

MFS[®] NAME CHANGE AUTHORIZATION FORM



Not to be used to update the name of a minor under the Uniform Gifts/ Transfers to Minors Act, IRAs registered in the name of a minor, 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 (no hyphens) _____

DAYTIME PHONE NUMBER WITH AREA CODE _____

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 print)

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 my former name _____
FORMER NAME

to my new name _____
NEW NAME

SIGNATURE (FORMER NAME) _____

DATE (MM/DD/YYYY) _____

SIGNATURE (NEW NAME) _____

DATE (MM/DD/YYYY) _____

AFFIX GUARANTEE STAMP HERE*

*Signature guarantee stamp must not be dated. If a Medallion Guarantee is not provided, the proper form for execution is

<p>SIGNATURE(S) GUARANTEED</p> <p>NAME OF ELIGIBLE GUARANTOR INSTITUTION _____</p> <p>BY EXAMPLE _____</p> <p>SIGNATURE OF AUTHORIZED PERSON _____</p>
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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 MFSC. 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. Current Service Options (Optional)

Complete this section only if your bank information on file has changed. To add new bank information to your account, please complete the applicable service form.

- Please update the name on all current bank information on file to the registration below.
- Please update the name on only the bank account listed below.

BANK NAME

BANK REGISTRATION

Account type Checking Savings

BANK ACCOUNT NUMBER

BANK ROUTING NUMBER (LOCATED IN THE BOTTOM LEFT CORNER OF YOUR CHECK)

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

4. 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.

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:

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

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.

SOCIAL SECURITY/TAX ID NUMBER

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

AUTHORIZED SIGNATURES

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.

Check Writing Provisions

The payment of funds on the conditions set forth below is authorized by the shareholder's signature(s) appearing in Section 4. 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.

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