

MFS® FINANCIAL PROFESSIONAL CHANGE AUTHORIZATION



To change financial professional information on your MFS account(s)

1. Account Information

ACCOUNT REGISTRATION

SOCIAL SECURITY NUMBER OR TIN

ACCOUNT OWNER'S PHONE NUMBER

ADDRESS

CITY

STATE

ZIP CODE

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.

Please update all accounts under my Social Security number or taxpayer identification number (TIN) above.

Or

Make the update only to the account(s) listed below:

FUND NUMBER

ACCOUNT NUMBER

FUND NUMBER

ACCOUNT NUMBER

2. Financial Professional Information

Please change financial professional information on the referenced account(s). With any financial professional change request, please notify MFS of the accounts that should be linked for Right of Accumulation (ROA) (Complete Section 3). See the prospectus for ROA/Letter of Intent (LOI) linking eligibility requirements.

FINANCIAL PROFESSIONAL'S FIRST NAME

MI

LAST NAME

FIRM NAME

FIRM NUMBER

BRANCH STREET ADDRESS

CITY

STATE

ZIP CODE

BRANCH NUMBER

FINANCIAL PROFESSIONAL'S NUMBER

FINANCIAL PROFESSIONAL'S PHONE NUMBER

FINANCIAL PROFESSIONAL'S EMAIL ADDRESS

AUTHORIZED SIGNER OF THE FIRM (REQUIRED)

3. Right of Accumulation (ROA)

You may combine the value of your accounts with those of your spouse (or legal equivalent under state law) and your children under the age of 21. Please refer to the prospectus for the appropriate sales charge levels and account types eligible to be linked for Right of Accumulation.

I qualify for the Right of Accumulation privilege as described in the prospectus. Please link accounts with the Social Security numbers, taxpayer identification numbers, or broker identification numbers (BIN).

_____ NAME	_____ SOCIAL SECURITY/TAXPAYER ID NUMBER OR BROKER IDENTIFICATION NUMBER
_____ NAME	_____ SOCIAL SECURITY/TAXPAYER ID NUMBER OR BROKER IDENTIFICATION NUMBER
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_____ NAME	_____ SOCIAL SECURITY/TAXPAYER ID NUMBER OR BROKER IDENTIFICATION NUMBER

4. Signature(s) All registered owners must sign.

_____ SIGNATURE	_____ DATE (MM/DD/YYYY)
_____ PRINT NAME	
_____ SIGNATURE	_____ DATE (MM/DD/YYYY)
_____ PRINT NAME	

If you have any questions, please call 1-800-225-2606 any business day.

Fax completed form to 1-877-654-3203 or mail form to:

Regular mail

MFS Service Center, Inc.
P.O. Box 219341
Kansas City, MO 64121-9341

Overnight mail

MFS Service Center, Inc.
801 Pennsylvania Ave., Suite 219341
Kansas City, MO 64105-1307