

UNIFORM GIFTS/TRANSFERS TO MINORS ACT (UGMA/UTMA) TRANSFER AUTHORIZATION TO FORMER MINOR



Instructions

Use this form to transfer a Uniform Gifts/Transfers to Minors Act (UTMA/UGMA) account to the former minor.

- The minor must have reached the age of termination of custodianship under the Uniform Gifts/Transfers to Minors Act in that state.
- Complete one form for each account registration. If the former minor has custodial accounts with more than one custodian, one form is needed per account.
- The transfer will be processed as a "re-registration." If the transfer is for any other reason, complete the Transfer Authorization Form.
- The account will be re-registered as an individual account for the former minor. To transfer the custodial account to any other account type, please complete the Transfer Authorization Form, which can be found at mfs.com/Forms.

1. Account Information (for the account being transferred)

ACCOUNT REGISTRATION

ACCOUNT REGISTRATION (CONTINUED)

PHONE NUMBER

MAILING ADDRESS

CITY

STATE

ZIP CODE

REGISTERED REPRESENTATIVE'S NAME

REGISTERED REPRESENTATIVE'S PHONE NUMBER

2. Transfer Instructions

Transfer all accounts under the former minor's social security number: - -

3. New Account Information

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.

If the former minor is a non-U.S. Person or has a non-U.S. address, upon transfer of ownership, the former minor will be restricted from making additional purchases into this account and exchanges into and out of this account.

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

| | | | | | |
|--|---|---|--------------|---|--|
| FORMER MINOR'S FIRST NAME _____ | | | MI _____ | FORMER MINOR'S 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"/> | <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="checkbox"/> MOBILE NUMBER |
| FORMER MINOR'S SOCIAL SECURITY NUMBER | FORMER MINOR'S DATE OF BIRTH (MM/DD/YYYY) | | PHONE NUMBER | | |

FORMER MINOR'S STREET ADDRESS REQUIRED (NO P.O. BOXES) _____

| | | |
|------------|-------------|----------------|
| CITY _____ | STATE _____ | ZIP CODE _____ |
|------------|-------------|----------------|

FORMER MINOR'S MAILING ADDRESS (IF DIFFERENT FROM ABOVE) _____

| | | |
|------------|-------------|----------------|
| CITY _____ | STATE _____ | ZIP CODE _____ |
|------------|-------------|----------------|

If the former minor's legal name has changed, please complete Section 4. A Medallion signature guarantee stamp is required in Section 7.

If the address provided for the new account is different from the address of record of the transferred account, a Medallion signature guarantee stamp is required in Section 7.

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.

4. Name Change Authorization

Please provide both your former and new names, and sign below as both your former and new name. A Medallion Signature Guarantee is required in Section 7.

I authorize MFS to change my name on my account(s) from my former name _____
FORMER NAME

to my new name _____
NEW NAME

| | |
|----------------------------------|----------------------------|
| _____ SIGNATURE (FORMER NAME) | _____ DATE (MM/DD/YYYY) |
|----------------------------------|----------------------------|

| | |
|-------------------------------|----------------------------|
| _____ SIGNATURE (NEW NAME) | _____ DATE (MM/DD/YYYY) |
|-------------------------------|----------------------------|

5. 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 6.

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)

6. 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 or obtained by calling 1-800-225-2606.

7. Signature and Certification

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.

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. If the above is checked or if the address provided in Section 3 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.

FORMER MINOR'S SIGNATURE _____

DATE (MM/DD/YYYY) _____

PRINT NAME _____

Signature Authentication

- Signature authentication is required for all requests.
- If the former minor's name has changed and Section 4 was completed, a Medallion signature guarantee is required.
- If the address provided for the new account is different from the address of record of the transferred account, a Medallion signature guarantee stamp is required.

Notary Public Stamp, Signature Guarantee, or Medallion Signature Guarantee Stamp

AFFIX STAMP HERE

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. Signature guarantees shall be accepted in accordance with policies established by MFS Service Center, Inc. and must not be dated. A notary public stamp can be obtained from a notary public signing agent. Both notary public signature and original notary stamp is required within the affix stamp box.

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