



# MFS<sup>®</sup> NAME CHANGE AUTHORIZATION FORM

NOT for use with accounts registered in the name of a minor under the Uniform Gifts/ Transfers to Minors Act or a designated beneficiary of an MFS 529 Savings Plan. Please contact MFS Service Center, Inc. for additional instructions.

## 1. Account Information

Please enter the account information as it is currently registered

Account Registration \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Daytime Phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_

☐ This is my new address; please update my account information.

**Note:** If the new address is a non- U.S. address, you will be restricted from making additional purchases into this account and exchanges into and out of this account.

## 2. New Name

Please enter your new name. Note: Be sure to sign in your former and new names. A signature guarantee is required.

I authorize MFS to change my name on my account(s) from \_\_\_\_\_

(Please print former name)

to my new name \_\_\_\_\_

(Please print new name)

\_\_\_\_\_  
**Signature (Former Name)**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature (New Name)**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
**Date**

AFFIX GUARANTEE STAMP HERE\*

### Signature Guarantee

The signature(s) must be guaranteed by an eligible bank, broker, dealer, credit union, national securities exchange, registered securities association, clearing agency or savings association. Signature guarantees shall be accepted in accordance with policies established by MFS Service Center, Inc. Notarization by a Notary Public is not acceptable in lieu of a signature guarantee provided by one of the eligible guarantor institutions listed above.

### 3. Checkwriting

Complete this section if you currently have the check writing privilege on your account.

**Note:** Retirement accounts and education savings accounts are not eligible for checkwriting.

**Note:** All owners on the account must sign the signature card, even if only one name has changed.

By completing this section, you will elect the check writing for all eligible accounts on the application. The privilege is available for shares of:

Social Security/Tax ID Number

MFS Bond Fund  
MFS Global Bond Fund  
MFS Government Securities Fund  
MFS Limited Maturity Fund  
MFS Municipal Income Fund  
MFS Limited Maturity Fund  
MFS Research Bond Fund  
MFS Strategic Income Fund  
MFS State Municipal Bond Funds  
MFS U.S. Government Cash Reserve Fund  
MFS U.S. Government Money Market Fund

Number of signatures required on each check ☐ (If not completed, all signatures will be required.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**The check writing privilege is not available for Class B shares. Withdrawals of Class C shares may be subject to a contingent deferred sales charge.**

In signing this application, I signify my agreement to be subject to the rules and regulations of the eligible fund's custodian bank ("the bank") pertaining thereto and as amended from time to time. Subject to the conditions printed on reverse.

### 4. Current Service Options (Optional)

Complete this section only if your bank information has changed and you have one or more of the following service options established on your account(s). *Please attach a voided check or preprinted deposit slip.*

- ☐ Please update the name on my current bank information.
- ☐ Please update my bank account information with the information provided below

Bank Name \_\_\_\_\_ Bank Phone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Account type: \_\_\_\_Checking \_\_\_\_Savings Your Bank Account Number \_\_\_\_\_

Bank Routing Number (located in the bottom left corner of your check) \_\_\_\_\_

Please update the following service options currently on the account: *Check all that apply.*

- ☐ Automatic Investment Plan
- ☐ Systematic Withdrawal Plan
- ☐ ACH-Dividend
- ☐ Autobuy
- ☐ Direct Deposit Redemption

*If you have any questions about this form, please contact the Client Services Department at 1-800-225-2606 any business day.*

**MAIL COMPLETED FORM TO:**

**Regular Mail**

MFS Service, Inc  
P.O. Box 55824  
Boston, MA 02205-5824

**Overnight Mail**

MFS Service Center Inc.  
c/o BFDS  
30 Dan Road  
Canton, MA 02021-2809

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**CHECK WRITING PROVISIONS**

The payment of funds on the conditions set forth below is authorized by the shareholder's signature(s) appearing in Section 3. The registration of this checking account will be the same as the shareholder account registration. 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 other 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 not to honor checks in the amounts exceeding the value of the depositor's shareholder account with the fund at the time the check is presented for payment.

1. Depositor(s) signing this card will receive an imaged copy of the cancelled check(s) monthly.
2. 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.