

Account Application

Make checks payable to: MFS Service Center, Inc.
Mail to: MFS Service Center, Inc. • P.O. Box 2281 • Boston, MA 02107-9906
Telephone: I-800-225-2606 • 8 a.m. to 8 p.m. Eastern time

DO NOT USE FOR MFS-SPONSORED IRAS OR OTHER MFS-SPONSORED RETIREMENT PLANS

| | SOCIAL SE | CURITY/TAXPAYER ID NUMBER (TIN) | STREET | | | | |
|--|--|---|--|---|--|--|--|
| WNER'S FIRST | MIDDLE | LAST NAME | | | STATE | ZI | P CODE |
| DINT OWNER'S FIRST | MIDDLE | LAST NAME | | | 6 | ` | |
| oint accounts will be re nless otherwise indicat | egistered as joint tenants with ed. Provide the TIN of the firs | rights of survivorship st named individual. | DAYTIME HORNE NUM | MBER | DAY | TTI Pivig ine nu <u>i</u> mber | |
| GIFT/TRANSFEI | D TO MINOD | | 3. REDU | CED SALES C | CHARGES | | |
| GIFT/TRANSFEI | | SOCIAL SECURITY/TAXPAYER ID NUMBER (TIN) | ' LETTER | OF INTENT | | | |
| ACCOUNTY OF THE PROPERTY OF TH | | Custodian for | To qualify for including the | a reduced sales | charge, I agreent as set forth | e to the Letter of In in the prospectus | ntent, and |
| USTODIAN | | under the | statement of | additional inform | nation. Althougl | h I am not obligate shares of one or r | d, it is my |
| N OR | | under the | MFS funds in | n an aggregate a | mount at least of | equal to \$ | nore or the |
| ATE | Uniform Gif | ts/Transfers to Minors Act | If you intend 36 months. S | d to invest \$1 mi see prospectus for | illion or more, t r sales charge | he period is extend information. | led to |
| OTHER | | | ' RIGHT | OF ACCUMULA | ATION | | |
| | TAXPAYER | ID NUMBER (TIN) | | | | ge as described in ne fund and accour | the statemer |
| | | | of additional | information List | ed below are tr | ne fund and accour | nt numbers |
| AME OF CORPORATION OR OTHER ENTI | TY | | of the MFS a | accounts which sl | hould be combi | ined with this new | account. |
| | | if they are to be named | of the MFS a | accounts which si | hould be combi | ined with this new | account. |
| | trust instrument. List trustees | if they are to be named | of the MFS a | accounts which sl | hould be combi | ined with this new | account. |
| f a trust, include date of | | if they are to be named | of the MFS a | accounts which si | hould be combi | ined with this new | account. |
| f a trust, include date of n registration. | | | of the MFS a | accounts which si | hould be combi | ined with this new | account. |
| f a trust, include date of a registration. 4. INITIAL INVEST | trust instrument. List trustees | | of the MFS a | WIRE ORDER NO. | hould be combi | ined with this new | ON Dividends & Ca |
| f a trust, include date of a registration. 4. INITIAL INVEST | trust instrument. List trustees | um per account | of the MFS a | wire | 5. DISTI | RIBUTION OPTION (Se | ON elect one) Dividends & Ca |
| a trust, include date of a registration. 4. INITIAL INVES | trust instrument. List trustees | um per account | of the MFS a | wire | 5. DISTI DISTRI Dividends & Cap Gains Reinvested | RIBUTION OPTI BUTION OPTION (Se Dividends in Cash, Cap Gains Reinvested | ON Dividends & Ca |
| a trust, include date of registration. 4. INITIAL INVES | trust instrument. List trustees | um per account | of the MFS a | wire | 5. DISTI DISTRI Dividends & Cap Gains Reinvested | RIBUTION OPTI BUTION OPTION (Se Dividends in Cash, Cap Gains Reinvested | ON elect one) Dividends & Ca |
| a trust, include date of a registration. 4. INITIAL INVES | trust instrument. List trustees TMENT — \$1,000 minim FUND NAME | CLASS OF SHARE (see prospectus) | AMOUNT | WIRE ORDER NO. | 5. DISTI DISTRI Dividends & Cap Gains Reinvested | RIBUTION OPTION BUTION OPTION (Se Dividends in Cash, Cap Gains Reinvested | ON Elect one) Dividends & Ca Gains in Cash |
| f a trust, include date of a registration. 4. INITIAL INVES | trust instrument. List trustees | CLASS OF SHARE (see prospectus) | AMOUNT | WIRE ORDER NO. | 5. DISTI DISTRI Dividends & Cap Gains Reinvested | RIBUTION OPTI BUTION OPTION (Se Dividends in Cash, Cap Gains Reinvested | ON Elect one) Dividends & Ca Gains in Cash |
| f a trust, include date of a registration. 4. INITIAL INVES | TMENT — \$1,000 minim FUND NAME | CLASS OF SHARE (see prospectus) | AMOUNT | WIRE ORDER NO. | 5. DISTI DISTRI Dividends & Cap Gains Reinvested | RIBUTION OPTION BUTION OPTION (Se Dividends in Cash, Cap Gains Reinvested | ON Elect one) Dividends & Cash |
| a trust, include date of a registration. 4. INITIAL INVEST ccounts established for the counts described for the counts | TMENT — \$1,000 minim FUND NAME or monthly automatic investm RMATION 'S Service Center, Inc. to act a | CLASS OF SHARE (see prospectus) sents are subject to a \$50 as our agent in connection of the second | AMOUNT minimum on initi with transactions u | WIRE ORDER NO. | 5. DISTI DISTRI District Distr | RIBUTION OPTI BUTION OPTION (Se Dividends in Cash, Cap Gains Reinvested | ON Pividends & Cash Gains in Cash |
| a trust, include date of a registration. 4. INITIAL INVEST ccounts established for the counts and the counts are stablished for the counts are stablished | TMENT — \$1,000 minim FUND NAME or monthly automatic investm | CLASS OF SHARE (see prospectus) sents are subject to a \$50 as our agent in connection of the second | AMOUNT minimum on initi with transactions u | WIRE ORDER NO. | 5. DISTI DISTRI District Distr | RIBUTION OPTI BUTION OPTION (Se Dividends in Cash, Cap Gains Reinvested | ON Pividends & Cash Gains in Cash |
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| a trust, include date of a registration. 4. INITIAL INVEST ccounts established for a registration. 6. DEALER INFORMATION AND THE PROPERTY OF A REGISTRATION AND THE PROPERTY OF A REGISTRATI | TMENT — \$1,000 minim FUND NAME or monthly automatic investm RMATION S Service Center, Inc. to act a purchases made under a Letter | CLASS OF SHARE (see prospectus) sents are subject to a \$50 as our agent in connection of the second | AMOUNT minimum on initi with transactions u | WIRE ORDER NO. | 5. DISTI DISTRI Dividends & Cap Galins Reinvested If no box is che | RIBUTION OPTI BUTION OPTION (Se Dividends in Cash, Cap Gains Reinvested | ON Select one) Dividends & Cash I |
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7. SIGNATURE AND CERTIFICATION

INSTRUCTIONS (please read carefully before completing signature and certification below)

- Your signature(s) should be identical to the registration of the fund shares.
- You are required by law to provide us with your correct Social Security or Taxpayer Identification Number (TIN). Accordingly, please provide your TIN
- If you do not certify your TIN below, we reserve the right to reject the account. If the account is opened, up to 31% Federal tax (backup withholding) will be withheld from dividends and other payments relating to your account and you may be subject to penalties. Backup withholding is not an additional tax; the tax liability of persons subject to withholding will be reduced by the amount of tax withheld. If withholding results in an overpayment of taxes, a
- If you do not have a TIN, you should apply for one immediately by contacting your local office of the Social Security Administration or the Internal Revenue Service. Backup withholding could apply to payments relating to your account while you are awaiting receipt of a TIN.
- If the IRS has notified you that you are subject to backup withholding for failure to report all your interest and dividend income and has not informed you that withholding should cease, please draw a line through sentence number 2 below.
- If you are an exempt recipient, you should still provide your TIN to prevent withholding. Exempt recipients include corporations, tax-exempt pension plans and IRAs, governmental agencies, financial institutions, registered securities and commodities dealers, and others.
- If you are a nonresident alien or foreign entity, check the box below. You must provide your TIN if you have one. You will be subject up to 30% withholding on certain dividends and distributions. You will also be subject up to 31% backup withholding on capital gain distributions and the proceeds of redemptions and exchanges unless you certify your TIN below.
- For further information, see Internal Revenue Code Sections 1441 and 3406 and consult your tax adviser.

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e read the prospectus for each fund to be purchased and understand its terms. I authorize MFS Service Center, Inc., 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.

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.
- 3. If I have indicated that I am not a citizen or resident of the United States, then, to the best of my knowledge and belief, I qualify as a foreign person exempt from backup withholding and/or information-return reporting.

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 of underreporting interest or dividends.

Check only if applicable: ' I am not a citizen or resident of the United States.

| COUNTRY OF | TAX | RESIDENCY |
|------------|-----|-----------|

The IRS does not require your consent to any provisions of this document other than the certification required to avoid backup withholding.

SIGNATURE (All OWNERS OF THE ACCOUNT MUST SIGN)

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A signature guarantee is required for checkwriting (Section 11) and telephone withdrawals (Section 13).

Guarantor please note, the proper form for execution is: SIGNATURE(S) GUARANTEED NAME OF ELIGIBLE GUARANTOR INSTITUTION

By: signature of authorized person

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.

For detailed information regarding the shareholder services offered on this application, please refer to the appropriate fund's prospectus or statement of additional information. If you have questions about any of the services offered, ask your financial adviser or call us at I-800-225-2606 any business day between 8 a.m. and 8 p.m. Eastern time.

Service Application

| 9. DOLLAR-COST AVERAG | GING PROGRAMS | | | | | |
|--|---|---|--|--|--|--|
| ' AUTOMATIC INVESTMENT P | | ' DISTRIBUTION INVESTMENT PLAN | | | | |
| Withdraw from my bank account for FREQUENCY* (choose one): ' Mo | | Complete only if distributions are to be invested in the same class of a different fund. Provide fund number and account number if an existing account. | | | | |
| DAY(S) OF MONTH:* | | FROM TO | | | | |
| BANK ACCOUNT TYPE: *If no day or fraguency is chosen is | Checking (attach a voided check) Savings (attach a preprinted deposit slip) withdrawals will be made on the first | | | | | |
| business day of each month. | withdrawais will be made on the hist | | | | | |
| FUND | AMOUNT (\$50 minimum per investment) | 10. CASH DISTRIBUTION PAYMENT OPTIONS | | | | |
| | Φ. | ' DIRECT DEPOSIT PLAN | | | | |
| | \$ \$ | Complete only if distribution checks are to be deposited directly to your bank account. | | | | |
| Attach a voided check or preprinted | d deposit slip and complete section 14. | NAME ON BANK ACCOUNT | | | | |
| ' AUTOMATIC EXCHANGE PLA | | BANK ACCOUNT TYPE: ' Checking (attach a voided check) ' Savings (attach a preprinted deposit slip | | | | |
| Provide fund number and account n FREQUENCY (choose one): Mon | ithly 'Quarterly | Attach a voided check or a preprinted deposit slip and complete section 14. | | | | |
| , | (\$5,000 minimum balance required) AMOUNT (\$50 per account minimum) | ' DISTRIBUTION PAYMENT INSTRUCTIONS Complete only if checks are to be made payable to or mailed to someone other than the owner in Section 1. | | | | |
| | | NAME | | | | |
| | \$ \$ | STREET | | | | |
| | \$ \$ \$ | CITY STATE ZIP CODE | | | | |
| 11. CHECKWRITING PR | RIVILEGE | | | | | |
| M F S INVESTMENT MANAGEMEN | fund/account number (please leave blank) | By completing this section, you will elect the checkwriting privilege for all eligible accounts on the application. The privilege is available for shares of: | | | | |
| Number of signatures required on (If this section is not completed, a AUTHORIZED SIGNATURES: | each check: Il signatures will be required.) | MFS Bond Fund MFS Cash Reserve Fund MFS Government Limited Maturity Fund MFS Government Money Market Fund MFS Government Mortgage Fund MFS Government Securities Fund | | | | |
| | | MFS Intermediate Income Fund MFS Limited Maturity Fund MFS Money Market Fund | | | | |
| | | MES Municipal Bond Fund MES Municipal Income Fund | | | | |
| In signing this card, I signify my ac State Street Bank and Trust Compa | greement to be subject to the rules and regulary pertaining thereto and as amended from | MFS Municipal Limited Maturity Fund lations of MFS Strategic Income Fund ime to time. and each of the State Municipal Bond Funds | | | | |

SUBJECT TO THE CONDITIONS PRINTED ON THE REVERSE.

SIGNATURE GUARANTEE REQUIRED (SECTION 8).

The checkwriting privilege is not available for Class B shares.

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| 12. 9 | SYSTEMATIC WI | THDRAV | VAL PLAN | | | 13. INVEST AND WIT | THDRAW BY PHONE | | | |
|-------------|---|---------------------------|----------------|-------------------------------------|---|---|---|-----------------------|--|--|
| | minimum investment exceed 10% of value | | | | | Complete to authorize transf bank account. | ^r ers by phone between your | · MFS account and you | | |
| AMOU | NT (choose one): | | | | | Check one or both: | ' Investments | ' Withdrawals | | |
| | per pa | avment (\$1 | 100 minimum | 1) | | | | | | |
| . , | % of a | | | | ı withdrawal) | NAME ON BANK ACCOUNT (SAME AS NAME ON MFS ACCOUNT) | | | | |
| (~) | numbe | | · - | | | BANK ACCOUNT TYPE: ' Checking (attach a voided check) ' Savings (attach a preprinted deposit slip | | | | |
| FREQU | IENCY * (choose one). |): ' Mo | onthly ' (| Other (circle mo | onths below) | Attach a voided check or p | reprinted deposit slip and (| complete section 14. | | |
| Jan. | Feb. | Mar. | Apr. | May | June | SIGNATURE GUARANTEE F | REQUIRED FOR WITHDRAW | AL (SECTION 8). | | |
| July | Aug. | Sept. | Oct. | Nov. | Dec. | | | | | |
| = | OF MONTH:* | • | | | | 14. BANK ACCOUNT | T INFORMATION | | | |
| *If no d | day or frequency is ch each month. | | | | about the | Complete only if you have conly), 10, 12, OR 13. | ompleted Sections 9 (Automa | tic Investment Plan | | |
| PAYME | ENT METHOD (choo. | ise one): | | | | BANK NAME | | | | |
| ' Mail | check to address on | account | | | | | | | | |
| ' Direc | ct deposit to bank acc | count | | | | BANK ADDRESS | | | | |
| | | | | | | спу | STATE | ZIP CODE | | |
| | ON BANK ACCOUNT (same as name | | | | | | | | | |
| BAN | NK ACCOUNT TYPE: | | | ch a voided che h a preprinted d | | BANK ACCOUNT NUMBER | BANK ROUTING NUMBER | R (CHECK WITH BANK) | | |
| Atta | ch a voided check or | r preprinted | l deposit slip | and complete | section 14. | | | | | |
| ☐ Payr | ment to a third party | | | | | MFS Service Center, Ir | 20 | | | |
| Con othe | mplete on/y if checks a er than the owner in S | are to be m Section 1. | nade payable | to or mailed to | someone | P.O. Box 2281 Boston, MA 02107-990 | | | | |
| NAME | | | | | If you have any questions, plo 8 a.m. and 8 p.m. Eastern tim | ease call 1-800-225-2606 any ne. | / business day between | | | |
| STREE | ī | | | | | - | | | | |
| СІТУ | | ST | TATE | ZIP | CODE | 1 | | | | |

AUTOMATIC INVESTMENT PLAN PROVISIONS

The investor agrees that the rights of the bank named above with respect to checks drawn on and debit entries initiated to the investor's account are the same as if they were checks drawn on the bank and signed by the investor. The investor agrees that the bank shall be fully protected and without any liability whatsoever in honoring or refusing to honor any such check and in accepting or refusing to accept any such debit entry, whether with or without cause and whether intentionally or inadvertently.

The privilege of making deposits under this service may be revoked by MFS Service Center, inc. or MFS Fund Distributors, Inc., without prior notice, if any check is not paid upon presentation or any debit entry is not accepted. MFS Service Center, Inc. shall be under no obligation to notify the investor as to the non-payment of any check or the non-acceptance of any debit entry. This service may be discontinued by the investor by telephone or by written notice at any time to MFS Service Center, Inc. Instructions must be received 15 days prior to the next draft to be effective for that draft.

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CHECKWRITING PROVISIONS

The payment of funds on the conditions set forth below is authorized by the signature(s) appearing on the reverse side. The registration of this checking account will be the same as the shareholder account registration. Each signator guarantees the genuineness of the other's signature.

The bank is authorized by the person(s) signing this card ("depositors") to honor any checks for not less than \$500 (or such other minimum or maximum amounts as may from time to time be established by the bank upon prior written notice to depositors) presented against this checking account and is directed to forward copies of each check to the Fund or its transfer agent as authority to reimburse the bank by redeeming a sufficient number of shares in the depositor's shareholder account with the Fund. Deposits in this account may be made only from the proceeds of the redemption of Fund shares.

Depositors will be subject to the bank's rules and regulations governing such checking accounts, including the right of the bank not to honor checks in amounts exceeding the value of the depositor's shareholder account with the Fund at the time the check is presented for payment.

- 1. Depositor(s) signing this card will receive the cancelled check(s) monthly.
- The bank reserves the right to modify or terminate this agreement at any time upon notification mailed to the address of record for the shareholder account.

MFS-8-8/97