



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: 1-800-225-2606 • 8 a.m. to 8 p.m. Eastern time

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

1. REGISTRATION (check one) — PLEASE PRINT

INDIVIDUAL OR JOINT ACCOUNT

SOCIAL SECURITY/TAXPAYER ID NUMBER (TIN) _____

OWNER'S FIRST _____ MIDDLE _____ LAST NAME _____

JOINT OWNER'S FIRST _____ MIDDLE _____ LAST NAME _____

Joint accounts will be registered as joint tenants with rights of survivorship unless otherwise indicated. Provide the TIN of the first named individual.

GIFT/TRANSFER TO MINOR

MINOR'S SOCIAL SECURITY/TAXPAYER ID NUMBER (TIN) _____

_____ Custodian for CUSTODIAN _____

_____ under the MIN OR _____

_____ STATE _____ Uniform Gifts/Transfers to Minors Act

OTHER

TAXPAYER ID NUMBER (TIN) _____

NAME OF CORPORATION OR OTHER ENTITY _____

If a trust, include date of trust instrument. List trustees if they are to be named in registration.

2. ADDRESS

STREET _____

STATE _____ ZIP CODE _____

() DAYTIME HOME NUMBER () DAYTIME HOME NUMBER

3. REDUCED SALES CHARGES

LETTER OF INTENT

To qualify for a reduced sales charge, I agree to the Letter of Intent, including the escrow agreement, as set forth in the prospectus and statement of additional information. Although I am not obligated, it is my intention to invest over a 13-month period in shares of one or more of the MFS funds in an aggregate amount at least equal to \$ _____

If you intend to invest \$1 million or more, the period is extended to 36 months. See prospectus for sales charge information.

RIGHT OF ACCUMULATION

I qualify for the Right of Accumulation privilege as described in the statement of additional information. Listed below are the fund and account numbers of the MFS accounts which should be combined with this new account.

4. INITIAL INVESTMENT — \$1,000 minimum per account

FUND NAME	CLASS OF SHARE (see prospectus)	AMOUNT	WIRE ORDER NO.
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

Accounts established for monthly automatic investments are subject to a \$50 minimum on initial investments.

5. DISTRIBUTION OPTION

DISTRIBUTION OPTION (select one)		
Dividends & Cap Gains Reinvested	Dividends in Cash, Cap Gains Reinvested	Dividends & Cap Gains in Cash
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If no box is checked, all distributions will be reinvested.

6. DEALER INFORMATION

We hereby authorize MFS Service Center, Inc. to act as our agent in connection with transactions under this authorization form and agree to notify MFS Fund Distributors, Inc. of any purchases made under a Letter of Intent or Right of Accumulation.

FIRM NAME Atlantic Financial / Cantella & Co. AUTHORIZED SIGNATURE _____

BRANCH ADDRESS 555 Washington Street, Suite #1 BRANCH NUMBER A71 REG. REP. NUMBER R 27

CITY Wellesley STATE MA ZIP CODE 02482

REG. REP. NAME Bruce Fenton, Atlantic Financial REG. REP. PHONE 781-235-5777

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 in Section 1.
- 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 refund may be obtained.
- 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.

SIGNATURE AND CERTIFICATION

I am of legal age and have 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)

DATE

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DATE

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 1-800-225-2606 any business day between 8 a.m. and 8 p.m. Eastern time.

Service Application

9. DOLLAR-COST AVERAGING PROGRAMS

' AUTOMATIC INVESTMENT PLAN

Withdraw from my bank account for investment as follows:

FREQUENCY* (choose one): ' Monthly ' Quarterly BEGINNING MONTH

DAY(S) OF MONTH:* _____

BANK ACCOUNT TYPE: ' Checking (attach a voided check)
' Savings (attach a preprinted deposit slip)

**If no day or frequency is chosen, withdrawals will be made on the first business day of each month.*

FUND	AMOUNT (\$50 minimum per investment)
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Attach a voided check or preprinted deposit slip and complete section 14.

' AUTOMATIC EXCHANGE PLAN

Provide fund number and account number if an existing account.

FREQUENCY (choose one): ' Monthly ' Quarterly BEGINNING MONTH

FROM _____ (\$5,000 minimum balance required)

FUND NAME TO
(maximum of six)

TO	AMOUNT (\$50 per account minimum)
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

' DISTRIBUTION INVESTMENT PLAN

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.

FROM	TO
_____	_____
_____	_____
_____	_____
_____	_____

10. CASH DISTRIBUTION PAYMENT OPTIONS

' DIRECT DEPOSIT PLAN

Complete only if distribution checks are to be deposited directly to your bank account.

NAME ON BANK ACCOUNT _____
BANK ACCOUNT TYPE: ' Checking (attach a voided check)
' Savings (attach a preprinted deposit slip)

Attach a voided check or a preprinted deposit slip and complete section 14.

' 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 PRIVILEGE



fund/account number (please leave blank)

Number of signatures required on each check: _____
(If this section is not completed, all signatures will be required.)

AUTHORIZED SIGNATURES:

1. _____
2. _____
3. _____
4. _____

In signing this card, I signify my agreement to be subject to the rules and regulations of State Street Bank and Trust Company pertaining thereto and as amended from time to time.

**SUBJECT TO THE CONDITIONS PRINTED ON THE REVERSE.
SIGNATURE GUARANTEE REQUIRED (SECTION 8).**

By completing this section, you will elect the checkwriting privilege for all eligible accounts on the application. The privilege is available for shares of:

- 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
- MFS Municipal Bond Fund
- MFS Municipal Income Fund
- MFS Municipal Limited Maturity Fund
- MFS Strategic Income Fund
- and each of the State Municipal Bond Funds

The checkwriting privilege is not available for Class B shares.

