

# TRANSFER AUTHORIZATION



## Instructions

A transfer is the movement of assets from one owner or registration to another within the same MFS fund. Use this form to move shares from one account into a new account registration in the same MFS fund. There are two parts to this form.

**Part A (Sections 1-5): What account am I transferring?** To be completed by the current account owner(s)

**Sections 1-5 are required and must be completed.** If you have any certificates for shares to be transferred, please return them with this form. We recommend that certificates be returned to MFS Service Center, Inc. (MFSC) unendorsed and by registered mail.

**Part B (Sections 6-10): What account registration am I transferring the funds to?** To be completed by the new account owner(s)

- If you are transferring shares to an existing account registration, please complete Sections 6 and 10.
- If you are transferring shares to a new MFS account registration, please complete Sections 7–10.
- If you are transferring shares to an account for a legal entity, please complete the Legal Entity Certification Form in addition to the applicable sections of this form.

## Part A: What Account Am I Transferring?

### 1. Account Information (for the account being transferred)

ACCOUNT REGISTRATION

ACCOUNT REGISTRATION

PHONE NUMBER

MAILING ADDRESS

CITY

STATE

ZIP CODE

REGISTERED REPRESENTATIVE'S NAME

REGISTERED REPRESENTATIVE'S PHONE NUMBER

### 2. Transfer Instructions

Identify your account(s) and the amount(s) to transfer by completing the option that applies.

All accounts registered under the account owner's Social Security number    -   -

Or

SOCIAL SECURITY NUMBER

FUND NUMBER	ACCOUNT NUMBER	AMOUNT	SHARES	SELECT ONE:	
				DOLLARS	ALL
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 3. Reason for Transfer (Choose one.)

- Re-registration (Owner change, divorce/separation, individual to trust, former minor, etc.)
- Inheritance due to death (you must provide a date of death **or** if elected by the executor, an alternate date of death **or** an alternate value)

(A) Date of death (MM/DD/YYYY)   /   /     (Required) or

(B) Alternate date (MM/DD/YYYY)   /   /

(C) Alternate value \$ \_\_\_\_\_

- Gift Date of gift (MM/DD/YYYY)   /   /

**Note:** The option "gift" as a reason for transfer is only available if the recipient is a U.S. Person.

Fair Market Value Acceptance \_\_\_\_\_  
SIGNATURE(S) OF NEW OWNER(S) I.E., PERSON(S) RECEIVING GIFTED SHARES

If the recipient's existing account or new account will use the Average Cost Basis method, the recipient of the gift may sign above indicating acceptance of the shares valued at fair market value on the date of gift or settlement if the shares should be transferred at a loss. Absent acceptance of Fair Market Value by the new account owner, MFS will not be able to calculate or report your cost basis in the event the receiving account has Average Cost as the cost basis method. Please speak with your tax advisor or financial professional for more information.

### 4. Cost Basis Do not complete this section if you are transferring **all** shares to **one** account.

When transferring only a portion of your account, or when transferring shares from your account to multiple accounts, the shares transferred will be depleted from your account proportionately (pro-rata) across all tax lots. If you are transferring shares to more than one account, the tax lots will be proportionately assigned across the multiple receiving accounts.

To learn more about the different cost basis methods please contact your tax advisor or financial professional. You may also visit [mfs.com/TaxCenter](http://mfs.com/TaxCenter).

**If you do not want the tax lots to deplete proportionately (pro-rata) please check one of the following options:**

- A. Use the cost basis method on my account.** If Average Cost is the method on the account, tax lots will deplete in First In, First Out order.

**OR**

- B. Override the cost basis method on my account** (Not available for accounts with Average Cost.)  
If you have a cost basis method other than Average Cost on your account you may override your account method by choosing another cost basis method below to be applied to this transaction only.

**Note:** This will not change the current method on your account. If you wish to change the current cost basis method on your account, you may do so via MFS Access or by completing and sending in a Cost Basis Reporting Selection/Change Form.

- First in, First out
- Last in, First out
- High cost
- Low cost
- Loss/gain utilization
- Specific Lot Identification

If you have Specific Lot Identification as the cost basis method on your account, or if you have chosen this method as an override, you will need to complete the Specific Lot Identification Lot Selection Form and submit it with this transfer request. You may obtain this form by going to [mfs.com/Forms](http://mfs.com/Forms). The form is located under "Non-Retirement Accounts" and "Sell Shares or Close an Account."

If you have not made a cost basis method election, or you have but did not notify MFSC of your elected method, MFSC has applied the fund's default method of Average Cost to your account. If you choose an override and you have Average Cost as the elected method or fund's default method on your account, your request will not be considered in good order and MFSC will not process your request. Please contact MFS if you are unsure of your current cost basis method.

**5. Authorization** All registered owners must sign and obtain a Medallion Signature Guarantee.

**Note:** If you are acting on behalf of the owner, please select the appropriate capacity in which you are acting. If not listed, please check "Other" and specify your capacity. Failure to complete this section may delay the processing of your request.

- Attorney-in-fact       Custodian       Executor(trix)       Former minor       Surviving tenant
- Trustee       Other (please specify) \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE (ALL OWNERS MUST SIGN)

\_\_\_\_\_  
DATE (MM/DD/YYYY)

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE (ALL OWNERS MUST SIGN)

\_\_\_\_\_  
DATE (MM/DD/YYYY)

\_\_\_\_\_  
PRINT NAME

**Medallion Signature Guarantee**

A Medallion Signature Guarantee is required for all requests.

AFFIX GUARANTEE STAMP HERE

Medallion Signature Guarantee stamp must **not** be dated. 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. Medallion 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 Medallion Signature Guarantee provided by one of the eligible guarantor institutions listed above.

## Part B: What Account Registration Am I Transferring the Funds To?

### 6. Transfer to an Existing Account Registration

**Note:** Complete this section if you are transferring shares to an existing MFS account registration. Please then proceed to Section 10. If the shares are to be transferred to a new MFS account registration, please skip this section and complete sections 7–10.

#### Existing MFS Account Details

Please provide the information below for one existing account for the account registration that will be receiving the transferred shares. The shares will be transferred to the same fund as the original account listed in Section 2. If the account registration receiving the shares has not been established in that fund, a new account will be created.

FUND NUMBER	ACCOUNT NUMBER
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>

If the transfer is due to a gift and the shares are transferred at a loss and your existing account has the Average Cost method, you have two options:

1. You may accept the transfer at Fair Market Value. If the shares are being transferred via gift into multiple accounts with different ownership, each recipient may accept the transfer at Fair Market Value. Please sign in Section 3.
2. You may change the cost basis method on the existing account to something other than Average Cost. This can be done via MFS Access or by completing a Cost Basis Reporting Selection/Change Form.

If you choose to not accept Fair Market Value and you do not want to change the cost basis method on the existing account, MFS will not be able to calculate the cost basis on your account.

### Transfer to a New Account Registration (Sections 7 – 10)

**Complete Sections 7 –10 if the transferred shares are to be deposited into a new MFS account registration.** MFS will apply the MFS open-end fund's default method of Average Cost Basis to your account. The cost basis associated with any shares acquired and subsequently withdrawn, exchanged or transferred after January 1, 2012 will be reported to the IRS under this method. If you would like to select a method other than Average Cost or select a method to be automatically applied to future accounts you open with MFS, please complete and return a Cost Basis Reporting Selection/Change Form. You may also select a cost basis method by accessing your account through MFS Access once the account is established. In order to learn more please go to [mfs.com/TaxCenter](https://mfs.com/TaxCenter).

If the transfer is due to a gift and the shares are transferred at a loss and your account has Average Cost either by election or fund default, you may accept the transfer at Fair Market Value by signing in Section 3 of this form. If you choose not to accept Fair Market Value and do not want to select a cost basis method other than Average Cost on your new account, MFS will not be able to calculate the cost basis on your account. In order to select a cost basis method other than Average Cost on your new account you will need to submit a Cost Basis Reporting Selection/Change Form with this form.

### 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 taxpayer identification number 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 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.

## 7. New Account Information

**Note:** Complete this section if the transfer is to a new MFS account registration. Complete all fields in the part that best describes your new account.

**Please have each person listed on the new account complete Section 10. Attach additional pages if needed. We cannot establish your account without this information.**

- If the new account owner is a non-U.S. Person or has a non-U.S. address, upon transfer of ownership, the new account owner will be restricted from making additional purchases into this account and exchanges into and out of this account.
- 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.
- For trust accounts, organizations, and legal entities, additional information may be required to establish certain services.

Please talk to your financial professional, or call the MFS Service Center at 1-800-225-2606.

### A. To open an individual or joint account

ACCOUNT OWNER'S FIRST NAME	MI	LAST NAME
<input type="text"/>	<input type="text"/>	<input type="text"/>
SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	PHONE NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>

STREET ADDRESS REQUIRED (NO P.O. BOXES)

CITY STATE ZIP CODE

MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

CITY STATE ZIP CODE

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

JOINT OWNER'S FIRST NAME	MI	LAST NAME
<input type="text"/>	<input type="text"/>	<input type="text"/>
SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	JOINT OWNER'S PHONE NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>

The Joint owner's address is the same as the address provided above, or Joint owner's address (if different from above)

JOINT OWNER'S STREET ADDRESS CITY STATE ZIP CODE

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

MINOR'S FIRST NAME	MI	LAST NAME
<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"/>	
MINOR'S SOCIAL SECURITY NUMBER	MINOR'S DATE OF BIRTH (MM/DD/YYYY)	STATE FOR UGMA/UTMA

CUSTODIAN'S FIRST NAME	MI	LAST NAME
<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"/>	
CUSTODIAN'S SOCIAL SECURITY NUMBER	CUSTODIAN'S DATE OF BIRTH (MM/DD/YYYY)	CUSTODIAN'S PHONE NUMBER

STREET ADDRESS REQUIRED (NO P.O. BOXES)	CITY	STATE	ZIP CODE
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MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	CITY	STATE	ZIP CODE
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**C. To open a trust account**

NAME OF THE TRUST	
<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"/>
TAXPAYER ID NUMBER FOR THE TRUST	DATE OF TRUST (MM/DD/YYYY)

TRUSTEE'S NAME	
<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"/>
TRUSTEE'S DATE OF BIRTH (MM/DD/YYYY)	TRUSTEE'S SOCIAL SECURITY NUMBER OR TAXPAYER ID
	TRUSTEE'S PHONE NUMBER

STREET ADDRESS REQUIRED (NO P.O. BOXES)	CITY	STATE	ZIP CODE
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MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	CITY	STATE	ZIP CODE
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CO-TRUSTEE'S NAME	
<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"/>
CO-TRUSTEE'S DATE OF BIRTH (MM/DD/YYYY)	CO-TRUSTEE'S SOCIAL SECURITY NUMBER OR TAX ID
	CO-TRUSTEE'S PHONE NUMBER

CO-TRUSTEE'S STREET ADDRESS REQUIRED (NO P.O. BOXES)	CITY	STATE	ZIP CODE
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**D. To open an account for an organization or legal entity**

If you are transferring shares to an account for a legal entity, such as a corporation, limited liability company, or a general partnership, please complete the Legal Entity Certification Form in addition to this form.

Please see the Legal Entity Certification Form for additional information and examples.

- S Corporation                     
  C Corporation                     
  Partnership                     
  LLC  
 Non-MFS Prototype IRA                     
  Non-MFS Retirement Plan                     
  Other \_\_\_\_\_  
TYPE OF ORGANIZATION/ENTITY

\_\_\_\_\_  
 NAME OF ENTITY

\_\_\_\_\_  
 TAXPAYER ID NUMBER FOR THE ENTITY

\_\_\_\_\_  
 NAME OF AUTHORIZED SIGNER

\_\_\_\_\_  
 AUTHORIZED SIGNER'S SOCIAL SECURITY NUMBER

\_\_\_\_\_  
 AUTHORIZED SIGNER'S PHONE NUMBER

\_\_\_\_\_  
 AUTHORIZED SIGNER'S DATE OF BIRTH (MM/DD/YYYY)

\_\_\_\_\_  
 ADDITIONAL AUTHORIZED SIGNER

\_\_\_\_\_  
 AUTHORIZED SIGNER'S SOCIAL SECURITY NUMBER

\_\_\_\_\_  
 ADDITIONAL AUTHORIZED SIGNER'S PHONE NUMBER

\_\_\_\_\_  
 AUTHORIZED SIGNER'S DATE OF BIRTH (MM/DD/YYYY)

\_\_\_\_\_  
 STREET ADDRESS REQUIRED (NO P.O. BOXES)                     
 \_\_\_\_\_ CITY                     
 \_\_\_\_\_ STATE                     
 \_\_\_\_\_ ZIP CODE

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

**E. To open an estate account.**

\_\_\_\_\_  
 NAME OF ESTATE

\_\_\_\_\_  
 TAXPAYER ID NUMBER FOR THE ESTATE

\_\_\_\_\_  
 EXECUTOR/TRIX NAME

\_\_\_\_\_  
 EXECUTOR/TRIX SOCIAL SECURITY NUMBER

\_\_\_\_\_  
 EXECUTOR/TRIX DATE OF BIRTH (MM/DD/YYYY)

\_\_\_\_\_  
 EXECUTOR/TRIX PHONE NUMBER

\_\_\_\_\_  
 STREET ADDRESS REQUIRED (NO P.O. BOXES)                     
 \_\_\_\_\_ CITY                     
 \_\_\_\_\_ STATE                     
 \_\_\_\_\_ ZIP CODE

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

**If there are co-executors/trices please attach separate page.**

**8. Distribution Option** If a selection is not made distributions will be reinvested.

- Dividends and capital gains reinvested  
 Dividends in cash, capital gains reinvested  
 Dividends and capital gains in cash

For additional service options, please attach a Service Application, which can be located on [mfs.com/Forms](http://mfs.com/Forms) or obtained by calling 1-800-225-2606.

## 9. 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.** If you are aware of additional accounts that may qualify for linking under MFS Right of Accumulation policy, please notify us.

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.

Apply the dealer information from the transferred account to the new account(s). If this option is selected, do not complete the fields below. Skip to Section 10.

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

REGISTERED REPRESENTATIVE'S EMAIL ADDRESS

BROKERAGE ACCOUNT NUMBER (IF APPLICABLE)

MATRIX LEVEL

**AUTHORIZED SIGNER OF BROKER/DEALER FIRM (REQUIRED)**

## 10. Signature and Certification All owners of the new account must sign.

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 on dividends, on capital gain distributions, and on the proceeds of redemptions and exchanges.

SECTION 10 CONTINUES ON NEXT PAGE



**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).
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.  
Exemption code (if any) \_\_\_\_\_.

See IRS Form W-9 for FATCA exemptions and reporting codes. Generally, if you are only submitting this form for an account you hold in the United States, you may leave this field blank.

**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     C 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 and FATCA reporting.

**Non-U.S. Persons**

I am a non-U.S. Person.

If you are not a U.S. Person, please attach the appropriate completed Form W-8, which you can obtain online at [irs.gov](http://irs.gov). If the above is checked or if the address provided in Section 7 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 unless a limited exception applies.

\_\_\_\_\_  
SIGNATURE (ALL OWNERS MUST SIGN)

\_\_\_\_\_  
DATE (MM/DD/YYYY)

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE (ALL OWNERS MUST SIGN)

\_\_\_\_\_  
DATE (MM/DD/YYYY)

\_\_\_\_\_  
PRINT NAME

Please be sure to complete all appropriate sections of this form.

If you have any questions about this form, please call 1-800-225-2606 any business day or visit our website, **mfs.com**.

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