REDEMPTION AUTHORIZATION FORM



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

1. About You

REGISTERED REPRESENTATIVE'S NAME

accounts registered under the Uniform Gifts/Transfers to Minors Act or	other registration	S.
ACCOUNT REGISTRATION		
ACCOUNT REGISTRATION CONTINUED		
ACCOUNT REGISTRATION CONTINUED		
SOCIAL SECURITY NUMBER	PHONE NUMBER	
MAILING ADDRESS		
CITY	STATE	ZIP CODE
This is my new address; please update my account information. (A Section 5.)	. Medallion Signat	ure Guarantee is required in
Note: If the new address is a non-U.S. address, you will be restricted from making a into and out of this account.	additional purchases i	nto this account and exchanges

This form is for individual accounts, joint accounts, or trust accounts. Additional documentation may be required for

REGISTERED REPRESENTATIVE'S PHONE NUMBER

2. Redemption Instructions

Please provide your fund and account number(s). 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. Indicate the amount to be sold. If the amount requested exceeds the account balance, all shares in the account will be sold. If your request includes recently purchased shares, MFS Service Center, Inc. (MFSC) may delay the payment of redemption proceeds of those shares for a period of up to seven business days in order to enable MFSC to confirm that the funding has cleared. These redemption proceeds will generally be sent separately in the form of a check.

Note: If you elect to redeem all shares from any of your MFS accounts, any existing Automatic Investment or Exchange Options on the redeemed accounts will be discontinued.

	FUND NUMBER	ACCOUNT NUMBER	AMOUNT	SHARES	SELECT ONE: DOLLARS	ALL
3.	also visit mfs.com/ If you have not ma has applied the fur Average Cost as a considered in good Unless you direct N used to deplete the account, you will n with this redemption	/TaxCenter. Ide a cost basis method election, and's default method of Average Countries and MFSC will not provide a shares for this transaction. If you need to complete the Specific Lotton request. If you do not submit note with the secondary method so	or you have but did not notify MFS cost to your account. If you choos default method on your account ow, the cost basis method that is count have Specific Lot Identification as Identification Lot Selection Form (to the SLID Form with your redemption delected on your account. You may Retirement Accounts," and then "S	of your elected an override are to your request value on your are the cost basis make "SLID Form") on request, MFS wobtain the SLID Form	I method, Med you have will not be account will ethod on you and submit will deplete your by goin	MFSC re be bur it rour ng to
	Cost Basis Metho	od Override If you have a cost ba	asis method other than Average Co cost basis method below to be ap	st on your accour	nt, you may	
		-	your account. If you wish to change by completing and sending in a Cos			od
	First in, First ou	ut C Last in, First out C I	High cost O Low cost O Lo	ss/Gain utilizatior	ı	
	Specific Lot Ide	entification – if this method is cho	osen vou must submit a separate SI	ID Form		

4. Payment Instructions (Choose one) **Note:** If no instructions are provided, a check will be mailed to the address of record. Make check payable to me and mail to my address of record. (A Medallion Signature Guarantee is required in Section 5 if the address has changed in the last 30 days.) Make a check payable to a special payee and/or mail to a special address, as provided below. (A Medallion Signature Guarantee is required in Section 5.) SPECIAL PAYEE SPECIAL ADDRESS CITY STATE ZIP CODE Direct deposit the proceeds to my bank account. I have attached an original voided check and/or preprinted deposit slip. In lieu of an original voided check or deposit slip, you may submit a letter from your bank providing the name(s) on the account, routing number, and account number. The letter from the bank must be on their letterhead. A Medallion Signature Guarantee is required in Section 5 if the bank information provided is not yet on file or has been added or updated on your account within the past 30 days. Please indicate the type of account, select one of the following methods of deposit, and provide bank account information below, which will be compared with the voided check or preprinted deposit slip to ensure accuracy. Type of Account: () Checking () Savings ACH - If this method is chosen, the bank information provided must have an owner in common with the MFS account registration. Wire BANK NAME (REQUIRED) NAME ON CHECKING/SAVINGS ACCOUNT (REQUIRED)

Attach an original voided check or preprinted deposit slip.

BANK ACCOUNT NUMBER (REQUIRED)

If the bank information provided has an owner in common with the MFS account registration, the bank information will be added to your account. If you do not wish to retain the bank information on your account, please attach a letter of instruction.

BANK ROUTING NUMBER (REQUIRED)

5. Authorization

Please sign your name exactly as it appears on your account. By signing, you acknowledge that you are aware of any fees or sales charges associated with this transaction.

Note: If you are acting on behalf of the owner, please select the you are acting. If not listed, please check "Other" and specify you required below if you are acting on behalf of the account owner.	ur capacity. A Med		-	
Attorney-in-fact Custodian Executor(trix)	Former Minor	Surviving Tenant	Trustee	
Other (please specify)				
SIGNATURE (ALL OWNERS OF THE ACCOUNT MUST SIGN.)		DATE (MM/DD/YYYY)		
PRINT NAME				
SIGNATURE (ALL OWNERS OF THE ACCOUNT MUST SIGN.)		DATE (MM/DD/YYYY)		
PRINT NAME				
Medallion Signature Guarantee A Medallion Signature Guarantee is required if: Your total distribution is more than \$100,000, or Your check is made payable to a different name, or You are signing in capacity or acting on behalf of the shareholde Your check is mailed to an address other than the address of rece The proceeds are direct deposited to your bank account (see Sec You have notified MFS of an address change within 30 days of the	cord, or ction 4), or	Malification		
AFFIX GUARANTEE STAMP HERE		must not be dated must be guarante bank, broker, dea national securitie securities associa or savings associa Signature Guaran in accordance with by MFS Service C by a notary public	aler, credit union, s exchange, registered tion, clearing agency, ation. Medallion tees will be accepted th policies established enter, Inc. Notarization c is not acceptable in on Signature Guarantee of the eligible guarantor	
If you have any questions about this form, please call 1-800-225-2	2606 any business	s day.		

Mail completed form to:

Regular mail

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

MFS Service Center, Inc. Suite 219341

430 W 7th Street

Kansas City, MO 64105-1407