MFS INVESTMENT MANAGEMENT®

MFS® 529 SAVINGS PLAN

Application

MFS® 529 SAVINGS PLAN

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HOW TO OPEN YOUR ACCOUNT

1. To establish an MFS 529 Savings Plan account, complete the appropriate sections of the enclosed MFS 529 Savings Plan Application.
2. Make your check(s) payable to MFS Service Center, Inc. The minimum initial contribution is $250 per fund/account.
3. If you wish to prepay the first year's annual maintenance fee, include an additional $25 with your initial investment (See Section 9 of application for maintenance fee exclusions).
4. If you are rolling over assets from (1) another 529 plan, (2) a Coverdell Education Savings Account (an Education IRA), or (3) the sale of a US Savings Bond, you must provide the Cost Basis (amounts contributed) and Earnings in Section 5. If this information is not provided, all proceeds will be treated as earnings.
5. The MFS 529 Savings Plan may not accept contributions that cause the aggregate balance in plans sponsored by the Oregon 529 College Savings Network to exceed $310,000 per beneficiary. If the aggregate value plus the amount of your contribution is greater than this limit, your contribution will be returned to you.
6. Be sure to specify your investment option and share class.
7. After your initial investment, generally you can change investment selections twice per calendar year. See the MFS 529 Savings Plan Participant Agreement and Disclosure Statement for an explanation.
8. Successor Account Owner and Contingent Beneficiary designations are not available for Uniform Gifts/Transfers to Minors Act (UGMA/UTMA) accounts.
9. Additional MFS® forms are available to change the Designated Beneficiary, add account privileges and distribute money from the account. They can be downloaded at mfs.com.

Mail all forms with your check(s), made payable to MFS Service Center, Inc., to:

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

Overnight mail
MFS Service Center, Inc.
c/o Boston Financial Data Services
30 Dan Road
Canton, MA 02021-2809

If you have any questions, please call toll free 1-866-529-1637 or visit our Web site at **mfs.com**.

Be sure to keep the MFS 529 Savings Plan Participant Agreement and Disclosure Statement along with a copy of your application for your records.

MFS® 529 SAVINGS PLAN APPLICATION

Use this form to establish a new MFS 529 Savings Plan account. Please print clearly in capital letters. For a more detailed description of terms, please refer to the enclosed MFS 529 Savings Plan Participant Agreement and Disclosure Statement.

1. Account Owner (Complete Section A, B or C.)

A. Individual Ownership. See the MFS 529 Savings Plan Participant Agreement and Disclosure Statement for requirements for individual ownership. An individual owner must be at least 18 years of age and a US citizen or resident alien.

◯ Account Owner is a US citizen or resident alien.

ACCOUNT OWNER'S FIRST NAME | MI | LAST NAME

___ - ___ - ____ SOCIAL SECURITY NUMBER

__ / __ / ____ DATE OF BIRTH (MM/DD/YYYY)

Account Owner Address. Provide the mailing address of the Account Owner below. You may provide additional mailing instructions on a separate piece of paper.

MAILING ADDRESS

CITY | STATE | ZIP CODE

___ - ___ - ____ ACCOUNT OWNER'S DAYTIME TELEPHONE NUMBER

RESIDENTIAL ADDRESS (IF DIFFERENT FROM MAILING ADDRESS — P.O. BOX NOT ACCEPTED)

CITY | STATE | ZIP CODE

B. UGMA/UTMA Ownership. For transferred accounts only. For UGMA/UTMA ownership, the minor assumes control of the account upon attaining the Age of Majority under UGMA/UTMA in the state named in registration; see the MFS 529 Savings Plan Participant Agreement and Disclosure Statement for details. The minor's information must be indicated in Section 2.

The account will be funded via a rollover from a UGMA or UTMA 529 account (Required for UGMA/ UTMA ownership).

◯ UGMA **or** ◯ UTMA (Check one.)

◯ Custodian is a US citizen or resident alien.

CUSTODIAN'S FIRST NAME | MI | LAST NAME

___ - ___ - ____ CUSTODIAN'S DAYTIME TELEPHONE NUMBER

___ - ___ - ____ CUSTODIAN'S SOCIAL SECURITY NUMBER

__ / __ / ____ DATE OF BIRTH (MM/DD/YYYY)

STATE OF UGMA/UTMA AGREEMENT

Account Owner Address. Provide the mailing address of the Account Owner below. The Account Owner's residential address is also required if different from the mailing address. UGMA/UTMA MFS 529 Savings Plan accounts must have the custodian's address listed as the Account Owner Address. You may provide additional mailing instructions on a separate piece of paper.

MAILING ADDRESS

CITY STATE ZIP CODE

RESIDENTIAL ADDRESS (IF DIFFERENT FROM MAILING ADDRESS — P.O. BOX NOT ACCEPTED)

CITY STATE ZIP CODE

If I am funding this account with cash proceeds from the sale of assets held in an UGMA/UTMA custodial account for the benefit of the Designated Beneficiary of this account, I am doing so in my capacity as custodian for the Designated Beneficiary. I understand that, as custodian for the MFS 529 Savings Plan, I will not be able to change the Designated Beneficiary for this account or to make withdrawals other than for the benefit of the Designated Beneficiary as permitted under the laws governing the UGMA/UTMA custodial account.

I understand that these same restrictions apply to other contributions made into this account, regardless of the source of funds.

C. Other (Corporation, Trust or Scholarship.) If the owner is a Trust, include date of the trust instrument. List the Trustee(s) if he/she/they is/are to be named within the account registration.

NAME OF CORPORATION, TRUST OR SCHOLARSHIP

NAMED TRUSTEE(S) (IF THEY ARE TO BE NAMED WITHIN THE ACCOUNT REGISTRATION)

☐☐☐-☐☐☐-☐☐☐☐
DAYTIME TELEPHONE NUMBER

☐☐☐-☐☐-☐☐☐☐ TAXPAYER ID NUMBER (TIN)

☐☐/☐☐/☐☐☐☐ DATE OF TRUST (REQUIRED IF APPLICABLE) — (MM/DD/YYYY)

Account Owner Address. Provide the mailing address of the Account Owner below. You may provide additional mailing instructions on a separate piece of paper.

MAILING ADDRESS

CITY STATE ZIP CODE

RESIDENTIAL ADDRESS (IF DIFFERENT FROM MAILING ADDRESS — P.O. BOX NOT ACCEPTED)

CITY STATE ZIP CODE

2. Designated Beneficiary (an eligible person for whose benefit the account is established)

◯ Beneficiary is a US citizen or resident alien.

BENEFICIARY'S FIRST NAME | MI | LAST NAME

___ - ___ - ____ | ___ / ___ / ____

BENEFICIARY'S SOCIAL SECURITY NUMBER | DATE OF BIRTH (MM/DD/YYYY) (REQUIRED)

MAILING ADDRESS

CITY | STATE | ZIP CODE

3. Contingent Beneficiary/Successor Account Owner (The person who becomes the Designated Beneficiary upon the death of the Designated Beneficiary. A Contingent Beneficiary is not allowed for UGMA/UTMA accounts).

◯ Contingent Beneficiary is a US citizen or resident alien.

CONTINGENT BENEFICIARY'S FIRST NAME | MI | LAST NAME

___ - ___ - ____ | ___ / ___ / ____

CONTINGENT BENEFICIARY'S SOCIAL SECURITY NUMBER | DATE OF BIRTH (MM/DD/YYYY)

Note: Special tax considerations will apply if you choose a Contingent Beneficiary who is not a member of the family of the Designated Beneficiary you elected in Section 2. See the MFS 529 Savings Plan Participant Agreement and Disclosure Statement for details.

Successor Account Owner (An individual, trust or other entity who assumes control of the account upon the death or resignation of the Individual Account Owner. A Successor Account Owner is not allowed for UGMA/UTMA accounts.)

◯ Successor Account Owner is a US citizen or resident alien.

NAME (FIRST/MI/LAST) OR NAME OF TRUST OR OTHER ENTITY

___ - ___ - ____ | ___ / ___ / ____

SOCIAL SECURITY NUMBER/TAXPAYER ID NUMBER (TIN) | DATE OF BIRTH OR TRUST DATE — (MM/DD/YYYY)

4. Dealer Information FOR INVESTMENT PROFESSIONAL USE ONLY. (THIS SECTION MUST BE COMPLETED.)

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 authorize MFS Service Center, Inc. (MFSC) to act as our agent in connection with transactions under this authorization form and agree to notify the distributor of any purchase made under the Letter of Intent or Right of Accumulation. We hereby consent to the incorporation of the terms of the MFS 529 Savings Plan Supplement to Dealer Agreement (or MFS 529 Savings Plan Supplement to Mutual Fund Agreement, as applicable) into the terms of our Dealer Agreement with MFS Fund Distributors, Inc. (or the Mutual Fund Agreement, as applicable) by reference, and also consent to the incorporation of the Dealer Agreement and MFS 529 Savings Plan Supplement to Dealer Agreement (or the Mutual Fund Agreement and MFS 529 Savings Plan Supplement to Mutual Fund Agreement, as applicable) herein by reference.

We guarantee the investors' signature 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 TELEPHONE NUMBER

REGISTERED REPRESENTATIVE'S E-MAIL ADDRESS

BROKERAGE ACCOUNT NUMBER (If applicable)

AUTHORIZED SIGNER OF BROKER/DEALER FIRM (REQUIRED) | DATE

5. Source of Funding

◯ **MFS 529 Savings Plan Contribution** (Make your check payable to MFS Service Center, Inc. and/or complete Section 7 for an Automatic Investment Plan.)

◯ **Rollover** from a Coverdell Education Savings Account (an education IRA), another Section 529 qualified tuition program or proceeds from the sale of US Savings Bonds. **Contact your current program manager and determine their requirements to complete the rollover.** Please provide the name of your current program manager if they require a letter of acceptance from the MFS 529 Savings Plan in order to complete your rollover request from their plan to the MFS 529 Savings Plan.

◯ Yes, please send a letter of acceptance to my current program manager:

NAME OF ACCOUNT OWNER OF THE ACCOUNT TO BE ROLLED OVER TO MFS

ACCOUNT NUMBER OF THE ACCOUNT TO BE ROLLED OVER TO MFS

NAME OF THE FBO (BENEFICIARY) OF THE ACCOUNT TO BE ROLLED OVER TO MFS

NAME OF CURRENT CUSTODIAN

ADDRESS OF CURRENT CUSTODIAN

Cost basis information for the rollover from the program manager listed above:

BASIS (CONTRIBUTIONS) $ | EARNINGS $

Note: Please contact your current program manager to determine their requirements to complete the rollover.

By providing this information, you certify under the penalty of perjury that you have received from your prior financial institution appropriate documentation to support the information. If you do not provide this information, all proceeds will be treated as earnings.

Contributions and rollovers will be accepted only to the extent that they do not exceed the maximum balance limit described in the MFS 529 Savings Plan Participant Agreement and Disclosure Statement. The minimum initial contribution is $250 per fund/account. There is no minimum for additional contributions.

6. Contribution Instructions

A. The MFS 529 Savings Plan provides a two-tiered approach to investment options. You may choose the Age-Based Investment Option, the Individual Investment Fund Option or a combination of both options. Indicate funding type and investment option. Class 529 B shares are not available if the Designated Beneficiary is age 12 or older at the time of the initial purchase when received in good order by MFSC.

◯ **I. Age-Based Investment Option**

Share class (Choose one.): Class 529 A ◯ Class 529 B ◯ Class 529 C ◯

Choosing the Age-Based Investment Option requires that you select a Share class. The initial purchase of shares under this option will be allocated based on the Designated Beneficiary's age on the date of receipt of the investment. Under the Age-Based Investment Option, the account assets will be reallocated during the quarter following the date the Designated Beneficiary reaches age 6, 11, 15, 17 and 19.

Total amount invested in Age-Based Investment Option $ _____

◯ **II. Individual Investment Fund Option**

Indicate the amount or percentage you wish to contribute to each Individual Investment Fund option by identifying the Individual Investment Fund number. The total percentage must equal 100%. For a complete list of all MFS 529 Savings Plan Investment Funds and fund numbers, including MFS® Asset Allocation Funds, refer to page 11 of this application.

FUND NUMBER	FUND NAME	PERCENTAGE		DOLLAR AMOUNT
☐☐☐☐	_____	_____	OR	_____
☐☐☐☐	_____	_____	OR	_____
☐☐☐☐	_____	_____	OR	_____
☐☐☐☐	_____	_____	OR	_____
☐☐☐☐	_____	_____	OR	_____

Total amount invested in Individual Investment Fund Option $_____

B. Wire Order Trades

If your investment is a wire order trade placed through your financial advisor, enter confirmation number here: _____

C. Reduced Sales Charges

◯ **Right of Accumulation**

Your contributions may qualify for Right of Accumulation or a Letter of Intent as described in the prospectus. List any existing applicable MFS account holder(s)* and his/her/their respective Social Security number(s):

NAME _____ SOCIAL SECURITY NUMBER ___-__-____

NAME _____ SOCIAL SECURITY NUMBER ___-__-____

NAME _____ SOCIAL SECURITY NUMBER ___-__-____

* Enclose a letter with any additional name(s) and Social Security number(s).

◯ **Letter of Intent (LOI)**

To qualify for a reduced sales charge, I agree to the Letter of Intent, including the escrow agreement, as set forth in the prospectus and Statement of Additional Information. Although I am not obligated, it is my intention to invest over a 13-month period in shares of one or more of the MFS funds in an aggregate amount at least equal to:

◯ $50,000

◯ $100,000

◯ $250,000

◯ $500,000

◯ $1,000,000 If you intend to invest $1,000,000 or more, the period is 36 months.

7. Automatic Investment Programs

Automatic Investment Plan (Please complete bank account information in Section 8. Please allow up to 10 days for setup.)

Frequency (Choose one. If no day or frequency is chosen, investments will be made on the first business day of each month.)

◯ Monthly, day(s) of month: _____

◯ Other than monthly (Check months below.)

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

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

Contribution Options (You may choose the Age-Based Investment Option, the Individual Investment Fund Option or a combination of both options.)

◯ Age-Based Option $ _____

◯ Individual Investment Fund Option (Please choose a fund and amount to be automatically invested.)

FUND NUMBER	DOLLAR AMOUNT	FUND NUMBER	DOLLAR AMOUNT

Automatic Exchange Plan

Exchanges may be made within the same MFS 529 Savings Plan in the same share class for the same beneficiary. All exchanges will occur on or about the seventh day of the month, if no day is provided.

Provide fund number and account number of an existing account.

Frequency (Choose one.)

◯ Monthly, day(s) of month: _____

◯ Other than monthly (Check months below)

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

Day of month: _____ Additional day: _____

From _____
FUND/ACCOUNT NUMBER ($2,000 MINIMUM BALANCE REQUIRED)

To _____ _____ To _____ _____
FUND/ACCOUNT NUMBER DOLLAR AMOUNT FUND/ACCOUNT NUMBER DOLLAR AMOUNT

To _____ _____ To _____ _____
FUND/ACCOUNT NUMBER DOLLAR AMOUNT FUND/ACCOUNT NUMBER DOLLAR AMOUNT

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

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. For some accounts, you may also be able to purchase shares online on **mfs.com**. 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 with your financial institution eligibility, fees and applicable routing number(s) for ACH and/or Federal bank wire. Please also attach a voided check or preprinted deposit slip.

If the bank information is in the name of the beneficiary, a Signature Validation Stamp Program (SVP) will be required in Section 11.

◯ ACH **or** ◯ Wire (Check one.)

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 and online transactions and that none of the MFS Funds, MFS Service Center, Inc., their affiliated companies or their directors, trustees or employees will be liable for any loss, damage or expense as a result of action in regard to, and will not be responsible for the authenticity of, any telephone or online transaction instructions that they reasonably believe to be authentic and authorized.

_____
NAME ON BANK ACCOUNT

Bank account type: ◯ Checking (A preprinted voided check must be attached.) ◯ Savings (A preprinted deposit slip must be attached.)

_____
BANK NAME

☐☐☐-☐☐☐-☐☐☐☐
BANK TELEPHONE NUMBER

_____
MAILING ADDRESS

_____ _____ _____
CITY STATE ZIP CODE

_____ _____
BANK ACCOUNT NUMBER ROUTING NUMBER (IF DIFFERENT FROM VOIDED CHECK)

Automatic Investment Plan Provisions

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 any liability whatsoever in honoring or refusing to honor 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. or MFS Fund Distributors, Inc. without prior notice, if any check is not paid upon presentation or any debit entry not accepted. MFS Service Center, Inc. shall be under no obligation to notify the investor as to the nonpayment of any check or the non-acceptance of any debit entry. This service may be discontinued by the investor by telephone or by written notice at any time to MFS Service Center, Inc. Instructions must be received 10 days prior to the next draft to be effective for that draft.

9. Annual Maintenance Fee

There is a $25 annual account fee associated with the MFS 529 Savings Plan. This annual fee is waived for Oregon residents and for those accounts with assets of $25,000 or more.

◯ Check if maintenance fee is enclosed with the application. Please note: If this option is selected and one check is sent with this application, the investment amount will be reduced by $25 to account for the maintenance fee.

10. eDelivery Sign me up to receive fund documents online.

I consent to the delivery of all MFS Fund documents electronically ("eDelivery"). I understand that this election constitutes a global 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 communications and disclosures. When possible, documents that MFS does not currently provide via eDelivery will also be provided to me via eDelivery subject to this global consent.

I understand that MFS will send an e-mail 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 "Setup/Change eDelivery." 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 e-mail address either by submitting a request in writing or through MFS Access by clicking on "Setup/Change eDelivery." I understand that if MFS cannot obtain a valid e-mail address, documents will be delivered to me by USPS.

I acknowledge that I have Internet access, an e-mail 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 e-mail address: _____

*That is to say, appropriate browser software such as Microsoft® Internet Explorer® or the equivalent as well as e-mail 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 the **Setup/Change eDelivery** link on the left hand navigation bar. If you do not currently have an account on MFS Access, you can sign up by going to **mfs.com** and clicking on MFS Access. Please 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. Signature and Certification

Important Information about Procedures for Opening a New Account

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.

What this means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. In the event that MFS Service Center, Inc. (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.

Instructions

You must provide the following information for each person listed on the new account: name, Social Security number, date of birth and residential address (a post office box is not acceptable). Include information for each trustee or court-appointed fiduciary, if applicable. If the account owner is an entity, (*e.g.*, corporation, partnership, etc.) please provide the entity's name, taxpayer identification number and street address. If there is not enough space on the account application, please attach an additional page. We cannot establish your account without this information.

I hereby establish an Account in the MFS 529 Savings Plan and (1) acknowledge that I am of legal age; (2) acknowledge that I have received and read the current prospectus(es) for the fund(s) chosen in Section 6, as well as the MFS 529 Savings Plan Participant Agreement and Disclosure Statement; (3) agree that an annual maintenance fee of $25 may be deducted from my account if not paid separately; (4) certify that, under the penalty of perjury, the Social Security number(s) shown above is/are correct. I understand that MFSC may be required to use information provided in 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.

ACCOUNT OWNER'S SIGNATURE

DATE

Custodian must sign for UGMA/UTMA MFS 529 Savings Plans.

Signature Validation Program (SVP)

AFFIX GUARANTEE STAMP HERE

MFS Service Center, Inc. (MFSC) requires an original Signature Validation Program (SVP) stamp imprint on certain maintenance and nonfinancial requests for your protection. If you cannot obtain an SVP stamp, we will accept a signature guarantee stamp in lieu of it. The following institutions may be able to provide an SVP stamp or signature guarantee stamp: eligible bank, broker, dealer, credit union, national securities exchange registered securities association, clearing agency or savings association. SVP stamps or 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 an SVP stamp or signature guarantee provided by one of the eligible guarantor institutions listed above.

12. Wiring Contributions to MFS

◯ The funds to open this account will be wired according to the instructions below.

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

For further credit to MFS 529 Savings Plan for:

DESIGNATED BENEFICIARY'S NAME

☐☐☐-☐☐-☐☐☐☐

DESIGNATED BENEFICIARY'S SOCIAL SECURITY NUMBER

MFS® 529 SAVINGS PLAN

Investment Funds

Only these funds are available for MFS 529 Savings Plan accounts.

FUND NAME	FUND NUMBERS		
	CLASS 529 A	CLASS 529 B*	CLASS 529 C
MULTI ASSET			
MFS® Aggressive Growth Allocation Fund	2529	2729	2829
MFS® Conservative Allocation Fund	2526	2726	2826
MFS® Growth Allocation Fund	2528	2728	2828
MFS® Lifetime® Income Fund	2534	2734	2834
MFS® Moderate Allocation Fund	2527	2727	2827
MFS® Total Return Fund	2015	2215	2315
US EQUITY			
Massachusetts Investors Growth Stock Fund	2013	2213	2313
Massachusetts Investors Trust	2012	2212	2312
MFS® Mid Cap Growth Fund	2083	2283	2383
MFS® Mid Cap Value Fund	2524	2724	2824
MFS® New Discovery Fund	2097	2297	2397
MFS® Value Fund	2093	2293	2393
GLOBAL/INTERNATIONAL EQUITY			
MFS® International Diversification℠ Fund	2532	2732	2832
MFS® International New Discovery Fund	2074	2274	2374
MFS® Research International Fund	2099	2299	2399
FIXED INCOME			
MFS® High Income Fund	2018	2218	2318
MFS® Limited Maturity Fund	2036	2236	2336
MFS® Total Return Bond Fund	2078	2278	2378
MONEY MARKET			
MFS® U.S. Government Cash Reserve Fund	2001	2201	2301

* Class B shares are not available if the Designated Beneficiary is age 12 or older at the time of the initial purchase when received in good order by MFSC.

If you have any questions about this form, please contact the MFS Service Center, Inc. at 1-866-529-1637.

Mail completed form to:

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

Overnight mail
MFS Service Center, Inc
c/o Boston Financial Data Services
30 Dan Road
Canton, MA 02021-2809

OREGON 529
COLLEGE SAVINGS NETWORK

The MFS® 529 Savings Plan is a flexible college investing plan sponsored by the state of Oregon, acting by and through the Oregon 529 College Savings Board and is part of the Oregon 529 College Savings Network. MFS Fund Distributors, Inc. is the Program Manager. MFS 529 Savings Plan accounts are considered municipal fund securities.

Depending on your state of residence and the state of residence of the beneficiary, an investment in the MFS 529 Savings Plan may not afford you or your beneficiary state tax benefits or other benefits only available for investments in such state's qualified tuition program. See your tax advisor to be sure you understand the tax issues related to a 529 plan. Withdrawals of earnings not used to pay for qualified higher education expenses are subject to an additional 10% federal tax penalty. State taxes may also apply.

There is a $25 annual account fee associated with the MFS 529 Savings Plan. This annual fee is waived for Oregon residents and for those accounts with assets of $25,000 or more. Investments in 529 plans involve investment risks. You should consider your financial needs, goals, and risk tolerance prior to investing.

Before investing in the MFS 529 Savings Plan, consider the investment objectives, risks, charges, and expenses. For a prospectus or summary prospectus containing this and other information, as well as a Participant Agreement and Disclosure Statement and Expense Supplement, contact MFS or view online at mfs.com. Read it carefully.

MFS does not provide legal, tax, or accounting advice. Individuals should not use or rely upon the information provided herein without first consulting with their tax or legal professional about their particular circumstances. Any statement contained in this communication (including any attachments) concerning US tax matters was not intended or written to be used, and cannot be used, for the purpose of avoiding penalties under the Internal Revenue Code. This communication was written to support the promotion or marketing of the transaction(s) or matter(s) addressed.

529-MFSP-APP-3/15
15-EX