MFS® IRA PLANS SERVICE FORM

Use this form to update or add account privileges.

For detailed information regarding the shareholder services offered on this form, please refer to the appropriate fund's Prospectus and the Statement of Additional Information. Complete Sections 1 and 2, then complete only the sections for the services you are requesting. Be sure to sign the Authorization section (Section 8). When completed, return form to MFS Service Center, Inc., P.O. Box 55824, Boston, MA 02205-5824. If you have any questions, please call 1-800-637-1255 any business day.

1. About You **(Please complete this section)**

This form should be used to update or add account privileges. This form is only for MFS trusteed traditional IRA, ROTH IRA, SEP IRA, and SARSEP IRAs.

ACCOUNT OWNER'S NAME

☐☐☐-☐☐-☐☐☐☐
SOCIAL SECURITY NUMBER ON ACCOUNT(S)

DAYTIME PHONE NUMBER WITH AREA CODE

MAILING ADDRESS

CITY, STATE, ZIP

◯ 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. Identify Your Accounts **(Please complete this section)**

Please provide your fund and account numbers. They are printed on your Investment Summary statement. The fund number is the first four digits before the hyphen, and the account number follows the hyphen.

◯ Please update all accounts under my social security number.

Or

FUND NUMBER	ACCOUNT NUMBER

Section 3. Dealer change authorization

Please contact your financial advisor for the branch number and registered representative number.

FIRM NAME

FIRM NUMBER

REGISTERED REPRESENTATIVE'S FIRST NAME

MI

LAST NAME

BRANCH STREET ADDRESS

CITY

STATE

ZIP CODE

BRANCH NUMBER

REGISTERED REPRESENTATIVE'S NUMBER

REGISTERED REPRESENTATIVE'S PHONE NUMBER WITH AREA CODE

REGISTERED REPRESENTATIVE'S EMAIL ADDRESS

AUTHORIZED SIGNER OF BROKER/DEALER FIRM (REQUIRED)

Section 4. Ways to reduce your sales charge on Class A shares

Please refer to the prospectus for the appropriate sales charge levels for Right of Accumulation and for Letter of Intent.

To link accounts, they must be in the name of your spouse (or legal equivalent in certain states), your minor child, or a living trust for which one of you is the grantor.

◯ **Right of Accumulation (ROA)** I qualify for the Right of Accumulation privilege as described in the Prospectus and Statement of Additional Information. Please link accounts with the following Social Security or Taxpayer ID numbers.

SOCIAL SECURITY NUMBER

SOCIAL SECURITY NUMBER

TAXPAYER ID NUMBER FOR THE ENTITY

TAXPAYER ID NUMBER FOR THE ENTITY

Letter of Intent (LOI)

◯ New ◯ Replace Existing

If a selection is not made above, MFSC will add a new Letter of Intent in the amount indicated below.

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

◯ $100,000

◯ $250,000

◯ $500,000

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

Section 5. Link your checking or 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. 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 pre-printed deposit slip.

By completing Section 5, I authorize investments by phone from my bank account to my MFS account(s) and I authorize withdrawals* by phone from my MFS account(s) to my bank account. I understand that the fund will follow reasonable procedures to confirm that each telephone transaction is authentic and authorized. I agree that I bear the risk of loss for unauthorized or fraudulent transactions and that none of the MFS funds, MFS Service Center, Inc., or their affiliated companies or their directors, trustees, or employees will be liable for any loss, damage, or expense as a result of action upon, and will not be responsible for the authenticity of, any telephone transaction instructions that they reasonably believe to be authentic and authorized.

*Requires Signature Validation Program (SVP) Stamp in Section 9.

Note: ACH transactions will be allowed, unless you select "Wire."

Please also complete this section if you selected to establish or replace an Automatic Investment Plan in Section 6.

◯ The bank information I am providing is for Federal Wire withdrawals only.

Please indicate whether the bank information below is to be added to your account in addition to the existing information or to change the existing information.

◯ Add New ◯ Change Existing

NAME ON CHECKING/SAVINGS ACCOUNT

Type of Account: ◯ Checking ◯ Savings

BANK NAME

BANK ACCOUNT NUMBER

ROUTING NUMBER (IF DIFFERENT FROM VOIDED CHECK)

Attach a voided check or preprinted deposit slip.
Note: Only preprinted deposit slips will be accepted for savings accounts.

For Automatic Investment Programs

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

Section 6. Automatic Investment and Exchange Options

A. Automatic Investment Plan allows you to add money to your account on a regular basis right from your checking/savings account. This service requires your checking/savings account to be linked to your MFS account (complete Section 5). Please allow up to 10 days for setup.

◯ Add ◯ Replace

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

Start on the _____ day of _____ (month). Additional Days _____

◯ Monthly

◯ Other (check the months below)

☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐ July ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ Dec

FUND NUMBER	ACCOUNT NUMBER	DOLLAR AMOUNT
		$
		$
		$

B. Automatic Exchange Plan allows you to automatically exchange from one MFS fund to one or more MFS funds. A $2,000 minimum balance is required in the fund from which you are exchanging.

Frequency (choose one). If no day or frequency is chosen, investments will be made into the selected funds on the seventh day of each month. Exchanges must be within the same shares class and under the same registration.

Start on the _____ day of _____ (month).

◯ Monthly

◯ Other (check the months below)

☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐ July ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ Dec

Exchange

FROM FUND NUMBER	**TO** FUND NUMBER	DOLLAR AMOUNT
		$
		$
		$

Section 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.

*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.

Section 8. Authorization **(Please complete this section)**

Please sign your name exactly as it appears on your account.

I authorize MFS Service Center, Inc. (MFSC) and its affiliates and the fund to act on any instructions believed to be genuine for any service authorized on this form. I agree they will not be held liable for any resulting loss. It is understood that this authorization may be terminated by me at any time by written notification to the fund(s). Any such notification shall be effective only with respect to entries made after the receipt of such notification and a reasonable amount of time to act on it.

ACCOUNT OWNER'S SIGNATURE

DATE

Section 9. Signature Validation Program (SVP)

AFFIX GUARANTEE STAMP HERE

MFSC requires an original SVP stamp imprint on certain maintenance and non-financial 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 will 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.

For additional information about shareholder services, please refer to your fund's prospectus or Statement of Additional Information. If you have questions about any of the services offered, ask your financial advisor, visit **mfs.com**, or call us at 1-800-637-1255 any business day.

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