



# MFS<sup>®</sup> SEP/SARSEP IRA

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 is establishing the SEP or SARSEP plan with MFS at the same time this application is being submitted, 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.

**Note:** Internal Revenue Service rules allow only one IRA-to-IRA rollover in any twelve-month time period, regardless of the number of IRAs an individual has or the types of IRAs (including traditional and Roth IRAs and SEP and SIMPLE IRAs). Exceeding this limit, even if the prior rollover involved a different type of IRA, will result in an excess contribution to your IRA subject to taxation and penalties. Roth conversions (rollovers from traditional IRAs to Roth IRAs), rollovers between qualified plans and IRAs, and trustee-to-trustee transfers – direct transfers of assets from one IRA trustee to another – are not subject to the one-per-year limit and are disregarded in applying the limit to other rollovers. You may want to consult with your tax advisor before making a rollover.

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

If you have any questions, please call us at 1-800-637-1255. any business day or visit us at **mfs.com**.

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



### 3. Account Type

EMPLOYER NAME (REQUIRED)

EMPLOYER MAILING ADDRESS

CITY

STATE

ZIP CODE

If your employer is establishing the SEP or SARSEP plan with MFS at the same time this application is being submitted, please attach a copy of the employer's executed SEP or SARSEP adoption agreement.

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.)

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. 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

REGISTERED REPRESENTATIVE'S LAST NAME

FIRM NAME

FIRM NUMBER

BRANCH STREET ADDRESS

CITY

STATE

ZIP CODE

BRANCH NUMBER

REGISTERED REPRESENTATIVE'S NUMBER

REGISTERED REPRESENTATIVE'S PHONE NUMBER WITH AREA CODE

REGISTERED REPRESENTATIVE'S E-MAIL ADDRESS

AUTHORIZED SIGNER OF BROKER/DEALER FIRM (REQUIRED)

DATE (MM/DD/YYYY)

If you are aware of additional accounts that may qualify for linking under MFS' ROA policy, please notify us.

### 5. Beneficiary Designation

Please complete the fields below to designate your beneficiaries. If you do not name beneficiaries, the beneficiary designation default will be applied to your account. (The beneficiary default is the individual’s surviving spouse, or if none, his or her surviving children per stirpes, or if none, the individual’s estate.)

If more than one beneficiary is named and no percentage is indicated, then equal shares will be assigned. If you have additional primary or secondary beneficiaries, attach a separate list and indicate percentage.

If you are naming more than one primary or secondary beneficiary, please indicate whole number percentages. Percentages must equal 100%. If more than one beneficiary is named and no percentage is indicated, then equal shares will be assigned.

#### Primary Beneficiary

BENEFICIARY’S NAME

_____	RELATIONSHIP:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
PERCENTAGE (%)	<input type="radio"/> SPOUSE <input type="radio"/> OTHER	DATE OF BIRTH OR TRUST DATE (MM/DD/YYYY)	SOCIAL SECURITY NUMBER (no hyphens)

#### Primary Beneficiary

BENEFICIARY’S NAME

_____	RELATIONSHIP:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
PERCENTAGE (%)	<input type="radio"/> SPOUSE <input type="radio"/> OTHER	DATE OF BIRTH OR TRUST DATE (MM/DD/YYYY)	SOCIAL SECURITY NUMBER (no hyphens)

#### Secondary Beneficiary

BENEFICIARY’S NAME

_____	RELATIONSHIP:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
PERCENTAGE (%)	<input type="radio"/> SPOUSE <input type="radio"/> OTHER	DATE OF BIRTH OR TRUST DATE (MM/DD/YYYY)	SOCIAL SECURITY NUMBER (no hyphens)

BENEFICIARY’S NAME

_____	RELATIONSHIP:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
PERCENTAGE (%)	<input type="radio"/> SPOUSE <input type="radio"/> OTHER	DATE OF BIRTH OR TRUST DATE (MM/DD/YYYY)	SOCIAL SECURITY NUMBER (no hyphens)

## 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 described in the Prospectus and Statement of Additional Information. Although I am not obligated, it is my intention to invest within 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

- \$50,000                       \$500,000  
 \$100,000                     \$1,000,000 If you intend to invest \$1,000,000 or  
 \$250,000                      more, the period is 36 months.

**Right of Accumulation (ROA)** I qualify for the Right of Accumulation privilege as described in the Prospectus. 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

\_\_\_\_\_  
SOCIAL SECURITY NUMBER OR BROKER IDENTIFICATION NUMBER

\_\_\_\_\_  
NAME

\_\_\_\_\_  
SOCIAL SECURITY NUMBER OR BROKER IDENTIFICATION NUMBER

## 7. 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, but excludes proxy notices and materials unless I elect below to receive such documents also via eDelivery. 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 by either 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:

\_\_\_\_\_  
E-MAIL ADDRESS

Please check here if you also consent to receive MFS Fund proxy notices and materials via eDelivery at the above e-mail address. Otherwise, proxy notices and materials will be sent via USPS. Quarterly Statements

\*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.

**8. Trustee Acceptance**

MFS® Heritage Trust Company<sup>SM</sup> 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 (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  
(OR SIGNATURE OF PARENT OR GUARDIAN, IF INVESTOR IS A MINOR)

\_\_\_\_\_  
DATE (MM/DD/YYYY)

\_\_\_\_\_  
SIGNATURE OF SPOUSE  
(ONLY REQUIRED IN COMMUNITY PROPERTY STATES, WHEN DESIGNATED BENEFICIARY IS NOT YOUR SPOUSE)

\_\_\_\_\_  
DATE (MM/DD/YYYY)

\_\_\_\_\_  
WITNESS TO SIGNATURE\*

\_\_\_\_\_  
DATE (MM/DD/YYYY)

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







# MFS® SEP/SARSEP IRA TRANSFER FORM

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

INVESTOR'S LAST NAME

INVESTOR'S SOCIAL SECURITY NUMBER (no hyphens)

REGISTERED REPRESENTATIVE'S NAME

REGISTERED REPRESENTATIVE'S PHONE NUMBER WITH AREA CODE

## 2. IRA to be transferred. Please attach a copy of your last statement

The IRA to be transferred is (Check one):

- Traditional
- Rollover
- SEP
- SARSEP

The account to be transferred is presently invested or deposited in

MFS funds  
(ENTER FUND NUMBERS)

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(PLEASE SEE THE MFS FAMILY OF FUNDS® LISTING AT THE BACK OF THIS BOOK FOR FUND NUMBERS.)

A Non-MFS investment

NAME OF INSTITUTION

CDs

NAME OF INSTITUTION

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DATE OF MATURITY\* (MM/DD/YYYY)

\*PAPERWORK SHOULD BE RECEIVED TWO WEEKS PRIOR TO MATURITY DATE.

ACCOUNT NUMBER

CONTACT NAME (IF ANY)

NAME OF RESIGNING TRUSTEE/CUSTODIAN

PHONE NUMBER WITH AREA CODE

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

Important: Contact the trustee or custodian for their requirements before completing this section.

**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.

All or  Part (\$ \_\_\_\_\_) of the account described in Section 2 to my MFS SEP/SARSEP IRA

I wish to also transfer my non-MFS Money Market IRA 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<sup>SM</sup>, Trustee for

\_\_\_\_\_  
(NAME, MFS REFERENCE NUMBER) SEP or SARSEP IRA.

**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

**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 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 (also indicate any additional MFS fund choices below). For transfers-in-kind where no allocation is indicated, assets will remain in the same fund.

FUND NUMBER	PERCENTAGE (%)	FUND NUMBER	PERCENTAGE (%)	FUND NUMBER	PERCENTAGE (%)
<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____
<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____
<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____

**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'S SIGNATURE

\_\_\_\_\_  
DATE (MM/DD/YYYY)

**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.

\_\_\_\_\_  
AUTHORIZED MFS SIGNATURE  
ON BEHALF OF MFS HERITAGE TRUST COMPANY

\_\_\_\_\_  
DATE (MM/DD/YYYY)





# MFS® SEP/SARSEP IRA DIRECT ROLLOVER FORM

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	INVESTOR'S LAST NAME
INVESTOR'S SOCIAL SECURITY NUMBER (no hyphens)		
REGISTERED REPRESENTATIVE'S NAME	REGISTERED REPRESENTATIVE'S PHONE NUMBER WITH AREA CODE	

## 2. Current Plan Trustee/Custodian Information (Please attach a copy of your last statement.)

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

MFS funds  
(ENTER FUND NUMBERS)

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(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 WITH AREA CODE	
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 trustee/custodian:**

**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 roll over 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 \_\_\_\_\_ (SAR)SEP IRA  
MFS Heritage Trust Company, Trustee for \_\_\_\_\_  
(NAME, MFS REFERENCE NUMBER)

**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

**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 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 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 (%)	FUND NUMBER	PERCENTAGE (%)
<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____
<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____
<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____

**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 (MM/DD/YYYY)

**Signature guaranteed by:**

\_\_\_\_\_  
NAME OF FIRM

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED PERSON

**6. Trustee Acceptance**

**For MFS Use Only**

MFS® Heritage Trust Company<sup>SM</sup> 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.

\_\_\_\_\_  
AUTHORIZED MFS SIGNATURE  
ON BEHALF OF MFS HERITAGE TRUST COMPANY

\_\_\_\_\_  
DATE (MM/DD/YYYY)







# MFS FAMILY OF FUNDS®



FUND NAME	FUND NUMBER (BY CLASS)			FUND NAME	FUND NUMBER (BY CLASS)		
	A	B	C		A	B	C
<b>U.S. EQUITY</b>				<b>MULTI-ASSET</b>			
Massachusetts Investors Trust	12	212	312	MFS® Aggressive Growth Allocation Fund	1029	1229	1329
Massachusetts Investors Growth Stock Fund	13	213	313	MFS® Conservative Allocation Fund	1026	1226	1326
MFS® Blended Research Core Equity Fund	84	284	384	MFS® Diversified Income Fund	1039	N/A	1339
MFS® Core Equity Fund	91	291	391	MFS® Global Multi-Asset Fund	1049	1249	1349
MFS® Equity Income Fund	1054	1254	1354	MFS® Global Total Return Fund	24	224	324
MFS® Equity Opportunities Fund	1040	1240	1340	MFS® Growth Allocation Fund	1028	1228	1328
MFS® Growth Fund	07	207	307	MFS® Lifetime® 2015 Fund	1055	1255	1355
MFS® Low Volatility Equity Fund	1023	1223	1323	MFS® Lifetime® 2020 Fund	1036	1236	1336
MFS® Mid Cap Growth Fund	83	283	383	MFS® Lifetime® 2025 Fund	1056	1256	1356
MFS® Mid Cap Value Fund	1024	1224	1324	MFS® Lifetime® 2030 Fund	1037	1237	1337
MFS® New Discovery Fund	97	297	397	MFS® Lifetime® 2035 Fund	1057	1257	1357
MFS® New Discovery Value Fund	1050	1250	1350	MFS® Lifetime® 2040 Fund	1038	1238	1338
MFS® Research Fund	14	214	314	MFS® Lifetime® 2045 Fund	1058	1258	1358
MFS® Technology Fund	98	298	398	MFS® Lifetime® 2050 Fund	1047	1247	1347
MFS® Utilities Fund	35	235	335	MFS® Lifetime® 2055 Fund	1059	1259	1359
MFS® Value Fund	93	293	393	MFS® Lifetime® Income Fund	1034	1234	1334
<b>FIXED INCOME</b>				MFS® Managed Wealth Fund	1060	1260	1360
MFS® Bond Fund	11	211	311	MFS® Moderate Allocation Fund	1027	1227	1327
MFS® Emerging Markets Debt Fund	33	233	333	MFS® Total Return Fund	15	215	315
MFS® Emerging Markets Debt Local Currency Fund	1052	1252	1352	<b>MONEY MARKET</b>			
MFS® Global Bond Fund	1043	1243	1343	MFS® U.S. Government Cash Reserve Fund <sup>2</sup>	01	201	301
MFS® Global High Yield Fund	70	270	370	MFS® U.S. Government Money Market Fund <sup>2</sup>	10	N/A	N/A
MFS® Government Securities Fund	26	226	326	<b>SPECIALTY/ALTERNATIVE</b>			
MFS® High Income Fund	18	218	318	MFS® Absolute Return Fund	1048	1248	1348
MFS® Inflation-Adjusted Bond Fund	1031	1231	1331	MFS® Global Alternative Strategy Fund	1041	1241	1341
MFS® Limited Maturity Fund <sup>1</sup>	36	236	336	MFS® Global Real Estate Fund	59	259	359
MFS® Research Bond Fund	78	278	378				
MFS® Strategic Income Fund	34	234	334				
<b>GLOBAL/INTERNATIONAL EQUITY</b>							
MFS® Emerging Markets Equity Fund	85	285	385				
MFS® Global Equity Fund	04	204	304				
MFS® Global Growth Fund	09	209	309				
MFS® Global Leaders Fund	1051	1251	1351				
MFS® Global New Discovery Fund	1053	1253	1353				
MFS® International Diversification <sup>SM</sup> 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® Low Volatility Global Equity Fund	1025	1225	1325				
MFS® Research International Fund	99	299	399				

<sup>1</sup> 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.  
<sup>2</sup> MFS U.S. Government Money Market Fund and MFS U.S. Government Cash Reserve Fund have purchase restrictions on them. Please see the fund's prospectus or contact your financial advisor with any questions.





