

2. Employer Information for Employer 403(b) Plans (Please print clearly)

This section is applicable to Employer 403(b) Plans only. If the 403(b) is a Salary Reduction Plan, please skip to Section 3.

A new account cannot be established unless the employer has signed an MFS 403(b) Information Sharing Agreement or notified MFS in writing that it is the designated provider under the plan. Please confirm this step has been completed by providing the information and signing below. We need the information in order to verify that we have the agreement or notice on file.

PLAN NAME

EMPLOYER'S NAME

TAX IDENTIFICATION NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

EMPLOYER'S SIGNATURE

PRINTED NAME

3. Employer Information and Salary Reduction Agreement for Salary Reduction 403(b) Plans

This section is applicable to Salary Reduction 403(b) Plans only. If the 403(b) is an Employer Plan, please complete Section 2. Please complete Section 3A with the Employer information for the Plan. Please provide a signature from an authorized signer of the Employer. If you are not using your Employer's Salary Reduction Agreement, please also complete Section 3B.

3A. Employer Information

A new account cannot be established unless the employer has signed an MFS 403(b) Information Sharing Agreement or notified MFS in writing that it is the designated provider under the plan. Please confirm this step has been completed by providing the information and signing below. We need the information in order to verify that we have the agreement or notice on file.

PLAN NAME

EMPLOYER'S NAME

TAX IDENTIFICATION NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

EMPLOYER'S SIGNATURE

PRINTED NAME

3B. Custodial Agreement

IF YOU ARE USING YOUR EMPLOYER'S SALARY REDUCTION AGREEMENT, DO NOT COMPLETE THIS SECTION.

NAME OF EMPLOYER

NAME OF EMPLOYEE

The Employer and Employee agree as follows:

1. The Employee authorizes the Employer to reduce the Employee's wages beginning as of the first pay period following the date of this Salary Reduction Agreement in an amount equal to \$ _____ (dollars) or _____ % (percent) per payroll period.
2. The Employer agrees to reduce the Employee's wages by such amount as the Employee may designate and further agrees to pay to the Custodian all such amounts withheld within 30 days from the close of each pay period for crediting to the Account of the Employee.
3. The Employee shall have the right to change, or otherwise amend, this Salary Reduction Agreement in accordance with procedures established by the Employer.
4. This Salary Reduction Agreement is considered to be renewed for each subsequent year unless the Employee terminates the Salary Reduction Agreement or provides the Employer with a new Salary Reduction Agreement indicating a different salary reduction amount.

ORGANIZATION NAME

EMPLOYER SIGNATURE

DATE

EMPLOYEE FIRST NAME

MI

LAST NAME

EMPLOYEE SIGNATURE

DATE

EMPLOYEE ADDRESS

CITY

STATE

ZIP CODE

4. Fund Choice

MFS Family of Funds investment choices:

Please Select One:

A Shares

B Shares

C Shares

FUND NAME

AMOUNT

\$ _____

\$ _____

\$ _____

TOTAL AMOUNT ENCLOSED \$ _____

5. Additional Sources of Funding

Transfer of Assets (attach Transfer-In Form)

403(b) Rollover; check enclosed for \$ _____ (Make check payable to MFS Heritage Trust Co.)

6. Participant Signature and Dealer Information (Must be signed by the account owner and an authorized signer from the broker/ dealer firm.)

I agree to the provisions contained in the MFS 403(b) Custodial Agreement (Agreement) and to the Custodian establishing an MFS 403(b) Mutual Fund Account (my "Account") for me. I agree that: (1) I have received a copy of the Agreement; (2) I am an Employee of the Employer named in either Part 2 or Part 3 and understand that the Employer will need to confirm my eligibility to request distributions from my Account effective January 1, 2009 (or such later compliance date as may be established by the IRS); (3) I have received a copy of the current prospectus of each MFS mutual fund I have selected; (4) I understand that the Custodian (or its affiliates) and the Employer (or its agents) may share non public personal information with each other in connection with servicing my Account or processing my transactions; (5) I am responsible for computing my maximum annual contribution and for notifying the Custodian of the amount of any excess contributions that I wish to have distributed from my Account; and (6) I have read and I understand the limitations on the duties and liabilities of the Custodian and Distributor under the Agreement. I also certify, under penalties of perjury, that my taxpayer identification number is true, correct, and complete.

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). We also may ask to see your driver's license or other identifying documents. In the event that MFS Service Center, Inc. (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.

Participant Signature _____ **Date** _____

This Account becomes effective on the date the Custodian, or its agent, accepts the Application by issuing an investment confirmation to the Employee, provided that the Custodian, or its agent, does not notify the Employee to the contrary within 30 days. We hereby authorize MFSC to act as our agent in connection with transactions under this authorization form and agree to notify MFS Fund Distributors, Inc. of any purchase eligible for a reduced sales charge under a 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 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

BROKERAGE ACCOUNT NUMBER (If applicable) MATRIX LEVEL

AUTHORIZED SIGNER OF BROKER/DEALER FIRM (REQUIRED) DATE

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

7. Beneficiary Information (For Salary Reduction Plans only)

The following designation(s) is (are) subject to the provisions of the Plan. This designation of beneficiary(ies) remains in effect unless and until a new designation of beneficiary form is received in writing by the Custodian. For additional beneficiaries, please attach a separate list.

Primary Beneficiary All percentages must equal 100%.

BENEFICIARY'S FIRST NAME		MI	LAST NAME	
_____		_____	_____	
PERCENTAGE (%)	RELATIONSHIP:	DATE OF BIRTH/TRUST (MM/DD/YYYY)	SOCIAL SECURITY NUMBER	
_____	<input type="radio"/> SPOUSE <input type="radio"/> OTHER	____/____/____	____-____-____	

Primary Beneficiary

BENEFICIARY'S FIRST NAME		MI	LAST NAME	
_____		_____	_____	
PERCENTAGE (%)	RELATIONSHIP:	DATE OF BIRTH/TRUST (MM/DD/YYYY)	SOCIAL SECURITY NUMBER	
_____	<input type="radio"/> SPOUSE <input type="radio"/> OTHER	____/____/____	____-____-____	

Secondary Beneficiary (If the primary beneficiary/ies should fail to survive me. All percentages must equal 100%.)

BENEFICIARY'S FIRST NAME		MI	LAST NAME	
_____		_____	_____	
PERCENTAGE (%)	RELATIONSHIP:	DATE OF BIRTH/TRUST (MM/DD/YYYY)	SOCIAL SECURITY NUMBER	
_____	<input type="radio"/> SPOUSE <input type="radio"/> OTHER	____/____/____	____-____-____	

Secondary Beneficiary

BENEFICIARY'S FIRST NAME		MI	LAST NAME	
_____		_____	_____	
PERCENTAGE (%)	RELATIONSHIP:	DATE OF BIRTH/TRUST (MM/DD/YYYY)	SOCIAL SECURITY NUMBER	
_____	<input type="radio"/> SPOUSE <input type="radio"/> OTHER	____/____/____	____-____-____	

Unless otherwise indicated, payment will be made in equal shares to primary beneficiaries who survive me or, if none, to the secondary beneficiaries who survive me. If no beneficiary survives me, payment will be made to my estate.

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

MFS® 403(b) MUTUAL FUND TRANSFER-IN FORM



Exchange: Exchange means a transfer of assets to an MFS 403(b) custodial account from a 403(b) of a different investment provider under the same employer plan. **Complete sections 1, 2, 3 and 4.**

Transfer: Transfer means a transfer of assets to an MFS 403(b) custodial account from a 403(b) of a different investment provider under a different employer's plan. **Complete sections 1, 2, 3, 4 and 5.**

Check One:

- I have an existing MFS 403(b) mutual fund account under the same employer plan.
[Complete sections 1,2,3,and 4.]
- I have an existing MFS 403(b) mutual fund account under a different employer plan.
[Complete sections 1,2,3,4, and 5.]
- I am establishing a new MFS 403(b) account under the same employer plan that covers my 403(b) account at my current investment provider.
[Complete 403(b) Mutual Fund Application and sections 1, 2, 3, and 4.]
- I am establishing a new MFS 403(b) account under a different employer plan than the one that covers my 403(b) account that exists at my current investment provider.
[Complete 403(b) Mutual Fund Application and sections 1, 2, 3, 4, and 5.]

Please include any additional materials required by the current custodian or insurance company.

1. Participant Information (Please print clearly)

FIRST NAME	MI	LAST NAME

PARTICIPANT'S MAILING ADDRESS		

CITY	STATE	ZIP CODE
<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"/> <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"/>	_____
SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	DAYTIME PHONE NUMBER
_____		_____
REGISTERED REPRESENTATIVE'S NAME		REGISTERED REPRESENTATIVE'S PHONE NUMBER

2. Agreement Instructions (Please print clearly)

Contact your custodian or insurance company for their requirements before completing this section. Space is provided on the next page for a signature guarantee, if required.

NAME OF CURRENT INSURANCE COMPANY OR CUSTODIAN _____

CONTACT NAME _____

DAYTIME PHONE NUMBER _____

MAILING ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

403(b) ACCOUNT NUMBER(S) _____

By this Agreement, I intend to effect a tax-free transfer of my present tax-sheltered annuity contract or 403(b) custodial account to an MFS 403(b) Account. I direct the party named above to surrender or liquidate such _____% or \$ _____ of interest in the specified Account(s) and to transfer the proceeds by check made payable to:

MFS Heritage Trust Company, Custodian

PARTICIPANT NAME _____

403(b)

MFS Reference number _____

and to send the check to:

Mail Check

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

State Street Bank and Trust Co.
Boston, MA 02101
ABA #011000028
Credit MFS DDA Number 99034795

I understand that this Agreement is irrevocable and binding. In the event that the undersigned employee receives a check for the proceeds, the check will immediately be endorsed payable to MFS Heritage Trust Company, Custodian, in an integrated transaction under the terms of this Agreement and the MFS 403(b) Mutual Fund Custodial Agreement.

Signatures

ACCEPTED BY PARTICIPANT

I understand that there is some uncertainty as to the tax status of Exchanges and Transfers of 403(b) custodial accounts because of recent changes in U.S. Department of the Treasury regulations and that I have independently determined that the Exchange or Transfer should be treated as nontaxable for federal income tax purposes and I am responsible for any and all tax consequences which may result from this Exchange or Transfer.

I agree that neither the Custodian, its agents, the Distributor, or my Employer has made any representations about the validity of this Agreement or about the tax consequences of this transaction.

PARTICIPANT SIGNATURE _____

DATE _____

Signature guaranteed by:

AFFIX SIGNATURE GUARANTEE 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 ELIGIBLE GUARANTOR INSTITUTION
BY **EXAMPLE**
SIGNATURE OF AUTHORIZED PERSON

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 a notary public is not acceptable in lieu of a signature guarantee provided by one of the eligible guarantor institutions listed above.

Name of Plan (if making a Transfer from one employer's plan to another): _____

Name of Transferor Investment Provider: _____

MAILING ADDRESS _____

DAYTIME PHONE NUMBER _____

CITY _____

STATE _____

ZIP CODE _____

TRANSFEROR 403(B) ACCOUNT NUMBER(S) _____

3. Instructions to MFS Heritage Trust Company

Upon receipt of the proceeds from my present 403(b) tax-sheltered annuity contract or custodial account, please purchase the mutual fund(s) indicated below.

MFS Family of Funds investment choices: Please Select One: **A Shares** **B Shares** **C Shares**

FUND NAME	AMOUNT
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL AMOUNT ENCLOSED \$ _____

4. Authorization by Employer

For Exchanges within the same plan, the employer plan sponsor must complete this section. If this is a Transfer from one employer's 403(b) plan to a different plan, the employer plan sponsor of the recipient plan must complete this section and the employer of the transferring plan should complete section 5.

(Employer must keep a copy of this form for the plan's records.)

Check One:

- This transaction is an Exchange between one investment provider and another within the same 403(b) plan, and the undersigned is an authorized signer for the plan named below and the employer plan sponsor.
- This transaction is a Transfer from another employer's 403(b) plan to the 403(b) plan named below, and the undersigned is an authorized signer for the employer and plan receiving the Transfer named below. If the plan transfer is less than the total 403(b) custodial account or annuity contract ("403(b) contract") at the transferor investment provider, the receiving plan agrees to treat the amount transferred as a continuation of a pro rata portion of the participant's interest in the 403(b) plan to the extent required by regulations under section 403(b) of the Internal Revenue Code ("Code"). The plan also confirms the named employee is a current or former employee of the receiving employer.

In order to ensure that the requested Exchange or Transfer of the participant's 403(b) custodial account, described in PART 2 above, will satisfy the regulations under section 403(b) of the Code ("Regulations"), the undersigned certifies that s/he is an authorized signer for the employer and plan named below and represents and agrees as follows: (1) The plan permits the requested Exchange or Transfer; (2) distribution restrictions imposed under the MFS 403(b) custodial account are not less stringent than those imposed under the transferor 403(b) contract; (3) the accumulated benefit under the receiving contract immediately after the Exchange or Transfer is at least equal to the accumulated benefit under the transferor 403(b) contract immediately prior to the Exchange or Transfer.

PLAN NAME

EMPLOYER NAME

TAX IDENTIFICATION NUMBER

PHONE NUMBER

EMPLOYER ADDRESS

CITY

STATE

ZIP CODE

EMPLOYER SIGNATURE

DATE

PRINT NAME

TITLE

NAME OF THIRD PARTY AUTHORIZED TO PROVIDE INFORMATION FOR EMPLOYER (IF ANY):

ADDRESS

DAYTIME PHONE

5. Authorization by Transferring Employer

For Transfer from one employer's 403(b) to another's. Do not complete for Exchanges within the same plan.

(Employer must keep a copy of this form for the plan's records.)

This transaction is a Transfer from the 403(b) plan named below (Transferor Plan) to another employer's 403(b) plan as named in Section 4 above, and the Transferor Plan allows this transfer.

NAME OF TRANSFEROR PLAN

EMPLOYER NAME

TAX IDENTIFICATION NUMBER

PHONE NUMBER

EMPLOYER ADDRESS

CITY

STATE

ZIP CODE

EMPLOYER SIGNATURE

TITLE

6. Acceptance by New Custodian

To be completed by MFS Heritage Trust Company

MFS Heritage Trust Co. accepts its appointment as Custodian of the above Employee's 403(b) Account and requests that the liquidation and transfer of assets directed above be sent to the address shown on this agreement.

AUTHORIZED MFS SIGNATURE ON BEHALF OF MFS HERITAGE TRUST COMPANY

DATE