MFS INVESTMENT MANAGEMENT®

Account Application

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DO NOT USE FOR MFS-SPONSORED IRAs OR FOR OTHER MFS-SPONSORED RETIREMENT PLANS

Section 1

About You

Tell us about yourself. Please print clearly, and complete the section that best describes your account. Make sure to provide your address in Section E.

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.

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).

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.

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

Please talk to your investment professional, or call 1-800-225-2606.

A. To open an individual or joint account

OWNER'S SOCIAL SECURITY NUMBER — OWNER'S DATE OF BIRTH (MM/DD/YYYY)

OWNER'S FIRST NAME — MIDDLE INITIAL — LAST NAME — DAYTIME PHONE

Joint accounts will be registered as joint tenants with rights of survivorship unless otherwise noted.

JOINT OWNER'S SOCIAL SECURITY NUMBER — JOINT OWNER'S DATE OF BIRTH (MM/DD/YYYY)

JOINT OWNER'S FIRST NAME — MIDDLE INITIAL — LAST NAME

B. To open an account under the Uniform Gift/Transfer to Minors Act (UGMA/UTMA)

MINOR'S SOCIAL SECURITY NUMBER — MINOR'S DATE OF BIRTH (MM/DD/YYYY)

MINOR'S FIRST NAME — MIDDLE INITIAL — LAST NAME

CUSTODIAN'S SOCIAL SECURITY NUMBER — CUSTODIAN'S DATE OF BIRTH (MM/DD/YYYY) — STATE FOR UGMA/UTMA

CUSTODIAN'S FIRST NAME — MIDDLE INITIAL — LAST NAME — DAYTIME PHONE

C. To open a Trust account

TAXPAYER ID NUMBER FOR THE TRUST — DATE OF TRUST (MM/DD/YYYY)

NAME OF THE TRUST — TRUSTEE'S NAME — PRIMARY PHONE

C0-TRUSTEE'S NAME — ALTERNATIVE PHONE

D. To open an account for an organization or legal entity

Type: ☐ Corporation ☐ Partnership ☐ Non-MFS Prototype IRA ☐ Non-MFS Retirement Plan ☐ Other

TAXPAYER ID NUMBER FOR THE ENTITY

NAME OF ENTITY — PRIMARY PHONE — ALTERNATIVE PHONE

NAME OF AUTHORIZED SIGNER

AUTHORIZED SIGNER'S SOCIAL SECURITY NUMBER — AUTHORIZED SIGNER'S DATE OF BIRTH (MM/DD/YYYY)

ADDITIONAL AUTHORIZED SIGNER

AUTHORIZED SIGNER'S SOCIAL SECURITY NUMBER — AUTHORIZED SIGNER'S DATE OF BIRTH (MM/DD/YYYY)

E. Please provide your address

STREET ADDRESS REQUIRED **(NO P.O. BOXES)** — CITY — STATE — ZIP CODE

MAILING ADDRESS (IF DIFFERENT FROM ABOVE) — CITY — STATE — ZIP CODE

Section 2

Select Your Investments.

You can find the fund numbers on the last page of this application.

There is a $1,000 minimum investment per fund account. Accounts established for monthly automatic investment programs can be opened with a $50 initial investment. Make a check payable to MFS Service Center for the total amount.

FUND NUMBER	FUND NAME	DOLLAR AMOUNT
		$, , .
		$, , .
		$, , .
		$, , .
	TOTAL AMOUNT INVESTED	$, , .

☐ Initial purchase is made via wire order number:

☐ I **do not** want all dividends and capital gains to be reinvested. If you would like to have dividends and/or capital gains sent to you or invested in another fund, please complete section 8. If no option is selected, dividends and capital gains will automatically be reinvested.

Section 3

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. The accounts must also have the same dealer firm listed in Section 4.

☐ **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 with this new account.

SOCIAL SECURITY NUMBER - -

SOCIAL SECURITY NUMBER - -

TAXPAYER ID NUMBER FOR THE ENTITY

TAXPAYER ID NUMBER FOR THE ENTITY

☐ **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: $, , .

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

Section 4

Dealer information

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 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. This application for the purchase of shares and the establishment of any shareholder account privileges complies with the terms of the applicable prospectus. We guarantee the investors' signatures and certify that we have verified the identity of the investors.

FIRM NAME

AUTHORIZED SIGNATURE

REG. REP. FIRST NAME M.I. LAST NAME

REG. REP. NUMBER REG. REP. PHONE NUMBER E-MAIL ADDRESS

BRANCH STREET ADDRESS CITY STATE ZIP CODE

BRANCH NUMBER

MFS INVESTMENT MANAGEMENT®

Section 5
Your signature and certification

I am of legal age and have read and understood the terms of the prospectus for each fund to be purchased. I authorize MFS Service Center, Inc. (MFSC), 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. I understand that MFSC may be required to use information provided on this application to verify the identity of investors. 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.

A U.S. person is a citizen or resident alien of the United States. U.S. tax regulations require the completion of this section in order to prevent the imposition of backup withholding tax to dividends, to capital gain distributions, and to the proceeds of redemptions and exchanges. If you are not a U.S. person, please check the box below, sign below, and attach a completed form W8-BEN. You can get a form on **mfs.com** or by calling 1-800-225-2606, 8 a.m. to 8 p.m. ET.

☐ I am a foreign person.

U.S. persons only

Under penalties of perjury, I certify that

1. The number shown on this form is my correct taxpayer identification number, **and**
2. I am not subject to backup withholding because **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding, **and**
3. I am a U.S. person (including a U.S. resident alien).

NOTE: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

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

○ IRA ○ Corporation ○ Retirement Plan ○ Nominee ○ Other

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

SIGNATURE (ALL OWNERS OF THE ACCOUNT MUST SIGN.) DATE

SIGNATURE (ALL OWNERS OF THE ACCOUNT MUST SIGN.) DATE

Optional Account Services

Turn to the next page to apply for account services.

For detailed information regarding the shareholder services offered on this application, please refer to the appropriate fund's prospectus or Statement of Additional Information. If you have questions about any of the services offered, ask your investment professional, call us at 1-800-225-2606 any business day between 8 a.m. and 8 p.m. ET, or visit our Web site, **mfs.com**.

Mail the complete application and investment check to

MFS Service Center, Inc.
P.O. Box 55824
Boston, MA 02205-5824

Overnight mail

MFS Service Center, Inc.
500 Boylston Street
Boston, MA 02116-3741

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SECTION 6
eDELIVERY

Sign me up to receive fund documents online. I consent to delivery of the checked documents by e-mail (eDelivery). I understand that (i) I will receive an e-mail notice with a hyperlink to the Web site address where each such document can be viewed and downloaded; (ii) I may incur charges while viewing these documents; and (iii) I may revoke this consent and resume receiving documents in paper format at any time. This consent is effective immediately and will remain in effect until I revoke it.

☐ Prospectuses/Annual and Semiannual Reports/Supplements ☐ Proxies

E-MAIL ADDRESS

SECTION 7
AUTOMATIC INVESTMENT PROGRAMS
Choose one

☐ **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. Please allow up to 10 days for setup and complete Section 10.

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 Day of month (for either monthly or other)

☐ Other (check months below)

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

FUND NUMBER AMOUNT ($50 MIN. PER FUND) $

FUND NUMBER AMOUNT ($50 MIN. PER FUND) $

FUND NUMBER AMOUNT ($50 MIN. PER FUND) $

FUND NUMBER AMOUNT ($50 MIN. PER FUND) $

☐ **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 you are exchanging from.

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

☐ Monthly Day of month (for either monthly or other)

☐ Other (check months below)

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

Exchange **from** fund number

TO FUND NUMBER AMOUNT ($50 MIN. PER FUND) $

TO FUND NUMBER AMOUNT ($50 MIN. PER FUND) $

TO FUND NUMBER AMOUNT ($50 MIN. PER FUND) $

TO FUND NUMBER AMOUNT ($50 MIN. PER FUND) $

MFS INVESTMENT MANAGEMENT®

Section 8
Distribution and Systematic Payment Options

You only need to complete this section if you do not want to reinvest your dividends and capital gains or you would like to set up a systematic withdrawal plan (SWP).

A. Dividends and capital gains are automatically reinvested unless you elected "I do not want all dividends and capital gains reinvested" in Section 2.

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

☐ **Mailed to the registered owner(s)** at the address provided in Section 1.

☐ **Electronically deposited** directly into the checking/savings account provided in Section 10.

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

FUND NUMBER _____ into FUND NUMBER _____ FUND NUMBER _____ into FUND NUMBER _____

B. Systematic Withdrawal Plan (SWP)

$5,000 minimum (per fund account). For Class B and C shares, annual withdrawals cannot exceed 10% of account value at the time the plan is established. Dividends and capital gains will be reinvested.

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

☐ Monthly Day of month (for either monthly or other) ____

☐ Other (check months below)

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

Make the withdrawal from fund number ____ for the following amount (select one):

☐ $____,____.____ per payment ($50 minimum) or,

☐ ____ % of account value per year (calculated each withdrawal) or,

☐ ____ number of withdrawals until the account self-liquidates.

Payment option *(choose one)*

☐ **Mailed to the registered owner(s)** at the address provided in Section 1.

☐ **Electronically deposited** directly into the bank checking/savings account provided in Section 10.

Section 9
Check Writing

For individual or joint accounts only

By completing this section, you will elect the check writing privilege for all eligible accounts on the application. The privilege is available for shares of

MFS® Bond Fund
MFS® Cash Reserve Fund
MFS® Government Limited Maturity Fund
MFS® Government Money Market Fund
MFS® Government Securities Fund
MFS® Intermediate Investment Grade Bond Fund
MFS® Limited Maturity Fund
MFS® Money Market Fund
MFS® Municipal Bond Fund
MFS® Municipal Income Fund
MFS® Municipal Limited Maturity Fund
MFS® Research Bond Fund
MFS® Strategic Income Fund
and each of the state municipal bond funds

____
SOCIAL SECURITY/TAXPAYER ID 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 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. Subject to the conditions printed on reverse.

Section 10
Link Your Checking/ Savings account to your fund account

Provide your checking/savings account information if you have signed up for an Automatic Investment Plan in Section 7 or requested electronic direct deposit for your distributions or SWP payments in Section 8.

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 or on **mfs.com** and have the proceeds directly deposited to your bank account.

Note: In order to redeem or invest over the automated telephone system and/or **mfs.com**, you must activate these services by setting up a PIN.

NAME ON BANK/SAVINGS ACCOUNT (FOR YOUR SECURITY, MUST BE THE SAME NAME(S) IN SECTION 1 TO INVEST BY PHONE OR **MFS.COM**, OR WITHDRAW BY PHONE)

Type of account: ☐ Checking ☐ Savings

BANK NAME

BRANCH STREET ADDRESS | BRANCH CITY | STATE | ZIP CODE | BRANCH NUMBER

Attach voided check or preprinted deposit slip here.

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

Mail the complete application and investment check to
MFS Service Center, Inc.
P.O. Box 55824
Boston, MA 02205-5824

Overnight mail
MFS Service Center, Inc.
500 Boylston Street
Boston, MA 02116-3741

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 5. 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 cancelled 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.

MFS INVESTMENT MANAGEMENT®

MFS Family of Funds®

FUND NAME	FUND NUMBER Class A	Class B	Class C
DOMESTIC GROWTH STOCK			
Massachusetts Investors Growth Stock Fund	13	213	313
MFS® Capital Opportunities Fund	23	223	323
MFS® Core Growth Fund	92	292	392
MFS® Emerging Growth Fund	07	207	307
MFS® Growth Opportunities Fund	16	216	N/A
MFS® Mid Cap Growth Fund	83	283	383
MFS® New Discovery Fund	97	297	397
MFS® New Endeavor Fund	1011	1211	1311
MFS® Research Fund	14	214	314
MFS® Strategic Growth Fund	90	290	389
MFS® Technology Fund	98	298	398
HIGH-GRADE BOND			
MFS® Bond Fund	11	211	311
MFS® Government Limited Maturity Fund	28	N/A	328
MFS® Government Securities Fund	26	226	326
MFS® Inflation-Adjusted Bond Fund	1031	1231	1331
MFS® Intermediate Investment Grade Bond Fund	77	277	377
MFS® Limited Maturity Fund	36	N/A	336
MFS® Research Bond Fund	78	278	378
HIGH-YIELD BOND			
MFS® Emerging Markets Debt Fund	33	233	333
MFS® Floating Rate High Income Fund	1033	N/A	1333
MFS® High Income Fund	18	218	318
MFS® High Yield Opportunities Fund	70	270	370
MFS® Strategic Income Fund	34	234	334
GLOBAL/INTERNATIONAL			
MFS® Emerging Markets Equity Fund	85	285	385
MFS® Global Equity Fund	04	204	304
MFS® Global Growth Fund	09	209	309
MFS® Global Total Return Fund	24	224	324
MFS® International Diversification℠ 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® Research International Fund	99	299	399
MONEY MARKET			
MFS® Cash Reserve Fund	01	201	301
MFS® Government Money Market Fund	22	N/A	N/A
MFS® Money Market Fund	10	N/A	N/A

FUND NAME	FUND NUMBER Class A	Class B	Class C
DOMESTIC CONSERVATIVE STOCK			
Massachusetts Investors Trust	12	212	312
MFS® Core Equity Fund	91	291	391
MFS® Mid Cap Value Fund	1024	1224	1324
MFS® Strategic Value Fund	21	221	321
MFS® Total Return Fund	15	215	315
MFS® Union Standard® Equity Fund	84	284	384
MFS® Utilities Fund	35	235	335
MFS® Value Fund	93	293	393
TAX-FREE BOND			
MFS® Alabama Municipal Bond Fund	54	254	N/A
MFS® Arkansas Municipal Bond Fund	55	255	N/A
MFS® California Municipal Bond Fund	27	227	327
MFS® Florida Municipal Bond Fund	56	256	N/A
MFS® Georgia Municipal Bond Fund	46	246	N/A
MFS® Maryland Municipal Bond Fund	40	240	N/A
MFS® Massachusetts Municipal Bond Fund	45	245	N/A
MFS® Mississippi Municipal Bond Fund	58	258	N/A
MFS® Municipal Bond Fund	17	217	N/A
MFS® Municipal High Income Fund	25	225	325
MFS® Municipal Income Fund	02	202	302
MFS® Municipal Limited Maturity Fund	37	N/A	337
MFS® New York Municipal Bond Fund	52	252	352
MFS® North Carolina Municipal Bond Fund	41	241	341
MFS® Pennsylvania Municipal Bond Fund	30	230	N/A
MFS® South Carolina Municipal Bond Fund	42	242	N/A
MFS® Tennessee Municipal Bond Fund	53	253	N/A
MFS® Virginia Municipal Bond Fund	43	243	343
MFS® West Virginia Municipal Bond Fund	44	244	N/A
ASSET ALLOCATION			
MFS® Aggressive Growth Allocation Fund	1029	1229	1329
MFS® Conservative Allocation Fund	1026	1226	1326
MFS® Growth Allocation Fund	1028	1228	1328
MFS® Moderate Allocation Fund	1027	1227	1327
MFS® Lifetime® 2010 Fund	1035	1235	1335
MFS® Lifetime® 2020 Fund	1036	1236	1336
MFS® Lifetime® 2030 Fund	1037	1237	1337
MFS® Lifetime® 2040 Fund	1038	1238	1338
MFS® Lifetime® Retirement Income Fund	1034	1234	1334

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