MFS®
INVESTMENT MANAGEMENT
CHOOSE WHAT FITS.®

MFS® SEP/SARSEP IRA

FORMS KIT

Everything you need to

- open a SEP/SARSEP account with MFS
- transfer your account(s) to a SEP/SARSEP at MFS
- directly rollover your 403(b) or other qualified plan to a SEP/SARSEP at MFS

General Instructions

1. To establish a SEP/SARSEP IRA with MFS®, complete the appropriate sections of the enclosed MFS SEP/SARSEP IRA Application.
2. Make your check(s) payable to MFS Heritage Trust Company.
3. Additional forms are required to establish a SEP or SARSEP. Please be sure your employer has properly established a SEP or SARSEP plan, and ask your employer or investment professional for a participant information kit. If your employer uses the MFS prototype SEP or SARSEP plan, please attach a copy of the employer's executed SEP or SARSEP adoption agreement.
4. Be sure to check the "Direct Rollover" box if you are rolling over your assets directly from an eligible retirement plan.
5. If you are rolling over assets for which you have taken constructive receipt, *i.e.*, the check is payable to you, check the "Rollover" box and indicate the type of plan from which you are rolling over. Such assets must be rolled over within 60 days.

From the list below, determine which form(s) you need to establish the SEP or SARSEP IRA you want.

To establish a new SEP or SARSEP . . . . . Form A

If you want MFS to move assets from

- a SEP or SARSEP into a new account . . . . . Form A, B
- a SEP or SARSEP into an existing account . . . . . Form B
- a 403(b) or another qualified plan into a new account . . . . . Form A, C
- a 403(b) or another qualified plan into an existing account . . . . . Form C

Return all forms with your check(s) 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 us at **1-800-637-1255** any business day or visit us at **mfs.com**.

MFS® SEP/SARSEP IRA Application

A1

If your employer uses the MFS prototype SEP or SARSEP plan, please attach a copy of the employer's executed SEP or SARSEP adoption agreement.

1. Investor Information **Please print clearly in capital letters.**

INVESTOR'S FIRST NAME | MI | LAST NAME

MAILING ADDRESS

CITY | STATE | ZIP CODE

SOCIAL SECURITY NUMBER | MONTH DAY YEAR (DATE OF BIRTH — REQUIRED)

RESIDENTIAL ADDRESS (REQUIRED IF DIFFERENT FROM MAILING ADDRESS)

CITY | STATE | ZIP CODE

2. Fund Choice

Please see the MFS Family of Funds® listing at the back of this book for fund numbers. Minimum initial purchase is $25 per fund.

FUND NUMBER	PERCENTAGE		DOLLAR AMOUNT
	%	OR	$, , .
	%	OR	$, , .
	%	OR	$, , .
	%	OR	$, , .
	%	OR	$, , .
	%	OR	$, , .

If this relates to a wire order trade placed through your financial advisor, enter confirmation number here: _____.

A2

3. Account Type

Attach a copy of your employer's SEP or SARSEP Adoption Agreement.

EMPLOYER NAME (Required)

EMPLOYER ADDRESS

CITY STATE ZIP CODE -

☐ SEP MFS PROTOTYPE ☐ YES ☐ NO

FOR TAX YEAR ☐ NEW PLAN ☐ EXISTING PLAN

☐ SARSEP MFS PROTOTYPE ☐ YES ☐ NO

FOR TAX YEAR ☐ NEW PLAN WITH MFS ☐ EXISTING PLAN WITH MFS

4. Dealer Information

FOR DEALER USE ONLY. This section must be completed.

We authorize MFS Service Center, Inc. to act as our agent in connection with transactions under the authorization form and agree to notify the distributor of any purchase made under the Letter of Intent or Right of Accumulation. 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 BRANCH NUMBER REGISTERED REPRESENTATIVE'S NUMBER

CITY STATE ZIP CODE -

REGISTERED REPRESENTATIVE'S PHONE NUMBER REGISTERED REPRESENTATIVE'S E-MAIL ADDRESS

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

5. Beneficiary Information

A3

A. Beneficiary Designation Default: If you wish to elect that your beneficiary designation will be the beneficiary designation default that is provided in the MFS Individual Retirement Account Trust Agreement, check the box below. (The default is that the beneficiary shall be the individual's surviving spouse, or if none, his or her surviving children per stirpes, or if none, the individual's estate.)

☐ **Check Here to Choose the Beneficiary Designation Default**

B. Other Beneficiary Designation: Please check the box and provide the information regarding your designated beneficiaries below.

☐ **My beneficiary designation is listed below and/or attached**

If you have additional primary or secondary beneficiaries, attach a separate list and indicate percentage.

Primary Beneficiary

BENEFICIARY'S FIRST NAME | MI | LAST NAME

PERCENTAGE % | ☐ SPOUSE ☐ OTHER RELATIONSHIP | MONTH DAY YEAR (DATE OF BIRTH/TRUST) | SOCIAL SECURITY NUMBER ___-__-____

Primary Beneficiary

BENEFICIARY'S FIRST NAME | MI | LAST NAME

PERCENTAGE % | ☐ SPOUSE ☐ OTHER RELATIONSHIP | MONTH DAY YEAR (DATE OF BIRTH/TRUST) | SOCIAL SECURITY NUMBER ___-__-____

Secondary Beneficiary

BENEFICIARY'S FIRST NAME | MI | LAST NAME

PERCENTAGE % | ☐ SPOUSE ☐ OTHER RELATIONSHIP | MONTH DAY YEAR (DATE OF BIRTH/TRUST) | SOCIAL SECURITY NUMBER ___-__-____

Secondary Beneficiary

BENEFICIARY'S FIRST NAME | MI | LAST NAME

PERCENTAGE % | ☐ SPOUSE ☐ OTHER RELATIONSHIP | MONTH DAY YEAR (DATE OF BIRTH/TRUST) | SOCIAL SECURITY NUMBER ___-__-____

6. Reduced Sales Charges

Your contributions may qualify as a Letter of Intent or Right of Accumulation as described in the prospectus and Statement of Additional Information. List any existing MFS account holders and their respective Social Security numbers. If there are more account holders than space provided, please provide on an additional sheet.

☐ 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 (among qualifying accounts) at least equal to $ _____. If you intend to invest $1 million or more, the period is extended to 36 months.

☐ Right of Accumulation

I qualify for the Right of Accumulation privilege as described in the Statement of Additional Information. All the accounts that should be combined are listed below.

List any existing MFS account holders and their respective Social Security numbers (SSN) or broker identification numbers (BIN). If there are more account holders than space provided, please provide on an additional sheet.

Name _____ SSN or BIN _____

Name _____ SSN or BIN _____

7. eDelivery **Sign me up to receive fund documents online.**

I consent to delivery of the selected documents by e-mail (eDelivery). I understand that when a new document is available, MFS will send me an e-mail notifying me where these documents can be viewed and printed. I understand that all accounts in MFS funds registered under my Social Security number/TIN will be enrolled for this service. This consent is effective immediately and will remain in effect until I revoke it. I may revoke my consent or 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 change to my e-mail address. I understand that if MFS cannot obtain a valid e-mail address, documents may be delivered to me by U.S. mail. I have Internet access and an e-mail address to receive documents electronically (plus a printer or other device to print or save documents I may wish to retain). eDelivery is free, but Internet access and telephone charges may apply.

I would like to receive the following documents via eDelivery:

☐ Prospectuses/Annual and Semiannual Reports/Supplements ☐ Proxies

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

E-MAIL ADDRESS

Quarterly Statements

In addition, once your account is established, you can sign up for eDelivery of quarterly statements 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 MFS Access. **Please note:** eDelivery of statements is not available on 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.

A5

8. Trustee Acceptance

MFS® Heritage Trust Company℠ shall serve as Trustee under this IRA Trust only: (1) for the MFS Family of Funds®, (2) in accordance with the terms and conditions of the Trust Agreement, and (3) provided that the required forms are properly completed and received by MFS Service Center, Inc. (MFSC). The Trustee's acceptance of your IRA will be acknowledged by written confirmation from MFS of your initial purchase. This confirmation will reference your account as "MFS Heritage Trust Company, Trustee, [employer name] (SAR)SEP Plan, [your name] IRA."

9. Investor Signature

I hereby establish an IRA Trust with MFS, appoint MFS Heritage Trust Company as Trustee, and (1) acknowledge that I have received and read the current prospectus(es) for the fund(s) chosen in Section 2 and the appropriate MFS Disclosure Statement and Individual Retirement Account Trust, (2) acknowledge that I am responsible for determining the deductibility of contributions made to my account, (3) agree that an annual trustee fee of $25 may be deducted from my account, unless my account balance exceeds $50,000 on the day the fee is assessed, and (4) certify that, under penalty of perjury, my Social Security number shown above is correct.

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 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.

INVESTOR SIGNATURE — DATE

(Or signature of parent or guardian, if investor is a minor)

SIGNATURE OF SPOUSE — DATE

(Only required in community property states, when designated beneficiary is not your spouse)

WITNESS TO SIGNATURE* — DATE

*Testamentary dispositions are required to be witnessed in some jurisdictions.

MFS® INVESTMENT MANAGEMENT

MFS® SEP/SARSEP IRA Transfer Form

B1

Use this form to transfer your existing SEP/SARSEP, Traditional IRA, or IRA Rollover with your current trustee to an MFS SEP/SARSEP account. If you do not have a SEP/SARSEP with MFS, please complete and attach an MFS SEP/SARSEP Application (Form A).

1. Investor Information

Please print clearly in capital letters.

INVESTOR'S FIRST NAME | MI | LAST NAME

SOCIAL SECURITY NUMBER (___-__-____) | REGISTERED REPRESENTATIVE'S LAST NAME | REGISTERED REPRESENTATIVE'S PHONE NUMBER

2. IRA to be Transferred

Please attach a copy of your last statement.

The IRA to be transferred is (CHOOSE ONE): ☐ Traditional ☐ Rollover ☐ SEP ☐ SARSEP

The account to be transferred is presently invested or deposited in

☐ MFS funds

(Please see the MFS Family of Funds® listing at the back of this book for fund numbers.)

☐ Non-MFS investment

NAME OF INSTITUTION

☐ CDs

NAME OF INSTITUTION | DATE OF MATURITY*

*Paperwork should be received two weeks prior to maturity date.

ACCOUNT NUMBER | CONTACT NAME (IF ANY)

NAME OF RESIGNING TRUSTEE/CUSTODIAN | PHONE NUMBER

MAILING ADDRESS OF RESIGNING TRUSTEE/CUSTODIAN

CITY | STATE | ZIP CODE (_____-____)

☐ Check this box if you are age 70½ or older.

I am requesting this transfer during or after the year in which I attain age 70½. I understand that any required minimum distribution amount must be distributed from my existing IRA prior to the transfer of assets to an MFS SEP/SARSEP IRA.

3. Transmittal Instructions

To resigning trustee/custodian:

☐ **Transfer in kind.** I am requesting a transfer of shares from a brokerage firm or bank IRA presently invested in the MFS fund(s) as indicated in Section 2.

☐ I wish to also transfer my non-MFS Money Market IRA from the above firm listed in Section 2 to MFS. **To resigning custodian:** If this box is checked, please liquidate any non-MFS money market shares and send to the address below.

☐ **Liquidate** ☐ all or

☐ part ($_____) of the account described in Section 2 to my MFS SEP/SARSEP IRA

☐ immediately or ☐ at maturity

Send assets as follows:

☐ **Mail check.** Make check payable to MFS Heritage Trust Company, Trustee for

_____ SEP or SARSEP IRA.

(NAME, MFS REFERENCE NUMBER)

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

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

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

For further credit to IRA for: _____
(NAME, MFS REFERENCE #)

4. Investment Instructions **Check one.**

☐ Open a new SEP or SARSEP MFS IRA (Complete and attach **Form A**, upon which you may indicate your investment instructions, thus leaving the fields below blank.)

☐ Invest in my existing MFS SEP or SARSEP IRA(s) as follows (also indicate any additional MFS fund choices in the boxes below). For transfers-in-kind where no allocation is indicated, assets will remain in the same fund.

FUND NUMBER	PERCENTAGE	FUND NUMBER	PERCENTAGE
☐☐☐☐	☐☐☐%	☐☐☐☐	☐☐☐%
☐☐☐☐	☐☐☐%	☐☐☐☐	☐☐☐%
☐☐☐☐	☐☐☐%	☐☐☐☐	☐☐☐%

5. Authorization to Transfer

Important: Contact the trustee or custodian of the IRA you are transferring to see if a signature guarantee or other documentation is required.

Please transfer my Individual Retirement Account (IRA) as described in Section 2, in accordance with the above instructions.

Investor signature _____ Date _____

Signature guaranteed by:

Name of firm _____

Signature of authorized person _____

6. Trustee Acceptance

FOR MFS USE ONLY

MFS® Heritage Trust Company℠ is willing to accept the assets described above and credit them to the MFS Individual Retirement Account Trust for which it is trustee. MFS Heritage Trust Company agrees to the redemption and transfer from fiduciary to fiduciary as authorized above.

_____ Date _____

Authorized MFS signature
on behalf of MFS Heritage Trust Company

MFS® INVESTMENT MANAGEMENT

MFS® SEP/SARSEP IRA Direct Rollover Form

C1

Use this form to roll over your 403(b) or other qualified plan with your current trustee to an MFS SEP/SARSEP account. If you do not have a SEP/SARSEP with MFS, please complete and attach an MFS SEP/SARSEP Application (Form A). This form may not be accepted by your existing plan. Plan-specific paperwork may be required. Contact your plan administrator/employer for their requirements.

1. Investor Information

Please print clearly in capital letters.

INVESTOR'S FIRST NAME

MI

LAST NAME

SOCIAL SECURITY NUMBER

REGISTERED REPRESENTATIVE'S LAST NAME

REGISTERED REPRESENTATIVE'S PHONE NUMBER

2. Current Plan Trustee/Custodian Information

The eligible retirement plan to be rolled over is presently in or deposited in:

☐ MFS funds (enter fund numbers)

(Please see the MFS Family of Funds® listing at the back of this book for fund numbers.)

☐ a Non-MFS investment

NAME OF INSTITUTION

☐ Other

NAME OF INSTITUTION

ACCOUNT NUMBER

CONTACT NAME (IF ANY)

NAME OF RESIGNING TRUSTEE/CUSTODIAN

PHONE NUMBER

MAILING ADDRESS OF RESIGNING TRUSTEE/CUSTODIAN

CITY

STATE

ZIP CODE

☐ Check this box if you are age 70½ or older.

I am requesting this direct rollover during or after the year in which I attain age 70½. I understand that any required minimum distribution amount must be distributed from my existing eligible retirement plan account prior to the direct rollover of assets to an MFS SEP/SARSEP IRA.

3. Transmittal Instructions

To resigning custodian/trustee:

☐ **Rollover in kind.** I am requesting a rollover of shares from a brokerage firm or bank-eligible retirement plan presently invested in the MFS fund(s) as indicated in Section 2.

☐ I wish to also transfer my non-MFS money market-eligible retirement plan monies from the firm listed in Section 2 to MFS. **To resigning custodian:** If this box is checked, please liquidate any non-MFS money market shares and send to the address below.

☐ **Liquidate** ☐ all or

☐ part ($_____) of the account described in Section 2 to my MFS SEP/SARSEP IRA

☐ immediately or ☐ at maturity

Send assets as follows:

☐ **Mail check.** Make check payable to MFS Heritage Trust Company, Trustee for (SAR)SEP IRA _____
(NAME, MFS REFERENCE NUMBER)

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

Overnight mail to:

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

For further credit to IRA for: _____
(NAME, MFS REFERENCE NUMBER)

4. Investment Instructions

Check one.

☐ Open a new SEP or SARSEP MFS IRA (Complete and attach **Form A**, upon which you may indicate your investment instructions, thus leaving the fields below blank.)

☐ Invest in my existing MFS SEP or SARSEP IRA(s) as follows (indicate new MFS fund choices in the boxes below, if desired). For rollovers-in-kind where no allocation is indicated, assets will remain in the same fund.

FUND NUMBER	PERCENTAGE	FUND NUMBER	PERCENTAGE
☐☐☐☐	☐☐☐%	☐☐☐☐	☐☐☐%
☐☐☐☐	☐☐☐%	☐☐☐☐	☐☐☐%
☐☐☐☐	☐☐☐%	☐☐☐☐	☐☐☐%

5. Authorization to Roll Over

Important: Contact the trustee or custodian of the 403(b) or Qualified Plan from which you are rolling over to see if a signature guarantee or other documentation is required.

By effecting this rollover, I irrevocably elect to treat the distribution from my previous plan as nontaxable, and therefore I am not eligible for any special tax treatment that may otherwise be available.

Investor signature _____ Date _____

Signature guaranteed by:

Name of firm _____

Signature of authorized person _____

6. Trustee Acceptance

FOR MFS USE ONLY

MFS® Heritage Trust Company℠ is willing to accept the assets described above and credit them to the MFS Individual Retirement Account Trust for which it is trustee. MFS Heritage Trust Company agrees to the redemption and rollover from fiduciary to fiduciary as authorized above.

_____ Date _____

Authorized MFS signature
on behalf of MFS Heritage Trust Company

MFS® INVESTMENT MANAGEMENT

MFS Family of Funds®

FUND NAME	FUND NUMBER Class A	Class B	Class C
DOMESTIC GROWTH STOCK			
MFS® Equity Opportunities Fund[1]	1040	1240	1340
Massachusetts Investors Growth Stock Fund	13	213	313
MFS® Growth Fund[2]	07	207	307
MFS® Mid Cap Growth Fund	83	283	383
MFS® New Discovery Fund	97	297	397
MFS® Research Fund	14	214	314
MFS® Technology Fund	98	298	398
HIGH-GRADE BOND			
MFS® Bond Fund	11	211	311
MFS® Global Bond Fund	1043	1243	1343
MFS® Government Securities Fund	26	226	326
MFS® Inflation-Adjusted Bond Fund	1031	1231	1331
MFS® Limited Maturity Fund[3]	36	236	336
MFS® Research Bond Fund	78	278	378
HIGH-YIELD BOND			
MFS® Emerging Markets Debt Fund	33	233	333
MFS® High Income Fund	18	218	318
MFS® High Yield Opportunities Fund	70	270	370
MFS® Strategic Income Fund	34	234	334
GLOBAL/INTERNATIONAL			
MFS® Asia Pacific Ex-Japan Fund	1044	1244	1344
MFS® Emerging Markets Equity Fund	85	285	385
MFS® European Equity Fund	1045	1245	1345
MFS® Global Equity Fund	04	204	304
MFS® Global Growth Fund	09	209	309
MFS® Global Total Return Fund	24	224	324
MFS® International Diversification℠ Fund	1032	1232	1332
MFS® International Growth Fund	86	286	386
MFS® International New Discovery Fund	74	274	374
MFS® International Value Fund	87	287	387
MFS® Latin American Equity Fund	1046	1246	1346
MFS® Research International Fund	99	299	399

FUND NAME	FUND NUMBER Class A	Class B	Class C
MONEY MARKET			
MFS® Cash Reserve Fund[4]	01	201	301
MFS® Government Money Market Fund[4]	22	N/A	N/A
MFS® Money Market Fund[4]	10	N/A	N/A
DOMESTIC CONSERVATIVE STOCK			
Massachusetts Investors Trust	12	212	312
MFS® Blended Research® Core Equity Fund	84	284	384
MFS® Core Equity Fund	91	291	391
MFS® Mid Cap Value Fund	1024	1224	1324
MFS® New Discovery Value Fund	1050	1250	1350
MFS® Total Return Fund	15	215	315
MFS® Utilities Fund	35	235	335
MFS® Value Fund	93	293	393
ASSET ALLOCATION STRATEGIES			
MFS® Conservative Allocation Fund	1026	1226	1326
MFS® Moderate Allocation Fund	1027	1227	1327
MFS® Growth Allocation Fund	1028	1228	1328
MFS® Aggressive Growth Allocation Fund	1029	1229	1329
MFS® Lifetime® 2010 Fund	1035	1235	1335
MFS® Lifetime® 2020 Fund	1036	1236	1336
MFS® Lifetime® 2030 Fund	1037	1237	1337
MFS® Lifetime® 2040 Fund	1038	1238	1338
MFS® Lifetime® 2050 Fund	1047	1247	1347
MFS® Lifetime® Retirement Income Fund	1034	1234	1334
MFS® Absolute Return Fund	1048	1248	1348
MFS® Diversified Income Fund	1039	N/A	1339
MFS® Diversified Target Return Fund	1041	1241	1341
MFS® Global Multi-Asset Fund	1049	1249	1349

[1] Prior to August 1, 2011, MFS® Equity Opportunities Fund was known as MFS® Sector Rotational Fund.

[2] MFS® Core Growth Fund merged into MFS Growth Fund effective August 26, 2011.

[3] Class B shares of MFS Limited Maturity Fund have purchase restrictions on them. Please see the fund's prospectus or contact your financial advisor with any questions.

[4] MFS Money Market Fund, MFS Government Money Market Fund, and MFS Cash Reserve Fund have purchase restrictions on them. Please see the fund's prospectus or contact your financial advisor with any questions.

MFS®
INVESTMENT MANAGEMENT

IRAE-SEPSRSP-APP-8/11
11-EX