TRANSFER AUTHORIZATION



Instructions

Sections 1-5 are required and must be completed. If you have any certificates for shares to be transferred, please be sure to return them with this form. We recommend that certificates be returned to MFS Service Center, Inc. (MFSC) unendorsed and by registered mail.

- If you are transferring shares to an existing account, please complete Sections 6 and 11.
- If you are transferring shares to a new MFS account, please complete Sections 7-11.

1	Account	Information	for the account being	transferred
	. Account	IIIIVI IIIALIVII	nor the account being	ti ansierreu.

	ACCOUNT REGISTRATION		
	STREET ADDRESS CITY	STATE	ZIP CODE
	FUND NAME ACCOUNT NUMBER	DAYTIME PHO	ONE NUMBER
	NAME OF REGISTERED REPRESENTATIVE	REPRESENTAT	IVE'S PHONE NUMBER
2.	2. Transfer Instructions Identify the portion of the account to transfer by checking the box that applies. Please transfer all shares,	ease check only	y one box.
	number of shares,		
	% of shares, or		
	dollars from the referenced account.		
3.	3. Reason for Transfer (You must choose one of the following reasons, but only one Re-registration (Owner change, divorce / separation, individual to trust, forme		nsfer should be selected.)
	 Inheritance due to death (you must provide a date of death or an alternate deelected by the executor) 	ate of death o	r an alternate value if
	(A) Date of Death (Required) or (B) Alternate Date		
	(C) Alternate Value \$		
	Gift Date of gift // // // Note: The option "gift" as a reason to transfer is only available if the recipient is a	u.S. Person.	
	·	gnature of nev ceiving shares)	w owner i.e., person

If the recipient's existing account or new account will use the Average Cost-Basis method, the recipient of the gift may sign above indicating acceptance of the shares valued at fair market value on the date of gift or settlement if the shares should be transferred at a loss. Absent acceptance of Fair Market Value by the new account owner, MFS will not be able to calculate or report your cost basis in the event the receiving account has Average Cost as the cost-basis method. Please speak with your tax/financial advisor for more information.

4. Cost Basis

The cost-basis method that is currently on your account will be used to deplete the shares for this transaction.

If you have Specific Lot Identification as the cost basis method on your account you will need to complete the Specific Lot Identification Selection Form and submit it with this transfer request. You may obtain this form on mfs.com, select "Forms & Applications," then "Mutual Funds" and "Sell Shares or Close an Account."

To learn more about the different cost basis methods please contact your Financial/Tax Advisor. You may also visit the mfs.com\TaxCenter.

- If you are transferring only a portion of your account or you are transferring shares from your account to multiple accounts the shares transferred will be depleted from your account proportionately (pro-rata) across all tax lots.
- In the case of multiple recipient accounts the tax lots will be proportionately assigned across the multiple receiving accounts.

If you do not want the tax lo options:	ots to deplete proporti	onately (pro-rata) please check	one of the following			
Use the cost-basis method of First In, First Out order.	on my account. If Average	e Cost is the method on the accour	nt, tax lots will deplete in			
Override the Cost-Basis Me	thod on My Account					
by choosing another cost-basis method on your account. If you	method below to be appl wish to change the curre	on your account you may override ied to this transaction only (note th ent cost-basis method on your acco Cost-Basis Selection/Change Form)	is will not change the current unt, you may			
First in, First out	Last in, First o	ut				
High cost	Low cost					
Loss/gain utilization Specific Lot Identification – if chosen, a separate Specific Lot Identification Selection Form must accompany this request.						
has applied the fund's default m Cost as the elected method or f	nethod of Average Cost to und's default method on	I have but did not notify MFSC of your account. If you choose an o your account, your request will not MFS if you are unsure of your currer	verride and you have Average be considered in good order			
,	on behalf of the owner, p	lease check the appropriate capac ty. Failure to complete this section				
Attorney-in-fact Cust Trustee Other (please	odian Executor(trix)) Former minor Survivi	ng tenant			
SIGNATURE	DATE	SIGNATURE	DATE			
AFFIX SIGNATURE GUAF	CANTEE STAMP HERE	Signature guarantee stamp must not be dated. If a Medallion Guarantee is not provided, the proper form for execution is SIGNATURE(S) GUARANTEED NAME OF EUGIBLE GUARANTOF INSTITUTION	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 will be accepted in accordance with policies established by MFS Service Center, Inc. Notarization by			

SIGNATURE OF AUTHORIZED PERSON

a notary public is not acceptable in lieu of a signature guarantee provided by

one of the eligible guarantor institutions

listed above.

5.

6. Details related to the transfer to an existing account

Note: Complete this section if you are transferring shares to an existing account. If the shares are to be transferred to a new MFS account, please skip this section and complete sections 7 -11.

Existing MFS Account Details

If more than one existing account is receiving the transferred shares, please provide all details below.

				SELECT ONE:	
FUND NUMBER	ACCOUNT NUMBER	AMOUNT	SHARES	DOLLARS	ALL
				\bigcirc	

If the transfer is due to a gift and the shares are transferred at a loss and your existing account has the average cost method, you have two options:

- 1. You may accept the transfer at Fair Market Value. If the shares are being transferred into multiple accounts with different ownership, each recipient may accept the transfer at Fair Market Value.
- 2. You may change the cost basis method on the existing account to something other than average cost. This can be done via MFS Access or by completing a Cost Basis Selection/ Change Form.

If you choose to not accept Fair Market Value and you do not want to change the cost basis method on the existing account, MFS will not be able to calculate the cost basis method on your account.

Detail related to the transfer of a new account (Sections 7 – 11)

Complete Sections 7 –11 if the transferred shares are to be deposited into a new MFS account. If you do not select a cost-basis method for your new account or do not have a future cost-basis election on an existing account you have with MFS, the fund default of Average Cost will be applied to your account.

If the transfer is due to a gift and the shares are transferred at a loss and your account has Average Cost either by election or fund default, you may accept the transfer at Fair Market Value by signing in Section 3 of this form. If you choose not to accept Fair Market Value and do not want to select a cost-basis method other than average cost on your new account, MFS will not be able to calculate the cost basis on your account. In order to select a cost-basis method other than Average Cost on your new account you will need to submit a Cost-Basis Selection/Change Form with this form.

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.

You must provide the following information for each person listed on the account: name, date of birth, Social Security number or Tax ID, and residential address (a P.O. Box is not acceptable).

7. New Account Information

Note: Complete this section if the transfer is to a new MFS account.

Please have each person listed on the new account complete Section 11. Attach additional pages if needed. We cannot establish your account without this information.

If the new account owner is a non-U.S. Person or has a non-U.S. address, upon transfer of ownership, the new account owner will be restricted from making additional purchases into this account and exchanges into and out of this account.

In the event that we are unable to verify the identity of investors, we reserve the right to take additional steps, up to and including closing the account if required by applicable law.

Individual and joint accounts have the option of registering for Transfer on Death (TOD). Please complete a Transfer on Death Registration Form if you wish to register with the TOD option.

For trust accounts, organizations, and legal entities, additional information may be required to establish certain services.

Please talk to your financial advisor, or call 1-800-225-2606.

Tell us about yourself. Complete the section that best describes your account.

A. To open an individual or joint account

ACCOUNT OWNER'S FIRST NAME	MI LAST NAME			
SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)			
Joint accounts will be registered as joint tenants	s with rights of survivorship unless otherwis	e noted.		
JOINT OWNER'S FIRST NAME	MI LAST NAME			
SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)			
STREET ADDRESS REQUIRED (NO P.O. BOXES)	CITY	STATE	ZIP CODE	
,				
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	CITY	STATE	ZIP CODE	
B. To open an account under the Uniform (Sift/Transfer to Minors Act (IIGMA/IITA	4.6.1		
b. 10 open an account under the official to	The state of the state (oot A, o the	iA)		
MINOR'S FIRST NAME	MI LAST NAME			
MINOR'S SOCIAL SECURITY NUMBER	MINOR'S DATE OF BIRTH (MM/DD/YYYY)			
CUSTODIAN'S FIRST NAME	MI LAST NAME			
CUSTODIAN'S SOCIAL SECURITY NUMBER	CUSTODIAN'S DATE OF BIRTH (MM/DD/YYYY)	STATE FOR UG	GMA/UTMA	
STREET ADDRESS REQUIRED (NO P.O. BOXES)	CITY	STATE	ZIP CODE	
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	CITY	STATE	ZIP CODE	

C. To open a trust account

CURITY NUMBER OR TAXPAYER ID /
STATE ZIP CODE
STATE 7IP CODE
22
Non-MFS Retirement FOR THE ENTITY DATE OF BIRTH (MM/DD/YYYY)
DATE OF BIRTH (MM/DD/YYYY) STATE ZIP CODE
STATE ZIF CODE
]

For additional service options, please attach a Service application, which can be located on mfs.com or obtained by calling 1-800-225-2606.

9	Dealer Information Dealer information is required in order to establish a new account.					
	Apply the dealer information from	n the transferred account to the new accou	nt.			
	FIRM NAME	BRANCH NUMBER			_	
	BRANCH ADDRESS	CITY	STATE	ZIP CODE		
	REGISTERED REP'S NAME	registered rep's number	REGISTERED	REP'S PHONE NUMBER	_	
10	. Cost Basis					
	will be reported to the IRS under this ra method to be automatically applied Reporting Selection/Change Form. You	nd subsequently withdrawn, exchanged or method. If you would like to select a metho to future accounts you open with MFS, ple u may also select a cost-basis method by ac go to the Tax Center located on mfs.com.	od other than a ase complete a	average cost or select and return a Cost-Basis		
11	MFS Service Center, Inc. (MFSC), its af service authorized on this form. I agree be required to use information provide on behalf of the fund, is unable to ver	All owners of the new account must sign.) Inderstood the terms of the prospectus for a filiates, and the fund to act on any instruct in the ethey will not be held liable for any resulting on this application to verify the identity of investors, MFSC and the losing the account if required by applicable	ions believed t ng loss. I unde of investors. In fund reserve tl	o be genuine for any rstand that MFSC may the event that MFSC,	е	
	·	lien of the United States. U.S. tax regulation of backup withholding tax on dividend anges.	•	•	∩	
	U.S. persons only					
	Under penalties of perjury, I certify th 1. The number shown on this form is	nat s my correct taxpayer identification number,	, and			
	notified by the Internal Revenue S	olding because (a) I am exempt from backup ervice (IRS) that I am subject to backup with IRS has notified me that I am no longer sub	nholding as a re	esult of failure to report		
	3. I am a U.S. person (including a U.S	S. resident alien).				
	4. The FATCA code(s) entered on this Exemption code (if any)	s form (if any) indicating that I am exempt f	rom FATCA rep	porting is correct.		
	See IRS Form W-9 for FATCA exempt account you hold in the United State	tions and reporting codes. Generally, if you es, you may leave this field blank.	are only submi	tting this form for an		
		ove if you have been notified by the IRS that we failed to report all interest and dividends	•			

The IRS does not require your consent to any provisions of this document other than the certification required to avoid backup withholding and FATCA reporting.

Check if you are an exempt recipient and **mark** the appropriate account type:

☐ IRA ☐ C Corporation ☐ Retirement Plan ☐ Nominee ☐ Other

Non-U.S. Persons						
☐ I am a non-U.S. person.						
If you are not a U.S. Person, please attach the appropriate completed Form W-8, which you can obtain online at irs.gov.						
If the above is checked or if the address provided in Section 7 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 unless a limited exception applies.						
SIGNATURE (ALL OWNERS OF THE ACCOUNT MUST SIGN)	DATE	SIGNATURE (ALL OWNERS OF THE ACCOUNT MUST SIGN)	DATE			
SIGNATURE (ALL OWNERS OF THE ACCOUNT MOST SIGN)	DATE	SIGNATURE (ALL OWNERS OF THE ACCOUNT MOST SIGN)	DATE			
Please be sure to complete all pages of this form. If you have any questions, please call 1-800-225-2606 any business day or visit our web site, mfs.com .						
Mail completed form to:						

Regular mail Overnight mail MFS Service Center, Inc. MFS Service Center, Inc P.O. Box 55824 c/o Boston Financial Data Services

Boston, MA 02205-5824 30 Dan Road

Canton, MA 02021-2809

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