ACCOUNT APPLICATION



Do not use for accounts for legal entities, MFS-sponsored IRAs or for other MFS-sponsored retirement plans

1. About You

Tell us about yourself. Please print clearly, and complete the section that best describes your account.

The MFS Family of Funds is generally only available to U.S. residents classified as U.S. Persons for federal tax purposes. Both the residential address and mailing address provided must be a U.S. address. Please see Section 6 for more details regarding how "U.S. Person" is defined.

Individual and joint accounts have the option of registering for Transfer on Death (TOD). Please also complete a Transfer on Death Agreement if you wish to register with the TOD option.

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.

For trust accounts, organizations, and legal entities, additional information may be required to establish certain services. Please talk to your financial professional, or call the MFS Service Center at 1-800-225-2606.

A. To open an individual or joint account

ACCOUNT OWNER'S FIRST NAME	MI LAST NA	ME	
ACCOUNT OWNER'S THAS I NAME	IVII LASTINAI	VIL	MOBILE
COCIAL CECUDITY AND ADED		DUONE NUMBER	NUMBER
SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	PHONE NUMBER	
residential address required (no p.o. boxes)	CITY	STATE	ZIP CODE
Mailing address (if different from above)	CITY	STATE	ZIP CODE
Joint accounts will be registered as joint te	nants with rights of survivorship unless o	therwise noted.	
JOINT OWNER'S FIRST NAME		ME	
TOTAL STREET WANTE		VIL	
SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)		
The Joint owner's address is the same	e as the address provided above.		
Or	·		
Joint owner's address:			
your owners againess.			
RESIDENTIAL ADDRESS REQUIRED (NO P.O. BOXES)	CITY	STATE	ZIP CODE
B. To open an account under the Unifor	rm Gift/Transfers to Minors Act (UGM	IA/UTMA)	
MINOR'S FIRST NAME	MI LAST NA	ME	
MINOR'S SOCIAL SECURITY NUMBER	MINOR'S DATE OF BIRTH (MM/DD/YYYY)	STATE FOR UGMA/UTMA	
WINON 3 SOCIAL SECONT I NOWIBER	WINOR S DATE OF BIRTH (WIND D) 1111)	STATE FOR OUNAVOINA	
Custodian's first name	MI LAST NA	ME	
			MOBILE
CUSTODIAN'S SOCIAL SECURITY NUMBER	CUSTODIAN'S DATE OF BIRTH (MM/DD/YYYY)	PHONE NUMBER	∟ NUMBER
CS. CD., C SOCIAL SECONITI NONDEN	CCS. CENTING DITTE OF DITTER (WINVEDITE TELL)	SINE INCINIDEIX	

RESIDENTIAL ADDRESS REQUIRED (NO P.O. BOXES)		CITY		STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)		CITY		STATE	ZIP CODE
C. To open a trust account					
NAME OF THE TRUST					
TAXPAYER ID NUMBER FOR THE TRUST		DATE OF TRUST (MM/DD/YYYY)			
TRUSTEE'S NAME		TRUSTEE'S SOCIAL SECURITY NU	MBER OR TAXPA	YER ID	
TRUSTEE'S DATE OF BIRTH (MM/DD/YYYY)		TRUSTEE'S PHONE NUMBER			MOBILE NUMBER
RESIDENTIAL ADDRESS REQUIRED (NO P.O. BOXES)		CITY		STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)		CITY		STATE	ZIP CODE
CO-TRUSTEE'S NAME		CO-TRUSTEE'S SOCIAL SECURITY	' NUMBER OR TA	XPAYER ID	
CO-TRUSTEE'S DATE OF BIRTH (MM/DD/YYYY)		CO-TRUSTEE'S PHONE NUMBER			
CO-TRUSTEE'S RESIDENTIAL ADDRESS REQUIRED (NO P.O. B	3OXES)	CITY		STATE	ZIP CODE
D. To open an account for an organization If the applicable organization or entity type			tity Application	on	
	FS Retirement F			OII.	
,,					
NAME		TAXPAYER ID NUMBER			
STREET ADDRESS REQUIRED (NO P.O. BOXES)		CITY		STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)		CITY		STATE	ZIP CODE
DUONE NUMBER		MOBILE NUMBER			
PHONE NUMBER					
NAME OF AUTHORIZED SIGNER	AUTHORIZED SIGN	ER'S SOCIAL SECURITY NUMBER	AUTHORIZED SIG	NER'S DATE C	F BIRTH (MM/DD/YYYY)
RESIDENTIAL ADDRESS R EQUIRED (NO P.O. BOXES)		CITY		STATE	ZIP CODE
ADDITIONAL AUTHORIZED SIGNER	AUTHORIZED SIGN	IER'S SOCIAL SECURITY NUMBER	AUTHORIZED SIG	NER'S DATE C	F BIRTH (MM/DD/YYYY)
RESIDENTIAL ADDRESS REQUIRED (NO P.O. BOXES)		CITY		STATE	ZIP CODE

SECTION 1 CONTINUED FROM PREVIOUS PAGE

E. To open an estate account. NAME OF ESTATE TAXPAYER ID NUMBER FOR THE ESTATE EXECUTOR/TRIX NAME EXECUTOR/TRIX SOCIAL SECURITY NUMBER MOBILE NUMBER EXECUTOR/TRIX DATE OF BIRTH (MM/DD/YYYY) EXECUTOR/TRIX PHONE NUMBER RESIDENTIAL ADDRESS REQUIRED (NO P.O. BOXES) CITY STATE 7IP CODE MAILING ADDRESS (IF DIFFERENT FROM ABOVE) CITY STATE ZIP CODE If there are co-executors/trices please attach a separate page. F. 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.

Account Statements

Adobe® Acrobat® is a registered trademark of Adobe Systems, Incorporated.

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.

2. Select Your Investments

You can find the fund numbers on the last page of this application.

- There is a \$1,000 minimum investment per fund account.
- Please make your investment check payable to the MFS Service Center.
- To establish an automatic investment plan, please complete Section 7.

	FUND NUMBER	FUND NAME		DOLLAR AMOUNT
				\$
				\$
				>
				\$
				•
				\$
			TOTAL AMOUNT INVESTED	\$
	Initial purchas	se is being made via wire order numbe	er:	
	•	ld like to have dividends and/or capit		nother fund inlease complete
	•	ption is selected, dividends and capit	•	·
	·	•	,	
3.	-	ice Your Sales Charge on Cl		
	Please refer to the of Intent.	prospectus for the appropriate sales ch	narge levels and linking criteria for Rig	ht of Accumulation and for Letter
		sting MFS account holders and their re	espective Social Security numbers. If th	nere are more account holders
		ed, please provide on an additional she		icie die more decourt noiders
	RIGHT OF AC	CCUMULATION (ROA) I qualify for the	Right of Accumulation privilege as de	escribed in the prospectus. Please
		with the following Social Security num		·
	(BIN) to this n	iew account.		
	NAME		SOCIAL SECURITY/TAYPAYER ID NILI	MBER OR BROKER IDENTIFICATION NUMBER
	IVAIVIE		SOCIAL SECONITIVIAN ATENIE NO	WIDER OR BROKER IDENTIFICATION NOWIDER
				1055 05 050 050 050 155 155 155 155 155
	NAME		SOCIAL SECURITY/TAXPAYER ID NUI	MBER OR BROKER IDENTIFICATION NUMBER
	NAME		SOCIAL SECURITY/TAXPAYER ID NUI	MBER OR BROKER IDENTIFICATION NUMBER
	☐ I FTTFR 0F I	INTENT (LOI) To qualify for a reduced	sales charge. Lagree to the Letter of L	ntent including the escrow
		is described in the prospectus. Althoug		_
	-	res of one or more of the MFS funds in	- ·	
	\$50,00	00 \$500,000		
	\$100,0			
	\$250,0	-		

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 hereby authorize MFSC to act as our agent in connection with transactions under this authorization form and agree to notify MFS Fund Distributors, Inc. of any purchase eligible for a reduced sales charge under a Letter of Intent or Right of Accumulation. This application for the purchase of shares and the establishment of any shareholder account privileges complies with the terms of the applicable prospectus. 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 LEV	EL	

AUTHORIZED SIGNER OF BROKER/DEALER FIRM (REQUIRED)

5. Cost Basis

MFS will apply the MFS open-end Fund's default method of Average Cost Basis to your account. The cost basis associated with any shares acquired and subsequently withdrawn, exchanged or transferred after January 1, 2012 will be reported to the IRS under this method. If you would like to select a method other than average cost or select a method to be automatically applied to future accounts you open with MFS, please complete and return a Cost Basis Reporting Selection/Change Form. You may also select a cost basis method by accessing your account through MFS Access. To learn more please go to **mfs.com/TaxCenter.**

6. Your Signature and Certification

I am of legal age and have read and understood the terms of the prospectus for each fund to be purchased. I authorize MFS Service Center, Inc. (MFSC), its affiliates, and the fund to act on any instructions believed to be genuine for any service authorized on this form. I agree they will not be held liable for any resulting loss. I understand that MFSC may be required to use information provided on this application to verify the identity of investors. 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.

A U.S. Person is a citizen or resident alien of the United States. U.S. tax regulations require the completion of this section in order to prevent the imposition of backup withholding tax on dividends, on capital gain distributions, and on the proceeds of redemptions and exchanges.

U.S. Persons only					
Under penalties of perjury, I certify that					
1. The number shown on this form is my correct taxpayer identification number, and					
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and					
3. I am a U.S. Person (including a U.S. resident alien).					
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting	is correct.				
Exemption code (if any)					
See IRS Form W-9 for FATCA exemptions and reporting codes. Generally, if you are only submitting t you hold in the United States, you may leave this field blank.	his form for an account				
Note: You must cross out item 2 above if you have been notified by the IRS that you are currently su withholding because you have failed to report all interest and dividends on your tax return.	bject to backup				
Check if you are an exempt recipient and mark the appropriate account type:					
☐ IRA ☐ C Corporation ☐ Retirement Plan ☐ Nominee ☐ Other					
The IRS does not require your consent to any provisions of this document other than the certification backup withholding and FATCA reporting.	required to avoid				
SIGNATURE (ALL OWNERS OF THE ACCOUNT MUST SIGN)	DATE (MM/DD/YYYY)				
PRINT NAME					
SIGNATURE (ALL OWNERS OF THE ACCOUNT MUST SIGN)	DATE (MM/DD/YYYY)				
PRINT NAME					

7. Automatic Investment Programs

Optional account services

For detailed information regarding the shareholder services offered on this application, please refer to the appropriate fund's prospectus or Statement of Additional Information. If you have questions about any of the services offered, ask your financial professional, call us at 1-800-225-2606 any business day, or visit our website, **mfs.com**.

A. 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 10 and allow up to 10 days for setup.

Frequency. If no day or frequency is chosen, investments will be made into the selected funds on the first business day of

each month.	
Start on the day of (month). Additional day(s)	
Choose one.	
Monthly	
Or	
Other than monthly (check the month(s) below)	
Jan Feb Mar Apr May June July Aug Sep	t Oct Nov Dec
FUND NUMBER FUND NAME	DOLLAR AMOUNT
	\$
	\$
	\$
	\$
B. Automatic Exchange Plan allows you to automatically exchange from one MFS fund	
the same share class with the same account registration. A \$2,000 minimum balance is refrom to establish this privilege.	equired in the fund you are exchanging
· -	
Frequency. If no day or frequency is chosen, exchanges will be made into the selected fu each month.	nd(s) on or about the seventh day of
Start on the day of (month). Additional day(s)	
Choose one.	
○ Monthly	
Or	
Other than monthly (check the month(s) below)	
○ Jan ○ Feb ○ Mar ○ Apr ○ May ○ June ○ July ○ Aug ○ Sept	Oct Nov Dec
Exchange	
FROM FUND NUMBER TO FUND NUMBER DOLLAR AMOUNT	
\$	
\$	
\$ S	

8. Distribution and Systematic Payment Options

You only need to complete this section if you do not want to reinvest your dividends and capital gains or you would like to set up a Systematic Withdrawal Plan (SWP). A. Dividends and capital gains (if an option is not selected below, distributions will be reinvested.) I would like to have Dividends Dividends and capital gains Choose one: () Mailed to the registered owner(s) at the address provided in Section 1. () Electronically deposited directly into the checking/savings account provided in Section 10. Invested in another MFS fund in the same share class with the same account registration. FROM FUND NUMBER TO FUND NUMBER TO FUND NUMBER B. Systematic Withdrawal Plan (SWP) For Class A and Class C shares, annual withdrawals of up to 10% of the account value can be made without contingent deferred sales charge (CDSC). A \$5,000 minimum account value (per fund account) is required in the fund you are withdrawing from to establish this privilege. Frequency. If no frequency is indicated, withdrawals will be made monthly. If no day is chosen, withdrawals will be made on or about the 24th. Start on the _____ day of ____ (month). Additional day(s) ___ Choose one. Monthly Or Other than monthly (check the month(s) below) Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec Make the withdrawal from for the following amount (choose one): \$ _____ per payment (\$50 minimum if made by check) or, _ % of account value per year (calculated each withdrawal) or, ____ number of withdrawals until the account self-liquidates Class A and Class C CDSC is calculated based on the account value on the date of the first payment and on the anniversary each year after. Effective January 4, 2016, for Class A shares, you may incur a CDSC when Class A shares are redeemed under the plan (or plans if more than one plan is established) if greater than 10% of the value of your account is withdrawn under the plan(s) in any one year (determined at the time of your first withdrawal under the plan(s), or January 4, 2016, whichever is later). Class A and Class C CDSC calculation — if CDSC is due, payments will be net of CDSC (payment will be for the amount requested and additional shares will be sold to cover the CDSC) unless you notify us otherwise by checking the box below. Payment amount should be reduced by any CDSC due. Payment option (Choose one.) Mailed to the registered owner(s) at the address provided in Section 1.

Electronically deposited directly into the bank checking/savings account provided in Section 10.

9. Check Writing (For individual or joint accounts only) By completing this section, you will elect the check writing privilege for all eligible accounts on the application. A check book will be issued within 30 days upon the establishment and initial funding of the account. If the account is not funded within 30 days, the check writing privilege will be removed. If the account is funded more than 30 days after it has been established, it will be your responsibility to notify us in writing that you'd like to add the check writing privilege to your account.

	The check writing privilege is not available for Class I shares. Withdrawals of Class C shares may be subject to a contingent deferred sales charge.	
Number of signatures required on each check (If not completed, all signatures will be required.) Authorized signatures: All owners must print name and sign below.	MFS® Corporate Bond Fund MFS® Global Opportunistic Bond Fund MFS® Government Securities Fund MFS® Income Fund MFS® Limited Maturity Fund MFS® Municipal Income Fund MFS® Municipal Limited Maturity Fund MFS® Total Return Bond Fund MFS® U.S. Government Cash Reserve Fund MFS® U.S. Government Money Market Func MFS® State Municipal Bond Funds	
will be your responsibility to notify us in writing that you'd like to add the check	The privilege to your account.	

Check writing provisions

In signing this application, I/we signify my/our agreement to be subject to the rules and regulations of State Street Bank and Trust Company pertaining thereto and as amended from time to time. The payment of funds on the conditions set forth below is authorized by the shareholder's signature(s) appearing in Section 6. The registration of this checking account will be the same as the shareholder account registration (Section 1). Each signatory guarantees the genuineness of the other's signature.

The bank is authorized by the person(s) signing this card ("depositors") to honor any checks for not less than \$500 (or such minimum or maximum amounts as may from time to time be established by the bank upon prior written notice to depositors) presented against this checking account and is directed to forward copies of each check to the fund or its transfer agent as authority to reimburse the bank by redeeming a sufficient number of shares in the depositor's shareholder account with the fund. Deposits in this account may be made only from the proceeds of the redemption of fund shares.

Depositors will be subject to the bank's rules and regulations governing such checking accounts, including the right of the bank to not honor checks in the amount exceeding the value of the depositor's shareholder account with the fund at the time the check is presented for payment.

The bank reserves the right to modify or terminate this agreement at any time upon notification mailed to the address of record for the shareholder account.

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

Provide your checking/savings account information if you have signed up for an Automatic Investment Plan in Section 7 or requested electronic direct deposit for your distributions or SWP payments in Section 8.

Linking your checking/savings account with your MFS account also 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 1-800-225-2606 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.

All fields below must be completed to send funds via direct dep	osit.
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.	
O Verify the information above using my voided check or prep	orinted savings deposit slip.
Attach an original voided check or preprinted deposit slip if you the same bank information as the investment check.	are not enclosing an investment check or do not want to use
Withdrawal by phone: You must select by what method you to your bank account.	would like MFSC to remit your withdrawal proceeds directly
Please select one or both of the following options (if both method may be different per method). When providing bank information numbers for each method.	
ACH Federal bank wire Routing number if different	ent from voided check

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 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.

Mail the completed application and investment check 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

MFS® FAMILY OF FUNDS



FUND NAME	FUND NUMBI	ER (BY CLASS)	FUND NAME	FUND NUMBE	ER (BY CLASS)
U.S. EQUITY		-	TAX-ADVANTAGED FIXED INCOME	, ,	Ü
Massachusetts Investors Trust	12	312		ΕЛ	NI/A
Massachusetts Investors Growth Stock Fund	13	313	MFS® Alabama Municipal Bond Fund	54 55	N/A
MFS® Blended Research® Core Equity Fund	84	384	MFS® Arkansas Municipal Bond Fund		N/A
MFS® Blended Research® Growth Equity Fund	1062	1362	MFS® California Municipal Bond Fund	27	327
MFS® Blended Research® Mid Cap Equity Fund	1067	1367	MFS® Georgia Municipal Bond Fund	46	N/A
MFS® Blended Research® Small Cap Equity Fund	1063	1363	MFS® Maryland Municipal Bond Fund	40	N/A
MFS® Blended Research® Value Equity Fund	1061	1361	MFS® Massachusetts Municipal Bond Fund	45	N/A
MFS® Core Equity Fund	91	391	MFS® Mississippi Municipal Bond Fund	58	N/A
MFS® Equity Income Fund	1054	1354	MFS® Municipal High Income Fund	25	325
MFS® Growth Fund	07	307	MFS® Municipal Income Fund	02	302
MFS® Intrinsic Value Fund	1030	1330	MFS® Municipal Intermediate Fund	1072	1372
MFS® Low Volatility Equity Fund	1023	1323	MFS® Municipal Limited Maturity Fund	37	337
MFS® Mid Cap Growth Fund	83	383	MFS® New York Municipal Bond Fund	52	352
MFS® Mid Cap Value Fund	1024	1324	MFS® North Carolina Municipal Bond Fund	41	341
MFS® New Discovery Fund	97	397	MFS® Pennsylvania Municipal Bond Fund	30	N/A
MFS® New Discovery Value Fund ¹	1050	1350	MFS® South Carolina Municipal Bond Fund	42	N/A
MFS® Research Fund	14	314	MFS® Virginia Municipal Bond Fund	43	343
MFS® Value Fund	93	393	MFS® West Virginia Municipal Bond Fund	44	N/A
EQUITY SECTOR				44	IV/A
MFS® Technology Fund	98	398	MULTI-ASSET		
MFS® Utilities Fund	35	335	MFS® Aggressive Growth Allocation Fund	1029	1329
			MFS® Conservative Allocation Fund	1026	1326
FIXED INCOME	4074	4274	MFS® Diversified Income Fund	1039	1339
MFS® Core Bond Fund	1074	1374	MFS® Global Total Return Fund	24	324
MFS® Corporate Bond Fund	11	311	MFS® Growth Allocation Fund	1028	1328
MFS® Emerging Markets Debt Fund	33	333	MFS® Lifetime® 2025 Fund	1056	1356
MFS® Emerging Markets Debt Local Currency Fun		1352	MFS® Lifetime® 2030 Fund	1037	1337
MFS® Global Opportunistic Bond Fund	1043	1343	MFS® Lifetime® 2035 Fund	1057	1357
MFS® Global High Yield Fund	70 26	370			
MFS® Government Securities Fund	26	326	MFS® Lifetime® 2040 Fund	1038	1338
MFS® High Income Fund	18 34	318 334	MFS® Lifetime® 2045 Fund	1058	1358
MFS® Income Fund MFS® Inflation-Adjusted Bond Fund	1031	334 1331	MFS® Lifetime® 2050 Fund	1047	1347
MFS® Limited Maturity Fund	36	336	MFS® Lifetime® 2055 Fund	1059	1359
MFS® Total Return Bond Fund	78	378	MFS® Lifetime® 2060 Fund	1068	1368
IVIF3 TOTAL RETAIL BOLIA FALIA	70	3/0	MFS® Lifetime® 2065 Fund	1073	1373
GLOBAL/INTERNATIONAL EQUITY			MFS® Lifetime® Income Fund	1034	1334
MFS® Blended Research® Emerging Markets Equity Fu		1366	MFS® Moderate Allocation Fund	1027	1327
MFS® Blended Research® International Equity Fund	1064	1364	MFS® Total Return Fund	15	315
MFS® Emerging Markets Equity Fund	85	385	MONEY MARKET		
MFS® Emerging Markets Equity Research Fund	1071	1371			
MFS® Global Equity Fund	04	304	MFS® U.S. Government Cash Reserve Fund¹	01	301
MFS® Global Growth Fund	09	309	MFS® U.S. Government Money Market Fund¹	10	N/A
MFS® Global New Discovery Fund	1053	1353	SPECIALTY/ALTERNATIVE		
MFS® Global Real Estate Fund	59	359		4042	4242
MFS® International Diversification™ Fund	1032	1332	MFS® Commodity Strategy Fund	1042	1342
MFS® International Equity Fund	60	N/A	MFS® Global Alternative Strategy Fund	1041	1341
MFS® International Growth Fund	86	386	MFS® Managed Wealth Fund	1060	1360
MFS® International Large Cap Value Fund	1070	1370			
MFS® International New Discovery Fund ¹	74	374			
MFS® International Intrinsic Value Fund ¹	87 1025	387			
MFS® Low Volatility Global Equity Fund	1025	1325			
MFS® Research International Fund	99	399			

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.