roth IRA is computed without regard to your period of participation in the designated Roth account under an eligible retirement plan. Enclose a check.
- ☐ CONVERSION ROTH IRA
- From a traditional IRA only. Complete and attach the **IRA Roth Conversion Form**.
- ☐ DIRECT ROLLOVER
- From a designated Roth account in an eligible retirement plan. To request a letter of acceptance, complete and attach **Form C**. By effecting this rollover, you agree that you will be responsible for tracking the portion of the rollover IRA attributable to Roth contributions and the portion attributable to earnings and that you understand that the five-year period used in determining whether a distribution is a “qualified distribution” from your Roth IRA is computed without regard to your period of participation in the designated Roth account under an eligible retirement plan.

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

 BROKERAGE ACCOUNT NUMBER (IF APPLICABLE)

 MATRIX LEVEL

 AUTHORIZED SIGNER OF BROKER/DEALER FIRM (REQUIRED)

5. Beneficiary Information

Please complete the fields on the next page 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 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.

SECTION 5 CONTINUES ON NEXT PAGE

Primary Beneficiaries

1. BENEFICIARY'S NAME

RELATIONSHIP:
☐ SPOUSE ☐ OTHER

DATE OF BIRTH/TRUST (MM/DD/YYYY)

SOCIAL SECURITY NUMBER

PERCENTAGE (%)

2. BENEFICIARY'S NAME

RELATIONSHIP:
☐ SPOUSE ☐ OTHER

DATE OF BIRTH/TRUST (MM/DD/YYYY)

SOCIAL SECURITY NUMBER

PERCENTAGE (%)

3. BENEFICIARY'S NAME

RELATIONSHIP:
☐ SPOUSE ☐ OTHER

DATE OF BIRTH/TRUST (MM/DD/YYYY)

SOCIAL SECURITY NUMBER

PERCENTAGE (%)

4. BENEFICIARY'S NAME

RELATIONSHIP:
☐ SPOUSE ☐ OTHER

DATE OF BIRTH/TRUST (MM/DD/YYYY)

SOCIAL SECURITY NUMBER

PERCENTAGE (%)

TOTAL (MUST ADD
UP TO 100%)

Secondary Beneficiaries (if the primary beneficiary/ies should fail to survive me)

1. BENEFICIARY'S NAME

RELATIONSHIP:
☐ SPOUSE ☐ OTHER

DATE OF BIRTH/TRUST (MM/DD/YYYY)

SOCIAL SECURITY NUMBER

PERCENTAGE (%)

2. BENEFICIARY'S NAME

RELATIONSHIP:
☐ SPOUSE ☐ OTHER

DATE OF BIRTH/TRUST (MM/DD/YYYY)

SOCIAL SECURITY NUMBER

PERCENTAGE (%)

3. BENEFICIARY'S NAME

RELATIONSHIP:
☐ SPOUSE ☐ OTHER

DATE OF BIRTH/TRUST (MM/DD/YYYY)

SOCIAL SECURITY NUMBER

PERCENTAGE (%)

4. BENEFICIARY'S NAME

RELATIONSHIP:
☐ SPOUSE ☐ OTHER

DATE OF BIRTH/TRUST (MM/DD/YYYY)

SOCIAL SECURITY NUMBER

PERCENTAGE (%)

TOTAL (MUST ADD
UP TO 100%)

6. Automatic Investment Plan

An 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 7 and allow up to 10 days for setup. The funds may be drafted only from the investor's bank account. If no day or frequency is chosen, investments will be made on the first business day of each month.

Frequency (Choose one.)

☐ Monthly

Or

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

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

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

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"/>	_____	\$ _____

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

Linking your checking/savings account with your MFS account 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 1-800-637-1255 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.

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.

Note: Only preprinted deposit slips will be accepted for savings accounts.

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

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 MFS Service Center, Inc. (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.

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

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

☐ \$100,000

☐ \$250,000

☐ \$500,000

☐ \$1,000,000

9. Automatic Exchange Plan

An Automatic Exchange Plan allows you to automatically exchange from one MFS fund to one or more MFS funds in the same share class within the same IRA. A \$2,000 minimum balance is required at the time the automatic exchange plan is established in the fund from which you are exchanging. If no day or frequency is indicated, exchanges will be made into the selected funds on or about the seventh day of each month.

Frequency (Choose one.)

☐ Monthly

Or

Other than monthly (Check the month(s) below.)

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

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

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"/>	\$ _____

10. 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.

11. 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. 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, for Traditional IRA A/C [your name]” if you completed Section 3(A); this confirmation will reference your account as “MFS Heritage Trust Company, Trustee, for Roth IRA A/C [your name]” if you completed Section 3(B).

12. 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 funds 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’S SIGNATURE **(REQUIRED)**
(Or signature of parent or guardian, if investor is a minor)

DATE (MM/DD/YYYY)

PRINT NAME

SIGNATURE OF SPOUSE
(Only required in community property states, when sole primary beneficiary is not your spouse)

DATE (MM/DD/YYYY)

PRINT NAME

WITNESS TO SIGNATURE
(Testamentary dispositions are required to be witnessed in some jurisdictions)

DATE (MM/DD/YYYY)

PRINT NAME

MFS® IRA TRANSFER FORM

Use this form to request that a letter of acceptance be sent for a transfer of assets from an IRA or Roth account to an MFS IRA. In order to expedite your request, please include a copy of your most recent statement.

1. Investor Information

IRA OWNER'S FIRST NAME

MI

LAST NAME

- -

SOCIAL SECURITY NUMBER

PHONE NUMBER

REGISTERED REPRESENTATIVE'S NAME

REGISTERED REPRESENTATIVE'S PHONE NUMBER

2. Describe IRA to be Transferred

The IRA to be transferred is (Choose one.)

☐ Traditional ☐ Rollover ☐ Roth ☐ Roth Rollover ☐ SIMPLE IRA ☐ SEP/SARSEP IRA

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:

☐ 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

INITIAL FUNDING DATE FOR THE TRANSFERRED IRA

☐

Check here if you have reached Required Minimum Distribution age.

I am requesting this transfer during or after the year in which I attain Required Minimum Distribution age. I understand that any Required Minimum Distribution amount must be distributed from my existing IRA account prior to the transfer of assets to an MFS 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.

☐ All **Or** ☐ Part (\$ _____) of the account described in Section 2 to my MFS IRA

☐ **Liquidate**

☐ All **Or** ☐ Part (\$ _____) of the account described in Section 2 to my MFS IRA

☐ Immediately **Or** ☐ At maturity

☐ **For Non-MFS Money Market IRAs Only:**

I also wish to roll over my non-MFS money market IRA 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.

Send assets as follows:

☐ **Mail check**

Make check payable to MFS Heritage Trust Company, Trustee for _____ IRA
(or Roth IRA, if applicable) NAME

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.
801 Pennsylvania Ave, Suite 219341
Kansas City, MO 64105-1307

☐ **Wire funds**

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

For further credit to IRA/Roth IRA for _____
NAME

4. Investment Instructions [Choose one.]

- ☐ Open a new account (Complete and attach **Form A**, upon which you may indicate your investment instructions, leaving the fields below blank.)
- ☐ MFS traditional IRA ☐ MFS Roth IRA

Or

- ☐ Invest in my existing MFS 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.
Percentages must total 100%.

FUND NUMBER	PERCENTAGE (%)	FUND NUMBER	PERCENTAGE (%)	FUND NUMBER	PERCENTAGE (%)
<div><div></div><div></div><div></div><div></div></div>		<div><div></div><div></div><div></div><div></div></div>		<div><div></div><div></div><div></div><div></div></div>	
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<div><div></div><div></div><div></div><div></div></div>		<div><div></div><div></div><div></div><div></div></div>		<div><div></div><div></div><div></div><div></div></div>	

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 to proceed. Space is provided below for a signature guarantee, if 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)

PRINT NAME

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 or the MFS Roth Individual Retirement Account Trust, as applicable, for which it is trustee. MFS Heritage Trust Company agrees to the redemption and transfer from fiduciary to fiduciary as authorized above.

A letter of acceptance from MFS is included with this form to facilitate the transaction.

MFS® IRA DIRECT ROLLOVER FORM

This form may not be accepted by your existing plan. Plan-specific paperwork may be required.

Contact your plan administrator/employer for their requirements.

Use this form to request that a letter of acceptance be sent for a direct rollover of assets from an eligible retirement plan to an MFS traditional IRA, or from a designated Roth account in an eligible retirement plan to an MFS Roth IRA. (If making a rollover to both a traditional and a Roth IRA, complete a separate form for each.) **In order to expedite your rollover request, please include a copy of your most recent statement.**

1. Investor Information

IRA OWNER'S FIRST NAME

MI

LAST NAME

- -

SOCIAL SECURITY NUMBER

PHONE NUMBER

REGISTERED REPRESENTATIVE'S NAME

REGISTERED REPRESENTATIVE'S PHONE NUMBER

2. Current Plan Trustee/Custodian Information

The rollover will be made from (choose one): ☐ an eligible retirement plan or

☐ a designated Roth account in an eligible retirement plan

The account to be rolled over is presently invested or deposited in:

☐ MFS Funds

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

☐ 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 here if you have reached Required Minimum Distribution age.

I am requesting this direct rollover during or after the year in which I attain Required Minimum Distribution age. 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 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.
- ☐ **Liquidate**

☐ All **Or** ☐ Part (\$ _____) of the account described in Section 2 to my MFS IRA.

- ☐ **For Non-MFS Money Market Qualified Monies Only:**
I also wish to roll over my non-MFS money market qualified 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.

Send assets as follows:

- ☐ **Mail check**
Make check payable to MFS Heritage Trust Company, Trustee for _____ R/O IRA (or
Roth IRA, if applicable) NAME

Mail completed form 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
- ☐ **Wire funds**
State Street Bank and Trust Co.
Boston, MA 02101
ABA #011000028
Credit MFS DDA Number 99034795

For further credit to IRA/Roth IRA for _____
NAME

4. Investment Instructions [Choose one.]

- ☐ Open a new account (Complete and attach **Form A**, upon which you may indicate your investment instructions, leaving the fields below blank.)
- ☐ MFS traditional IRA ☐ MFS Roth IRA

Or

- ☐ Invest in my existing MFS IRA(s) as follows (also indicate any additional MFS fund choices below).
For rollovers in kind where no allocation is indicated, assets will remain in the same fund.
Percentages must total 100%.

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"/>	_____
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5. Authorization to Roll Over

Important: Contact the Trustee or Custodian of the eligible retirement plan you are rolling over to see if a signature guarantee or other documentation is required to proceed. Space is provided below for a signature guarantee, if required.

By effecting this rollover, I agree that I will be responsible for tracking any portion of the rollover attributable to after-tax contributions or, if applicable, Roth contributions. I also understand that if this is a rollover to an MFS Roth IRA, the five-year period used in determining whether a distribution is a "qualified distribution" from my Roth IRA will be computed without regard to my period of participation in the designated Roth account of my employer's eligible retirement plan.

INVESTOR'S SIGNATURE

DATE (MM/DD/YYYY)

PRINT NAME

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 or the MFS Roth Individual Retirement Account Trust, as applicable, for which it is trustee. MFS Heritage Trust Company agrees to the redemption and rollover from fiduciary to fiduciary as authorized above.

A letter of acceptance from MFS is included with this form to facilitate the transaction.



In 1924, MFS launched the first US open-end mutual fund, opening the door to the markets for millions of everyday investors. Today, as a full-service global investment manager serving financial professionals, intermediaries and institutional clients, MFS still serves a single purpose: to create long-term value for clients by allocating capital responsibly. That takes our powerful investment approach combining collective expertise, thoughtful risk management and long-term discipline. Supported by our culture of shared values and collaboration, our teams of diverse thinkers actively debate ideas and assess material risks to uncover what we believe are the best investment opportunities in the market.



MFS® FAMILY OF FUNDS



FUND NAME	FUND NUMBER (BY CLASS)	
	A	C

U.S. EQUITY

Massachusetts Investors Trust	12	312
Massachusetts Investors Growth Stock Fund	13	313
MFS® Blended Research® Core Equity Fund	84	384
MFS® Blended Research® Growth Equity Fund	1062	1362
MFS® Blended Research® Mid Cap Equity Fund	1067	1367
MFS® Blended Research® Small Cap Equity Fund	1063	1363
MFS® Blended Research® Value Equity Fund	1061	1361
MFS® Core Equity Fund	91	391
MFS® Equity Income Fund	1054	1354
MFS® Growth Fund	07	307
MFS® Intrinsic Value Fund	1030	1330
MFS® Low Volatility Equity Fund	1023	1323
MFS® Mid Cap Growth Fund	83	383
MFS® Mid Cap Value Fund	1024	1324
MFS® New Discovery Fund	97	397
MFS® New Discovery Value Fund ¹	1050	1350
MFS® Research Fund	14	314
MFS® Value Fund	93	393

EQUITY SECTOR

MFS® Technology Fund	98	398
MFS® Utilities Fund	35	335

FIXED INCOME

MFS® Core Bond Fund	1074	1374
MFS® Corporate Bond Fund	11	311
MFS® Emerging Markets Debt Fund	33	333
MFS® Emerging Markets Debt Local Currency Fund	1052	1352
MFS® Global Opportunistic Bond Fund	1043	1343
MFS® Global High Yield Fund	70	370
MFS® Government Securities Fund	26	326
MFS® High Income Fund	18	318
MFS® Income Fund	34	334
MFS® Inflation-Adjusted Bond Fund	1031	1331
MFS® Limited Maturity Fund	36	336
MFS® Total Return Bond Fund	78	378

GLOBAL/INTERNATIONAL EQUITY

MFS® Blended Research® Emerging Markets Equity Fund	1066	1366
MFS® Blended Research® International Equity Fund	1064	1364
MFS® Emerging Markets Equity Fund	85	385
MFS® Emerging Markets Equity Research Fund	1071	1371
MFS® Global Equity Fund	04	304
MFS® Global Growth Fund	09	309
MFS® Global New Discovery Fund	1053	1353
MFS® Global Real Estate Fund	59	359
MFS® International Diversification SM Fund	1032	1332
MFS® International Equity Fund	60	N/A
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

FUND NAME	FUND NUMBER (BY CLASS)	
	A	C

MFS® Low Volatility Global Equity Fund	1025	1325
MFS® Research International Fund	99	399

MULTI-ASSET

MFS® Aggressive Growth Allocation Fund	1029	1329
MFS® Conservative Allocation Fund	1026	1326
MFS® Diversified Income Fund	1039	1339
MFS® Global Total Return Fund	24	324
MFS® Growth Allocation Fund	1028	1328
MFS® Lifetime® 2025 Fund	1056	1356
MFS® Lifetime® 2030 Fund	1037	1337
MFS® Lifetime® 2035 Fund	1057	1357
MFS® Lifetime® 2040 Fund	1038	1338
MFS® Lifetime® 2045 Fund	1058	1358
MFS® Lifetime® 2050 Fund	1047	1347
MFS® Lifetime® 2055 Fund	1059	1359
MFS® Lifetime® 2060 Fund	1068	1368
MFS® Lifetime® 2065 Fund	1073	1373
MFS® Lifetime® Income Fund	1034	1334
MFS® Moderate Allocation Fund	1027	1327
MFS® Total Return Fund	15	315

MONEY MARKET

MFS® U.S. Government Cash Reserve Fund ¹	01	301
MFS® U.S. Government Money Market Fund ¹	10	N/A

SPECIALTY/ALTERNATIVE

MFS® Commodity Strategy Fund	1042	1342
MFS® Global Alternative Strategy Fund	1041	1341
MFS® Managed Wealth Fund	1060	1360

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.