# SERVICE APPLICATION

**Do not use for MFS-sponsored IRAs or for other MFS-sponsored retirement plans**

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 9.) When completed, return form to MFS Service Center, Inc., P.O. Box 55824, Boston, MA 02205-5824. If you have any questions, please call 1-800-225-2606 any business day.

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

This form is for accounts in the name of the individual, joint accounts, trust accounts, or accounts registered under the Uniform Gifts/Transfers to Minors Act. Additional documentation may be required for other registrations.

SOCIAL SECURITY NUMBER (No hyphens)

DAYTIME PHONE NUMBER WITH AREA CODE

ACCOUNT REGISTRATION

ACCOUNT REGISTRATION

STREET ADDRESS

CITY

STATE

ZIP CODE

☐ Check if new address

**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.

REGISTERED REPRESENTATIVE'S NAME

REGISTERED REPRESENTATIVE'S PHONE NUMBER WITH AREA CODE

## 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 |
|---|---|
| | |
| | |
| | |
| | |

## 3. Dealer change authorization

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

REGISTERED REPRESENTATIVE'S FIRST NAME | MI | 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 EMAIL ADDRESS

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 1-800-225-2606 any business day.

## 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.

Linking requirements: Accounts 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. All the accounts must also have the same dealer firm.

☐ **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 (No hyphens) | SOCIAL SECURITY NUMBER (No hyphens)

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.

## 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 10.

Note: ACH transactions will be allowed unless you select "The bank information I am providing is for Federal Wire withdrawals only."

Please also complete this section if you selected to establish or replace an Automatic Investment Plan in Section 6, or Electronic Distribution or Withdrawal Options in Section 7.

◯ 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. In order to buy or sell over the automated telephone system and/or at mfs.com, you must activate these services by setting up a PIN.

**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 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 to MFSC at any time. Instructions must be received 10 days prior to the next draft to be effective for that draft.

## 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 Existing

**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.

◯ Monthly Start on the _____ day of _____ month

◯ Other (check the months below)

◯ Jan ◯ Feb ◯ Mar ◯ Apr ◯ May ◯ June ◯ July ◯ Aug ◯ Sept ◯ 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. Exchanges must be within the same share class and under the same registration.

**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.

◯ Monthly Start on the _____ day of _____ month

◯ Other (check the months below)

◯ Jan ◯ Feb ◯ Mar ◯ Apr ◯ May ◯ June ◯ July ◯ Aug ◯ Sept ◯ Oct ◯ Nov ◯ Dec

Exchange

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

## 7. Distribution and systematic payment options

Complete this section to change your dividend and capital gain payment instructions or to set up a systematic withdrawal plan. Note: Checks cannot be mailed directly to a bank.

### A. Dividends and capital gains payment change

I would like to have (check one) ◯ dividends ◯ dividends and capital gains

◯ Mailed to the registered owner(s) at the address on the account. (This option is not available if there is an active Systematic Withdrawal Plan on the account.)

◯ Electronically deposited directly into the checking/savings account provided in Section 5. A Signature Validation Program Stamp is required in Section 10.

◯ Invested in another MFS fund in the same share class with the same account registration.

Section 7 continues on next page

| **FROM** FUND NUMBER | **TO** FUND NUMBER | DOLLAR AMOUNT |
|---|---|---|
| | | $ _____ |
| | | $ _____ |

◯ Made payable and mail to (a Signature Validation Program Stamp is required in Section 10):

NAME

ADDRESS

## B. Systematic Withdrawal Plan (SWP)

For Class B and Class C shares, annual withdrawals of up to 10% of the account value can be made without contingent deferred sales charge (CDSC).

For Class B and Class C shares, CDSC is calculated based on the account value on the date of the first payment.

$5,000 minimum account value (per fund account). Dividends and capital gains will be reinvested.

◯ Replace existing SWP ◯ Add new/additional SWP

**Frequency** (choose one).

If no day or frequency is chosen, withdrawals will be made on or about the 24th of each month.

◯ Monthly Start on the _____ day of _____ month

◯ Other (check the months below)

◯ Jan ◯ Feb ◯ Mar ◯ Apr ◯ May ◯ June ◯ July ◯ Aug ◯ Sept ◯ Oct ◯ Nov ◯ Dec

Make the withdrawal from fund number ☐ for the following amount (choose one):

◯ $ _____ per payment ($50 minimum if made by check) or,

◯ _____ % of account value per year (calculated each withdrawal) or,

◯ _____ number of withdrawals until the account self-liquidates

**Class B and Class C shares CDSC calculation** If CDSC is due, payments will be net of CDSC (payment will be for the amount requested and additional shares will be sold to cover the CDSC) unless you notify us otherwise by checking the box below.

☐ Payment amount should be reduced by any CDSC fee due.

**Payment option** (choose one).

◯ Mailed to the registered owner(s) at the address provided on the account.

◯ Electronically deposited directly into the checking/savings account provided in Section 5. A Signature Validation Program Stamp is required in Section 10.

◯ Made payable and mail to (a Signature Validation Program Stamp is required in Section 10):

NAME

ADDRESS

## 8. Check writing (For individual or joint accounts only. A Signature Validation Program (SVP) stamp is required in Section 10 if this option is selected.)

If you select the check writing option, you must select a check writing eligible fund. If you do not own an eligible fund, you will not receive the check writing option. By completing this section, you will elect the check writing privilege for all eligible accounts on the application.

SOCIAL SECURITY NUMBER / TAXPAYER ID

ACCOUNT NUMBER

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

**Authorized signatures**: all owners must print name and sign below.

The privilege is available for shares of:

MFS® 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® U.S. Government Cash Reserve Fund
MFS® U.S. Government Money Market Fund
MFS® State Municipal Bond Funds

**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.**

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. A check book will be issued within 30 days upon the establishment and initial funding of the account. If the account is not funded within 30 days, the check writing privilege will be removed. If the account is funded more than 30 days after it has been established, it will be your responsibility to notify us in writing that you'd like to add the checkwriting privilege to your account. Subject to the conditions printed on page 7.

## 9. Authorization (Please complete this section)

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

I authorize MFS Service Center, Inc., 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.

SIGNATURE (ALL OWNERS OF THE ACCOUNT MUST SIGN.)

DATE (DD/MM/YYYY)

SIGNATURE (ALL OWNERS OF THE ACCOUNT MUST SIGN.)

DATE (DD/MM/YYYY)

## 10. 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.

**Check writing provisions**

In signing this application, I/we signify my/our agreement to be subject to the rules and regulations of State Street Bank and Trust Company pertaining thereto and as amended from time to time. The payment of funds on the conditions set forth below is authorized by the shareholder's signature(s) appearing in Section 10. The registration of this checking account will be the same as the shareholder account registration (Section 1). 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 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 to not honor checks in the amount 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 canceled checks 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.

## 11. 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:

EMAIL 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.

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