COST BASIS REPORTING SELECTION/CHANGE FORM

1. Account Information (Required)



Please consult your tax advisor if you have questions regarding your cost basis selection method. This form is required only if you wish to select a cost basis method other than average cost or you wish to change your current selection(s). This form should not be used for retirement accounts.

ACCOUNT REGISTRATION									
ACCOUNT REGISTRATION SOCIAL SECURITY NUMBER	PHONE NU	JMBER							
Mailing address									
This is my new address; please update m Note: If the new address is a non-U.S. address, exchanges into and out of this account.	-			additional p	STATE urchases into	ZIP CODE this account	and		
REGISTERED REPRESENTATIVE'S NAME REGISTERED REPRESENTATIVE'S PHONE NUMBER									
 This selection applies to all shares purchased a mfs.com/TaxCenter for more information about Please complete either A or B. A. Apply this cost basis method to all my current and future non-retirement accounts registered under the SSN/TIN in Section 1. 		-			•				
Or B. Apply different cost basis methods for each of my non-retirement accounts.*	AVERAGE COST	FIRST IN, FIRST OUT (FIFO)	HIGH COST, FIRST OUT (HIFO)	LAST IN, FIRST OUT (LIFO)	LOW COST, FIRST OUT (LOFO)	LOSS/GAIN UTILIZATION	SPECIFIC LOT IDENTIFICATION (MUST COMPLETI SECTION 3)		
FUND NUMBER ACCOUNT NUMBER									
FUND NUMBER ACCOUNT NUMBER									
FUND NUMBER ACCOUNT NUMBER									

^{*}For future accounts, a cost basis selection will have to be made at the time the new account is established. If you do not make a selection, average cost will be the default method applied to your account(s).

3.	Secondary Method Only complete this section if specific lot identification is chosen in Section 2.										
	If you chose specific lot identification in Section 2, you need to choose a secondary method below to accommodate transactions for which you may not be able to provide a lot selection at the time of a redemption or exchange (example: if you have a systematic withdrawal or systematic exchange plan on your account). If you do not make a secondary election, first in, first out (FIFO) will be applied as your secondary method.										
	Please complete either A or B.										
- [[[A. Apply this secondary cost basis method to all my current accounts using Specific Lot Identification under the SSN/TIN in Section 1.	FIRST IN, FIRST OUT (FIFO)	HIGH COST, FIRST OUT (HIFO)	LAST IN, FIRST OUT (LIFO)	LOW COST, FIRST OUT (LOFO)	LOSS/GAIN UTILIZATION					
	Or										
	B. Apply a secondary cost basis method for each of my accounts if specific lot identification was the method requested in Section 2B:	FIRST IN, FIRST OUT (FIFO)	HIGH COST, FIRST OUT (HIFO)	LAST IN, FIRST OUT (LIFO)	LOW COST, FIRST OUT (LOFO)	LOSS/GAIN UTILIZATION					
	FUND NUMBER ACCOUNT NUMBER										
	FUND NUMBER ACCOUNT NUMBER FUND NUMBER ACCOUNT NUMBER										
١.	Signature/Authorization (All register I authorize MFS Service Center, Inc. and its after any selection authorized on this form. It also understood that the selection made above in the Mandatory Cost Basis Regulations. Any made after the receipt of such notification at feature assets and realize a real applies.	affiliates an agree they may be cha such notific and a reaso	d the fund will not be nged by me cation shall nable amou	to act on a held liable at any tir be effectivent of time	for any fut me by notifive only with to act on	ture penalti ying the fu n respect to it. I underst	ies assessed. It is Ind(s), as required by o applicable transactior tand if I am changing				
	from average cost and make a redemption under that method, my cost basis method change is effective on the day the selection change is received and applicable to shares purchased after that date.										
	SIGNATURE (ALL OWNERS OF THE ACCOUNT MUST SIGN.)				DATE (MM/DD/YYYY)						
P	PRINT NAME										
	SIGNATURE (ALL OWNERS OF THE ACCOUNT MUST SIGN.)				DATE (MM/DD/YYYY)						
	PRINT NAME										
	If you have any questions about this form, please visit mfs.com/TaxCenter or call 1-800-225-2606 any business day. Fax completed form to 1-877-654-3203 or mail form to:										
	P.O. Box 219341 801 Penr	ice Center,	ve., Suite 2	19341							