

# MFS® DEALER CHANGE AUTHORIZATION



To change broker/dealer information on your MFS account(s)

## 1. Account Information

ACCOUNT REGISTRATION

ADDRESS

CITY

STATE

ZIP CODE

--	--	--	--	--	--	--	--	--

ACCOUNT OWNER'S PHONE NUMBER

SOCIAL SECURITY NUMBER OR TIN

Check if all accounts under your Social Security number or taxpayer identification number (TIN) above are to be changed.

**OR**

Check if only specific fund account(s) are to be changed and indicate the fund and account number(s) below.

FUND NUMBER

ACCOUNT NUMBER

FUND NUMBER

ACCOUNT NUMBER

--	--	--	--

\_\_\_\_\_

--	--	--	--

\_\_\_\_\_

--	--	--	--

\_\_\_\_\_

--	--	--	--

\_\_\_\_\_

--	--	--	--

\_\_\_\_\_

--	--	--	--

\_\_\_\_\_

--	--	--	--

\_\_\_\_\_

--	--	--	--

\_\_\_\_\_

## 2. Dealer Information

Please change dealer information on the referenced account(s). With any dealer 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/LOI linking eligibility requirements.

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

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

### 3. Right of Accumulation (ROA)

Please refer to the prospectus for the appropriate sales charge levels 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

\_\_\_\_\_  
NAME

\_\_\_\_\_  
SOCIAL SECURITY/TAXPAYER ID NUMBER OR BROKER IDENTIFICATION NUMBER

\_\_\_\_\_  
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 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