



# EVIDENCE OF AUTHORITY OF ASSIGNING OFFICERS

## For Corporations and Unincorporated Associations

### Instructions:

Use this form to certify the evidence of the authority of the officer assigning the shares standing in the name of the organization.

### 1. Additional information of authorized officers

You must provide the following information for each authorized officer requesting the transaction:

- Name
- Social Security/Tax Identification Number
- Date of Birth
- Residential Address (a post office box is not acceptable)

Include information for each officer or court-appointed fiduciary, if applicable. If there is not enough space on the form, please attach an additional page.

#### AUTHORIZED OFFICER 1

NAME

DATE OF BIRTH (MM/DD/YYYY)

SOCIAL SECURITY/TAX IDENTIFICATION NUMBER (TIN)

RESIDENTIAL ADDRESS (POST OFFICE BOX IS NOT ACCEPTABLE)

CITY

STATE

ZIP CODE

SIGNATURE

#### AUTHORIZED OFFICER 2

NAME

DATE OF BIRTH (MM/DD/YYYY)

SOCIAL SECURITY/TAX IDENTIFICATION NUMBER (TIN)

RESIDENTIAL ADDRESS (POST OFFICE BOX IS NOT ACCEPTABLE)

CITY

STATE

ZIP CODE

SIGNATURE

## 2. Certification

I, \_\_\_\_\_, being duly constituted  
NAME OF SECRETARY

Secretary of \_\_\_\_\_  
NAME OF ORGANIZATION

a \_\_\_\_\_ organized and existing under and by virtue of the Laws  
TYPE OF ORGANIZATION, I.E., CORPORATION, ASSOCIATION, ETC.

of the State of \_\_\_\_\_ do hereby certify that at a meeting of the  
STATE

\_\_\_\_\_ of said organization duly called and held on \_\_\_\_\_,  
DIRECTORS, MEMBERS, TRUSTEES DATE (MM/DD/YYYY)

at which a quorum was at all times present and voting, the following resolution was duly adopted and that same has not been repealed or amended, and remains in full force and effect, and does not conflict with the Charter, Articles of Association, By-Laws or rules and regulations of said organization.

RESOLVED that the President \_\_\_\_\_  
NAME

Vice President \_\_\_\_\_  
NAME

Treasurer \_\_\_\_\_  
NAME

and \_\_\_\_\_  
NAME AND TITLE

Acting:  singly  by all  other (explain)

be, and they hereby are, fully authorized empowered to sell, assign and transfer shares of

\_\_\_\_\_  
NAME OF FUND

now standing in the name of or hereafter standing in the name of or owned by this organization, and make, execute and deliver any and all written instruments of assignment and transfer necessary or proper to effectuate the authority hereby conferred.

### 3. Authorization

Please provide a corporate seal. If no corporate seal exists, please provide a Medallion Signature Guarantee.

#### Corporate seal

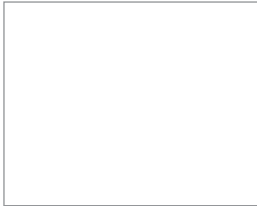
A corporate seal, if one exists, must be affixed to the certification. If no corporate seal exists, this should be stated in the certification, and the signature of the Secretary or other appropriate officer to the certification must be guaranteed by an eligible guarantor institution.

\_\_\_\_\_  
AUTHORIZED SIGNATURE

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

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

(CORPORATE SEAL)



**Certification must be made by the Secretary or an authorized officer other than the assigning officer.**

#### Medallion Signature Guarantee

\_\_\_\_\_  
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.

If you have any questions about this form, please call 1-800-225-2606 any business 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