MFS® CERTIFICATION OF DISABILITY

Not for use on any retirement accounts trusteed by MFS Heritage Trust Company

If your physician certifies that you are disabled or if you qualify for Social Security disability benefits, you can make withdrawals from your Class B and Class C share accounts in the MFS Family of Funds without paying a contingent deferred sales charge (CDSC).

If you want to complete a redemption, please attach a Redemption Authorization Form. If you choose to make another transaction at a later date, you will need to submit another request with a current certification.

Definition of Disability

An individual will be considered disabled if he or she meets the definition in Section 72(m)(7) of the Internal Revenue Code; which in pertinent part defines a person as disabled if such person is "unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or to be of long-continued and indefinite duration."

Please refer to the prospectus and statement of additional information for a complete description of the waiver of CDSC upon disability.

Please choose the appropriate option and complete the disability certification below:

☐ I have completed the Redemption Authorization Form and want to have my transaction completed upon receipt.

☐ I have already completed a transaction and was assessed a CDSC which I would like to have reimbursed.

MFS FUND NUMBER ☐☐☐☐ ACCOUNT NUMBER _____ DATE OF TRANSACTION (MM/DD/YYYY) _____

MFS FUND NUMBER ☐☐☐☐ ACCOUNT NUMBER _____ DATE OF TRANSACTION (MM/DD/YYYY) _____

Disability Certification

Attach a current letter from the Social Security Administration certifying that you qualify for Social Security disability benefits, and the date that you first qualified for such benefit **OR** have the following statement completed and signed by a physician.

I certify _____ (DISABLED INDIVIDUAL) is under the regular care of _____ (NAME OF PHYSICIAN) and

on _____ (EXACT DISABILITY DATE (MM/DD/YYYY)) became unable to engage in any substantial gainful activity by reason of a medically determinable physical or mental impairment which can be expected to result in death or to be of long-continued and indefinite duration.

_____ SIGNATURE OF PHYSICIAN

_____ DATE (MM/DD/YYYY)

If you have any questions about this form please call 1-800-225-2606 any business day. **Fax:** 1-877-654-3203.

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