

# ENTITY APPLICATION



## General Instructions

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.

This form must be completed by the person opening a new account on behalf of a legal entity. For the purposes of this form, a legal entity includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States. Legal entity does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

**Note:** The MFS Family of Funds is generally only available to U.S. entities.

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. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

This form requires you to provide the name, address, date of birth and Social Security number (or passport number or other similar information, in the case of non-U.S. Persons) for the following individuals:

- A "Control Person," an individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer); and
- Each individual, if any, who owns, directly or indirectly, 25% or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25% or more of the shares of a corporation).

The number of individuals that satisfy this definition of "beneficial owner" may vary. Under Section 1D, depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under Section 1D, you must provide the identifying information of one individual in Section 1C. It is possible that in some circumstances the same individual might be identified under both sections (e.g., the President of Acme, Inc. who also holds a 30% equity interest). Thus, a completed form will contain the identifying information of at least one individual (under Section 1C), and up to five individuals (i.e., one individual under Section 1C and four 25% equity holders under Section 1D).

We may also ask to see a copy of a driver's license or other identifying document for each beneficial owner listed on this form.

If you have any questions on this form, please talk to your financial professional, or call the MFS Service Center at 1-800-225-2606.

## 1. About the Entity (Required)

### A. Entity Information

- S Corporation       C Corporation       LLC       Partnership  
 Non-Profit Organization       Statutory Trust       Other \_\_\_\_\_  
TYPE OF ENTITY

**Note:** If you are opening an account for an estate, individual, or living trust, please complete the New Account Application.

CORPORATION/ENTITY NAME

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

TRUST DATE OR DATE OF INCORPORATION

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

TAXPAYER ID NUMBER FOR THE ENTITY

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

PHONE NUMBER

\_\_\_\_\_

MOBILE NUMBER

ENTITY'S STREET ADDRESS REQUIRED (NO P.O. BOXES)

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

ENTITY'S MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

### B. Authorized Signer Information

An authorized signer is someone who is authorized to make changes or request transactions on behalf of the entity.

\_\_\_\_\_  
AUTHORIZED SIGNER'S FIRST NAME

\_\_\_\_\_  
MI

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

AUTHORIZED SIGNER'S SOCIAL SECURITY NUMBER

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

AUTHORIZED SIGNER'S DATE OF BIRTH (MM/DD/YYYY)

STREET ADDRESS FOR AUTHORIZED SIGNER REQUIRED (NO P.O. BOXES)

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

\_\_\_\_\_  
ADDITIONAL AUTHORIZED SIGNER'S FIRST NAME

\_\_\_\_\_  
MI

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

AUTHORIZED SIGNER'S SOCIAL SECURITY NUMBER

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

AUTHORIZED SIGNER'S DATE OF BIRTH (MM/DD/YYYY)

STREET ADDRESS FOR ADDITIONAL AUTHORIZED SIGNER REQUIRED (NO P.O. BOXES)

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

### C. Management of the Legal Entity ("Control Person")

Provide the following information for **one** individual with significant responsibility for managing the legal entity listed in Section 1A, such as:

- An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or
- Any other individual who regularly performs similar functions.

If appropriate, an individual listed in Section 1B or 1D may also be listed in Section 1C.

_____		
CONTROL PERSON'S FIRST NAME	MI	LAST NAME
_____		
TITLE		
_____		
□□□□-□□-□□□□□□		□□□/□□□/□□□□□□
CONTROL PERSON'S SOCIAL SECURITY NUMBER		CONTROL PERSON'S DATE OF BIRTH (MM/DD/YYYY)
_____		
RESIDENTIAL OR BUSINESS STREET ADDRESS FOR CONTROL PERSON (NO P.O. BOXES)		
_____		
CITY	STATE	ZIP CODE

_____	_____
PASSPORT NUMBER* AND COUNTRY OF ISSUANCE, OR SIMILAR IDENTIFICATION NUMBER (FOR NON-US PERSONS ONLY)	TYPE OF IDENTIFIER NUMBER PROVIDED (FOR NON-US PERSONS ONLY)

\*In lieu of a passport number, non-U.S. Persons may also provide an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

### D. Ownership of Equity Interests

Provide the following information for **each** individual (natural person) if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25% or more of the equity interests of the legal entity listed in Section 1A.

No individual meets this definition for ownership.

Or

#### BENEFICIAL OWNER 1

_____		
BENEFICIAL OWNER'S FIRST NAME	MI	LAST NAME
_____		
□□□□-□□-□□□□□□		□□□/□□□/□□□□□□
SOCIAL SECURITY NUMBER		DATE OF BIRTH (MM/DD/YYYY)
_____		
RESIDENTIAL OR BUSINESS STREET ADDRESS (NO P.O. BOXES)		
_____		
CITY	STATE	ZIP CODE

_____	_____
PASSPORT NUMBER* AND COUNTRY OF ISSUANCE, OR SIMILAR IDENTIFICATION NUMBER (FOR NON-US PERSONS ONLY)	TYPE OF IDENTIFIER NUMBER PROVIDED (FOR NON-US PERSONS ONLY)

**BENEFICIAL OWNER 2**

BENEFICIAL OWNER'S FIRST NAME

MI

LAST NAME

□□□□ - □□□□ - □□□□□□

SOCIAL SECURITY NUMBER

□□□□ / □□□□ / □□□□□□

DATE OF BIRTH (MM/DD/YYYY)

RESIDENTIAL OR BUSINESS STREET ADDRESS (NO P.O. BOXES)

CITY

STATE

ZIP CODE

PASSPORT NUMBER\* AND COUNTRY OF ISSUANCE, OR  
SIMILAR IDENTIFICATION NUMBER (FOR NON-US PERSONS ONLY)

TYPE OF IDENTIFIER NUMBER PROVIDED (FOR NON-US PERSONS ONLY)

**BENEFICIAL OWNER 3**

BENEFICIAL OWNER'S FIRST NAME

MI

LAST NAME

□□□□ - □□□□ - □□□□□□

SOCIAL SECURITY NUMBER

□□□□ / □□□□ / □□□□□□

DATE OF BIRTH (MM/DD/YYYY)

RESIDENTIAL OR BUSINESS STREET ADDRESS (NO P.O. BOXES)

CITY

STATE

ZIP CODE

PASSPORT NUMBER\* AND COUNTRY OF ISSUANCE, OR  
SIMILAR IDENTIFICATION NUMBER (FOR NON-US PERSONS ONLY)

TYPE OF IDENTIFIER NUMBER PROVIDED (FOR NON-US PERSONS ONLY)

**BENEFICIAL OWNER 4**

BENEFICIAL OWNER'S FIRST NAME

MI

LAST NAME

□□□□ - □□□□ - □□□□□□

SOCIAL SECURITY NUMBER

□□□□ / □□□□ / □□□□□□

DATE OF BIRTH (MM/DD/YYYY)

RESIDENTIAL OR BUSINESS STREET ADDRESS (NO P.O. BOXES)

CITY

STATE

ZIP CODE

PASSPORT NUMBER\* AND COUNTRY OF ISSUANCE, OR  
SIMILAR IDENTIFICATION NUMBER (FOR NON-US PERSONS ONLY)

TYPE OF IDENTIFIER NUMBER PROVIDED (FOR NON-US PERSONS ONLY)

\*In lieu of a passport number, non-U.S. Persons may also provide an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

**E. Certification and Authorization**

I hereby certify, to the best of my knowledge, that the information provided above regarding the management of the legal entity and the ownership of equity interests is complete and correct.

SIGNATURE OF AUTHORIZED SIGNER

DATE (MM/DD/YYYY)

PRINT NAME

## 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.

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"/>	_____	\$ _____
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	\$ _____
		TOTAL AMOUNT INVESTED \$ _____

Initial purchase is made via wire order number: \_\_\_\_\_

**Note:** If you would like to have dividends and/or capital gains sent to you or invested in another fund, please complete Section 7. If no option is selected, dividends and capital gains will automatically be reinvested.

## 3. Letter of Intent

Please refer to the prospectus for the appropriate sales charge levels for Letter of Intent.

- 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

## 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.**

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. 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.

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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

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**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](http://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, beneficial owners, and the control person. In the event that MFSC, on behalf of the fund, is unable to verify the identity of investors, beneficial owners, or the control person, 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 this form for an account you hold in the United States, you may leave this field blank.

**Note:** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

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 required to avoid backup withholding and FATCA reporting.

\_\_\_\_\_  
SIGNATURE (ALL AUTHORIZED SIGNERS OF THE ACCOUNT MUST SIGN)

\_\_\_\_\_  
DATE (MM/DD/YYYY)

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE (ALL AUTHORIZED SIGNERS OF THE ACCOUNT MUST SIGN)

\_\_\_\_\_  
DATE (MM/DD/YYYY)

\_\_\_\_\_  
PRINT NAME

## 7. Distribution Options

You only need to complete this section if you do not want to reinvest your dividends and capital gains. If a selection is not made, 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 8.

Invested in another MFS fund in the same share class with the same account registration.

FROM FUND NUMBER

--	--	--	--

TO FUND NUMBER

--	--	--	--

FROM FUND NUMBER

--	--	--	--

TO FUND NUMBER

--	--	--	--

## 8. Link Your Checking/Savings Account to Your Fund Account

Linking a checking/savings account with the MFS account allows you to conveniently, quickly, and securely add money to the MFS funds directly from a bank or sell shares in the 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. Withdrawals will be sent directly to the 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 the 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 submit an initial investment check 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.

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 from the investment check.

Verify the information from the 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.

**Withdrawal by phone:** You must select by what method you would like MFSC to remit the withdrawal proceeds directly to the bank account.

Please select one or both of the following options (if both methods are selected, please note that the 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



## 9. 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:

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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](https://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.

### 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.  
Suite 219341  
430 W 7th Street  
Kansas City, MO 64105-1407

# MFS® FAMILY OF FUNDS



FUND NAME	FUND NUMBER (BY CLASS)		FUND NAME	FUND NUMBER (BY CLASS)	
	A	C		A	C
<b>U.S. EQUITY</b>			<b>TAX-ADVANTAGED FIXED INCOME</b>		
Massachusetts Investors Trust	12	312	MFS® Alabama Municipal Bond Fund	54	N/A
Massachusetts Investors Growth Stock Fund	13	313	MFS® Arkansas Municipal Bond Fund	55	N/A
MFS® Blended Research® Core Equity Fund	84	384	MFS® California Municipal Bond Fund	27	327
MFS® Blended Research® Growth Equity Fund	1062	1362	MFS® Georgia Municipal Bond Fund	46	N/A
MFS® Blended Research® Mid Cap Equity Fund	1067	1367	MFS® Maryland Municipal Bond Fund	40	N/A
MFS® Blended Research® Small Cap Equity Fund	1063	1363	MFS® Massachusetts Municipal Bond Fund	45	N/A
MFS® Blended Research® Value Equity Fund	1061	1361	MFS® Mississippi Municipal Bond Fund	58	N/A
MFS® Core Equity Fund	91	391	MFS® Municipal High Income Fund	25	325
MFS® Equity Income Fund	1054	1354	MFS® Municipal Income Fund	02	302
MFS® Growth Fund	07	307	MFS® Municipal Intermediate Fund	1072	1372
MFS® Intrinsic Value Fund	1030	1330	MFS® Municipal Limited Maturity Fund	37	337
MFS® Low Volatility Equity Fund	1023	1323	MFS® New York Municipal Bond Fund	52	352
MFS® Mid Cap Growth Fund	83	383	MFS® North Carolina Municipal Bond Fund	41	341
MFS® Mid Cap Value Fund	1024	1324	MFS® Pennsylvania Municipal Bond Fund	30	N/A
MFS® New Discovery Fund	97	397	MFS® South Carolina Municipal Bond Fund	42	N/A
MFS® New Discovery Value Fund <sup>1</sup>	1050	1350	MFS® Virginia Municipal Bond Fund	43	343
MFS® Research Fund	14	314	MFS® West Virginia Municipal Bond Fund	44	N/A
MFS® Value Fund	93	393			
<b>EQUITY SECTOR</b>			<b>MULTI-ASSET</b>		
MFS® Technology Fund	98	398	MFS® Aggressive Growth Allocation Fund	1029	1329
MFS® Utilities Fund	35	335	MFS® Conservative Allocation Fund	1026	1326
<b>FIXED INCOME</b>			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 Fund	1052	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	370	MFS® Lifetime® 2040 Fund	1038	1338
MFS® Government Securities Fund	26	326	MFS® Lifetime® 2045 Fund	1058	1358
MFS® High Income Fund	18	318	MFS® Lifetime® 2050 Fund	1047	1347
MFS® Income Fund	34	334	MFS® Lifetime® 2055 Fund	1059	1359
MFS® Inflation-Adjusted Bond Fund	1031	1331	MFS® Lifetime® 2060 Fund	1068	1368
MFS® Limited Maturity Fund	36	336	MFS® Lifetime® 2065 Fund	1073	1373
MFS® Total Return Bond Fund	78	378	MFS® Lifetime® Income Fund	1034	1334
<b>GLOBAL/INTERNATIONAL EQUITY</b>			MFS® Moderate Allocation Fund	1027	1327
MFS® Blended Research® Emerging Markets Equity Fund	1066	1366	MFS® Prudent Investor Fund	1069	1369
MFS® Blended Research® International Equity Fund	1064	1364	MFS® Total Return Fund	15	315
MFS® Emerging Markets Equity Fund	85	385			
MFS® Emerging Markets Equity Research Fund	1071	1371	<b>MONEY MARKET</b>		
MFS® Global Equity Fund	04	304	MFS® U.S. Government Cash Reserve Fund <sup>1</sup>	01	301
MFS® Global Growth Fund	09	309	MFS® U.S. Government Money Market Fund <sup>1</sup>	10	N/A
MFS® Global New Discovery Fund	1053	1353	<b>SPECIALTY/ALTERNATIVE</b>		
MFS® Global Real Estate Fund	59	359	MFS® Commodity Strategy Fund	1042	1342
MFS® International Diversification <sup>SM</sup> Fund	1032	1332	MFS® Global Alternative Strategy Fund	1041	1341
MFS® International Equity Fund	60	N/A	MFS® Managed Wealth Fund	1060	1360
MFS® International Growth Fund	86	386			
MFS® International Large Cap Value Fund	1070	1370			
MFS® International New Discovery Fund <sup>1</sup>	74	374			
MFS® International Intrinsic Value Fund <sup>1</sup>	87	387			
MFS® Low Volatility Global Equity Fund	1025	1325			
MFS® Research International Fund	99	399			

<sup>1</sup> 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.